

APPLICATION FOR ADMISSION

General & Cardiovascular Sonography

ADMISSION CRITERIA Danville Campus

APPLICATION DEADLINE: September 1, 2024!

- **Early Application is STRONGLY recommended! <u>Do NOT mail the final week before it is due</u> Hand deliver the application if timely arrival is not assured.
- 1. Completed applications must contain the following:
 - A. Completed application form with the \$50 non-refundable fee.

 Please make all checks payable to: SOVAH School of Health Professions
 - B. An essay. (guidelines include below)
 - C. 3 letters of reference. (forms included below)
 - D. Official college transcripts are required (sealed envelopes).

(We ask that ALL information be sent in one packet to reduce processing time and errors.)

- 2. All information will be kept strictly confidential.
- 3. Applicants are selected in accordance with nondiscriminatory policies.
- 4. Permission is granted to consult previous educators, employers, and agencies.
- 5. SOVAH School of Health Professions will perform criminal background checks on all applicants; any false statements will be grounds for non-acceptance or dismissal.
- 6. Minimum APPLICATION pre-requisite educational requirements:
 - Completion of General Prerequisite Courses as Listed below
- 7. The following General education classes are required for enrollment. Official Transcripts will be required for all courses.
 - √ Technical Mathematics, College Algebra, Trigonometry, vectors, geometry and complex numbers. (MTH 131 or 161)
 - **√** Human Anatomy & Physiology I
 - **√** Human Anatomy & Physiology II
 - **√** College Composition (English 111)
 - **√** Social Science Elective (PSY 230)
 - **√** Humanities Elective (PHI 220)
 - **√** College level General Physics Course
 - **√** College Success Skills
- 8. Acceptance of students is a two-part process based upon results of:
 - Part 1. Completed application score and
 - Part 2. Personal interview score.

Each candidate's application and transcripts will be reviewed with a score being obtained from academic grades in math, science, and other relative courses. (Advanced/college prep courses will carry more weight than standard course work.) Based on these scores the most qualified individuals will be granted a personal interview. The interview scores will be added to the application score to make our final decisions.

9. Acceptance into the SOVAH School of Health Professions' Medical Sonography Program is also contingent upon potential students passing a pre-enrollment drug screening and physical examination. Results of these tests are confidential and are maintained by the institution.

- 10. Technical standards: Due to the nature of this profession and considering the safety of our patients and our students, applicants must be able to meet all the following technical standards in order to be considered for enrollment.
 - A. Speech: Establish interpersonal rapport and communicate verbally and in writing with clients, physicians, peers, family members and the health-care team from a variety of social, emotional, cultural, and intellectual backgrounds.
 - B. Hearing and Comprehension: Auditory acuity sufficient to respond to verbal instruction, perceive and interpret various equipment signals, use the telephone, understand and respond appropriately to verbal directions and hear faint body sounds.
 - C. Vision: Visual acuity sufficient to identify and distinguish colors, read handwritten orders and any other handwritten or printed data such as a medical record, provide for the safety of clients' condition by clearly viewing monitors and other equipment in order to correctly interpret data and evaluate sonographic quality.
 - D. Mobility: Stand and/or walk eight hours daily in the clinical setting. Bend, squat or kneel. Assist in lifting or moving clients of all age groups and weights. Perform cardiopulmonary resuscitation (move around client to manually compress chest and ventilate). Work with arms fully extended overhead. Lift 50 pounds independently and 125 pounds with assistance.
 - E. Manual Dexterity: Demonstrate eye/hand coordination sufficient to manipulate equipment.
 - F. Fine Motor Ability: Ability to use hands for grasping, pushing, pulling and fine manipulation. Have tactile ability sufficient for physical assessment and manipulation of equipment.
 - G. Mentation: Ability to remain focused on multiple details and tasks for at least an eighthour period of time. Assimilate and apply knowledge acquired through lectures, discussions and readings.
 - H. Smell: Olfactory ability sufficient to monitor and assess health needs.
 - I. Writing: Ability to organize thoughts and present them clearly and logically in writing.
 - J. Reading: Ability to read and understand written directions, instructions and comments in both classroom and clinical settings.

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APPLICATION FOR ADMISSION

General & Cardiovascular Sonography

APPLICATION DUE BY September 1, 2023

- This application must be accompanied by a <u>non-refundable \$50 application fee (Checks or money orders only)</u>.
 - o Please make checks or money orders payable to:
 - SOVAH School of Health Professions and
 - Include the applicants first and last name in the memo section of the check.
 - Please do not mail cash!
 - Mail to: SOVAH School of Health Professions 137 South Main Street Danville, VA 24541
 - \circ In order to reduce delays and potential errors, please place all documents in a sealed envelope and mail as <u>one complete packet</u>.
- Applicants are selected in accordance with non-discriminatory policies.
- Due to limited enrollment, applicants who meet all requirements are not guaranteed acceptance into this program.
- Completely fill in all items on this application; type or print legibly.

