



Dear Student:

Thank you for your interest in Texas Southmost College and the Diagnostic Medical Sonography Program. The enclosed information will explain in more detail what the Sonography curriculum contains.

Minimum criteria to be considered for admission in the Diagnostic Medical Sonography Program are:

- Admission to TSC -- Contact the enrollment office for admission requirements (956) 295-3600
- Submission of completed Application for Admission to the DMS Program
- Submission of testing results that meet TSC testing requirements for admission
- Documentation of any certifications currently held
- Submission of two recommendation forms from physicians, employers, and/or instructors familiar with applicant's work
- A DMS Lab observation is required (schedule with Program Director)
- Unofficial TSC transcript showing all accepted transferred courses

**Pre-program Courses (all grades must be posted on TSC transcript by application deadline):**

BIOL	2301	Anatomy and Physiology I
BIOL	2101	Anatomy and Physiology Laboratory I
BIOL	2302	Anatomy and Physiology II
BIOL	2102	Anatomy and Physiology Laboratory II
MATH	1314	College Algebra ( <i>with a grade of C or better</i> )
DMSO	1302	Basic Ultrasound Physics ( <i>with a grade of C or better</i> )
ENGL	1301	Composition I

The applicant's grades in the following: BIOL 2301, 2101, 2302, 2102, MATH 1314, DMSO 1302, ENGL 1301, and entrance exam test results are reviewed and recorded. Certain applicants may be selected for an interview by the Admissions Committee. The previously mentioned considerations, including an interview rating, are weighed and a total point score is obtained. Applicants with the highest score ratings will be accepted in the Diagnostic Medical Sonography Program.

For more information please contact the Allied Health office at (956) 295-3731 or (956) 295-3764

Sincerely,

*Ariel Villanueva*

Dr. Ariel I. Villanueva  
Director – Diagnostic Medical Sonography  
[ariel.villanueva@tsc.edu](mailto:ariel.villanueva@tsc.edu)

**Application and ALL other criteria are due by 12:00 Noon, on the last working day of May. A criminal background check, physical exam, up-to-date immunizations, and CPR certification are required of all students prior to clinical assignments.**

## APPLICATION FOR PROGRAM ADMISSIONS

**Select Program of Interest:**

- Diagnostic Medical Sonography  
 \*Respiratory Care Science

- \*Radiologic Technology  
 Medical Laboratory Technology

- Emergency Medical Science

This application is for admission into the program beginning:  FALL \_\_\_\_\_ /  SPRING \_\_\_\_\_

\*NOTE: Applicants must complete remedial requirements & program prerequisites by the application deadline of the term for which admission is sought.

Date of Application: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Full Legal Name:

Last First Middle

Current mailing address:

Street

City State Zip

Current telephone: (     ) \_\_\_\_\_ (where you can be reached between 8 a.m. and 5 p.m. on weekdays)

Email Address: \_\_\_\_\_

If you have previously attended any school under a name other than that given above, please specify below:

List other Allied Health Schools/Programs you have or will apply to:

Allied Health School

Date of Application

**PERSONAL INFORMATION**

Male  Female

Place of Birth: \_\_\_\_\_

Ethnic Origin: (OPTIONAL-for affirmative action purposes only)

- White  Hispanic  Native American  Prefer Not To Answer  
 Black  Asian  International

Emergency Contact:

Name

Relationship

Street Address

City, State, Zip

(     )

Telephone

Have you ever been convicted of a misdemeanor or felony (including deferred adjudication for either) with the exception of minor traffic violations (e.g. speeding or parking violations)? \*Note: DUI's, DWI's, PI's are not minor traffic violations.  Yes  No

If "Yes," provide a written explanation.

Were you ever required to leave high school, college, graduate or professional school or ever denied readmission because of deficiencies either in conduct or scholarship?  Yes  No If "Yes," provide a written explanation.

In order to provide better services for people with disabilities, the following voluntary information is needed. This is for affirmative action purposes. The information you provide will not affect your admission to the School of Health Sciences and will be kept confidential.

Please check all that applies to you:  physical disability  learning disability  other disability

Will you need accommodations in order to succeed in the program for which you are applying?  yes  no





2. MOTIVATION FOR THE MEDICAL SONOGRAPHY PROGRAM:

- Exceptionally good    Good; no major weaknesses    Poor    Inadequate opportunity to observe

Weak in some respects, such as \_\_\_\_\_

Additional Comments: \_\_\_\_\_

3. POTENTIAL FOR WORKING WITH PATIENTS:

- Exceptionally good    Good; no major weaknesses    Poor    Inadequate opportunity to observe

Weak in some respects, such as \_\_\_\_\_

Additional Comments: \_\_\_\_\_

4. COMMUNICATION SKILLS:

	Poor	Inappropriate	Accurate and	Above	Inadequate
	Expression	Verbose, etc.	Appropriate	Average	Observation
Oral.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

5. WORK HABITS:    Works at full capacity    Works well; has reserve capacity    Satisfactory, but not best    Inclined to "get by"    Inadequate opportunity to observe

6. INTERPERSONAL RELATIONS WITH OTHERS:

- Appropriate    Poor    Inadequate opportunity to observe    Difficulties, such as \_\_\_\_\_

7. PERSONALITY:    Satisfactory    Objectionable    Inadequate opportunity to observe

8. MATURITY:    Mature    Immature    Inadequate opportunity to observe

9. In addition to your preceding responses, please give your personal evaluation of and your reaction to the applicant. [You may wish to amplify some of your previous comments.]

10. My recommendation is:  Very Enthusiastic  Strong  Neutral  Negative

Please print your name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Position \_\_\_\_\_

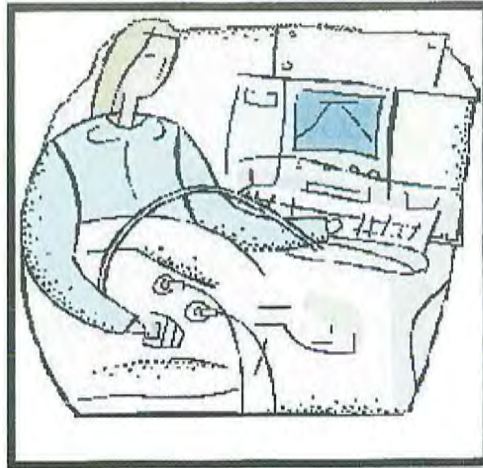
Institution \_\_\_\_\_

Please Mail this letter to:

Diagnostic Medical Sonography Program  
80 Fort Brown  
Brownsville, Texas 78520

Texas Southmost College

## Required Lab Observation



\*\*\* **Requirement:** An application must be completed in your file

\*\*\* **Observation form must be turned in before the application deadline**

**Please print this form once an observation appointment has been scheduled**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Lab Course Observed: \_\_\_\_\_

Lab Course Instructor: \_\_\_\_\_

Total Hours Observed: \_\_\_\_\_

Comments:

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Student Signature

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Instructor Signature

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