The Admissions Committee will review only applicant files that are **complete**. It is the applicant's responsibility to ensure that the school receives all required documentation. After selections have been made, all applicants will be notified whether selected, not selected, or placed on an alternate list. Selected applicants will be required to submit an admission fee; undergo drug screening and criminal background check; submit a completed health assessment form, immunization record, and current CPR certification.

Title IX - Notice of Non-discrimination Policy

The SOVAH School of Health Professions does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries and/or concerns regarding the non-discrimination policies of The School of Health Professions may be addressed by contacting our Title IX Officer by phone or email @; 434-799-2271 or Mary.thomas1@lpnt.net. The Title IX Coordinator may also be reached by US Mail at Mary Thomas, Title IX Coordinator, School of Health Professions, 137 South Main Street, Danville, VA 24541. For further information, visit http://wdcrobcolpo1.ed.gov/CFAPPS/OCR/contactus.cfm for the address and phone number of the office that serves your area, or call 1-800-421-3481.

APPLICANT INFORMATION

Name	First	First Middle		Maiden	
If different, include your last name as it appears		r college tr			
Mailing Address					
Street		City	State		ZIP Code
Telephone: Home ()	Work ()	Cell ()	
**Email Address:			Are you a U.S. citize	en? □ Yes	□ No
(**This is our PRIMARY means	of communicating with you	Please che	ck email frequently!)		
In case of emergency call: Co	ntact #: ()		Relationship:		
Please Check which one you are interested in: General Program Application					
	Cardio	vascular P	rogram Application		

APPLICANT INFORMATION

<u>ot</u>	ve you ever been convicted of or are you presently under indictment for any felony or misdemeanor offense her than traffic violations? * \square Yes \square No If yes, please explain in an attached letter.						
Att "m on cor	Attention Applicants: The Board of Health Professions and/or the American Registry of Diagnostic Medical Sonographers 'may refuse to admit a candidate to any examination, or may refuse to issue a license or certificate to any applicant" based on a number of both criminal and/or unprofessional conduct reasons. If there is any question, applicants may wish to complete the ARDMS Ethics Review Pre-Application. This may be found on the website at https://www.ardms.org/wp-content/uploads/pdf/Compliance-Policies-ARDMS.pdf						
ab	Do you have a mental, physical, or chemical dependency condition, which could interfere with your current ability to practice in the healthcare field? Yes Do No If you answered yes, please explain in detail on a separate sheet and attach to this application.						
	EMPLOYMENT HISTORY						
	clude all employment within the past five years, beginning with your present or last employment. Employer						
	City/State Dates Employed: From To						
	Job Responsibilities						
	Reason for Leaving						
2.	Employer						
	City/State Dates Employed: From To						
	Job Responsibilities						
	Reason for Leaving						

RECOMMENDATIONS/REFERENCES

Submit three (3) completed professional or academic recommendation/reference sheets (such as a recent employer, teacher, and/or counselor.), **NOT RELATIVES, FRIENDS, OR CLERGY**. Each person serving as a reference must complete the form, place it in an envelope, seal the envelope and sign across the back flap, and return the sealed envelope to you. Include these sealed envelopes with your application. References not meeting the above criteria are considered invalid.

STUDENT ESSAY

On a separate sheet, please write a brief essay addressing each of the following:

- Your experiences and activities including awards/honors, volunteer or community service.
- Your reason for selecting this career and your reason for desiring to enter this school.
- Your perception of your intellectual capability to complete this program.
- Your plans and aspirations for the future.
- Why do you think communication and critical thinking are important skills for a health professional to possess?

AFFLICATIO	ON CHECK	LIST (Timigs to be submitted)	
☐ Completed Application		☐ Application Fee	
☐ 3 Recommendations/Refere	ences	□ Essay	
☐ College Transcripts		☐ ASVAB Test Results (optional)	
EDUC	ATION / PRI	E-REQUISITE COURSES	
you have attended. (Attach an a	dditional she	versities, and vocational/technical schools which is the color of the	each
1. Name of School		City/State	
Dates Attended: From	To	Graduation Date	
Degree Obtained:			
		City/State	
Dates Attended: From	To	Graduation Date	
Degree Obtained:			
Have you attended another school or			
If yes, what program and school did y	ou attend?		
Graduation Date:			
ADDITIONAL COLLE		COLIDGES (If you are suiting I to a seriot)	

ADDITIONAL COLLEGE LEVEL COURSES (If not on original transcript)

Courses marked with an * are required upon application. Please include "official transcripts" for these courses. Please check with the Program Director @ (434)799-2271 before scheduling placement tests or enrolling in any general education courses!

Please indicate your current status in the following college courses.

(Course numbers are current VCCS numbers, out of state course numbers will vary, but must be their equivalent.)

Course # (or equivalent)	Course	Credit Hours	Currently Enrolled (Y or N)	Complete (Y or N)	College
*MTH 131	College Math	3			
*BIO 141	*Human Anatomy and Physiology I	4			
*BIO 142	*Human Anatomy and Physiology II	4			
ENG 111	College Composition I	3			
	Social Science Elective	3			
	Humanities Elective	3			
PHY 100 or PHY 101 Or Radiation Physics	College Physics	3			
	College Success Skills (may be waived if successful completion of BS degree)	1			

LICENSE				
Supply certification/licensing board and identifier:				
Has your license/certification ever been:	Yes	No	N/A	
Voluntarily surrendered to any licensing authority?	100	210	21/22	
Placed on probation?				
Suspended?				
Revoked?				
Otherwise disciplined?				
Have you ever been the subject of an investigation by any licensing board?				
Please circle which program you are interested withing: General Sonography				
Cardiovascular Sonograj	ohy			
If you answered yes to any of the above questions, explain in detail on a attach to this application.	separ	ate sh	ieet an	la
DISCLOSER				
CERTIFICATION, ACKNOWLEDGEMENT, AND AUTHORIZATION:				
Please read the following statement carefully before signing.				
I certify that the information contained in this application is true and complete. I understand that if I am incomplete information on this application, the Program may cancel my application or, if I have been a Program.	found to accepted	have pr , remov	ovided fa e me fro	alse or m the
I understand that if I am enrolled in the SOVAH - School of Health Professions, I will be subject to and School's policies, procedures, and practices, including (among others) their Program on Illegal Drugs and A by these policies, procedures, and practices, including any that the School may add or modify during my e	dcohol.	I agree t		
I understand and acknowledge that the SOVAH - School of Health Professions has a legitimate need to kn and employment history in order to consider my application. I hereby authorize and request for my former institutions or persons with information about my education and employment history to provide to tl Professions any information or records the School may request about my education or employment histoliability of any kind any institution, company, or person who provides such information or records and are the School who requests such information or records.	r schools he SOV <i>A</i> ory. I he	s, employ AH - Scl ereby re	yers, and hool of H lease fro	other Health m any
(Note: The SOVAH - School of Health Professions is firmly committed to maintaining an environce of illegal drugs and alcohol. The School maintains the right to require any student to undergo her fitness for duty, such as to determine whether the student may pose a potential danger of has a medical problem that interferes with his or her ability to perform duties safely or effectively. In a student may be tested for drugs or alcohol to help determine that person's fitness for duty. For refer to the School of Health Professions Policy on Illegal Drugs and Alcohol.)	testing rming p n keepir	to deto patients ng with	ermine l s or may this pra	his or have ctice,

Revisions (8/20 dmp)

Date

Applicant's Signature



CONFIDENTIAL RECOMMENDATION/REFERENCE FORM

Section 1 (to be completed by applicant)

Indicate your decision regarding a waiver of the right of access before giving it to the person who will submit it. Give the form and a self-addressed and stamped referral envelope to the person making the recommendation. Have him or her place the completed recommendation into the envelope, seal it and sign across the seal. The envelope should be returned to you and you should return it with your application. Do not return separately.

Applicant's NameLast		First		N	1.I.
The Family Educational Rights and Privacy Actor and all information concerning them. Students collowing signed statement is the applicant's wis	are also permi	tted to waive the	ir right of ac		
() I waive my right to inspect the conten		_		ion.	
Applicant's Signature					
This individual wishes you to write a letter of re Professions General Sonography Program. You					
ection 2 (to be completed by the person makin	g this recomme	endation)			
Name of person making recommendation	n.				
Last	First		M	J.	
Iow long and in what capacities have you known the ap	pplicant?				
lease specify the group to which you are compar	ing this applican	nt:			
) High school students () Undergra	duate college stu	idents	() Employees	5	
aracteristic	Excellent Upper 10%	Good Upper 11-20%	Average 21-59%	Below Average <60%	No Basis For Judgment
verall intellectual ability					
nderstanding fundamentals of chosen occupation ritten communication skills				1	
ritten communication skills					
pility to organize and apply facts and ideas					
anual dexterity					
oility to handle stressful situations					
otitude for higher education					
tellectual curiosity					
otivation					
otential as a health care provider					
verall Rating					

We realize that check off items sometimes do not provide the opportunity to characterize the applicant as fully as you would like. Please give any additional comments regarding the potential of the applicant to be a health care practitioner including remarks concerning maturity, personality, extracurricular activities or any other factors that you feel are important concerning the applicant's aptitude for successful performance within the educational process and/or profession.

Your	overall assessment of the applicant as to his or h	er ability to complete ar	educational program in Sono	graphy:
()	Strongly recommended	()	Recommended	
()	Recommend with reservations*	()	Do not recommend	
*Pleas	se explain on separate sheet if necessary.			
Signat	ture		Date	
Name	;			
Title				
Street	t Address			
City	State		Zip	

Please place the completed form in the envelope provided by the applicant.

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Thank you for assisting us with our self-managed application process.



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