WEATHERFORD COLLEGE
Diagnostic Medical Sonography
Applicant Worksheet

How to complete this form: Fill in every blank. Write N/A if something doesn't apply, and IP (in progress) for a course you are still taking. Copy grades and scores exactly as they appear on your transcript or score report. **This should be to the top page of your application.**

Questions? E-mail dmsonography@wc.edu or call (817) 598-6217

1. ABOUT YOU

Full name		**WC Student ID**	
E-mail *(personal and WC e-mail)*		**Phone Number**	

2. PREREQUISITE COURSES *List the course you want counted for each requirement*

Required Course	Course Name and Number	Grade	College Where Course Was Completed	Semester & Year
BIOL 2401 A & P I *(within last 5 years)*				
BIOL 2402 A & P II *(within last 5 years)*				
MATH 1314 College Algebra or higher				
ENGL 1301 English Composition I				
PSYC 2301 Intro to Psychology				
Physics Any College Level Physics or Physical Science Course				
Elective Language, Philosophy, Culture, or Creative Art				
DMSO 1210 Intro to Sonography				
Optional Med. Term (B or higher)				

Grade: write A, B, C, or IP. **Finishing a course this Spring?** You may apply, but will be considered as an alternate only.

3. COLLEGE DEGREE *Optional*

Highest degree you have **completed**: ☐ None (skip to 4) ☐ Associate's ☐ Bachelor's ☐ Master's

Name of Degree (e.g., Associate of Science)	College that Awarded Degree	Month & Year Awarded

4. HESI A2 ENTRANCE EXAM *Copy from your score report*

Date taken	Reading*	Math*	A&P	Grammar	Vocabulary	AVERAGE

*** Reading and Math must each be 75 or higher.** Exam must be within the last 2 years.

Average = add all 5 scores, then divide by 5 (e.g., 425 ÷ 5 = 85.0).

5. MEDICAL WORK EXPERIENCE *Optional*

Do you have work experience involving direct patient care? ☐ No (skip to 6) ☐ Yes (complete below)

Job Title	Employer	Dates Employed	Was it Full-Time?	Patient Care Duties Performed	Letter Attached?

Employer letter must show: dates employed, full-time or part-time, patient care duties, and employer signature with business contact information. Not providing a letter will result in no additional points.

6. HEPATITIS B & ENGLISH PROFICIENCY

Hepatitis B (required) Check ONE:

☐ **Series COMPLETE**

☐ **Positive titer** (Blood test shows immunity)

☐ **Series Started** (Heplisav-B: 1st dose received)

☐ **Series Started** (Traditional series: 1st dose received)

Date of 1st dose or Positive Titer:		Dates of Additional Doses (if applicable):	

Attach proof of every dose received (or titer results). Fast Track series is not accepted. Series must be complete by July.

English Proficiency: Is English your first language? ☐ Yes ☐ No - proof of English proficiency attached

7. FINAL CHECKLIST & SIGNATURE

☐ Applicant Worksheet (should be first page)

☐ HHS Application (indicate DMS)

☐ Transcripts from EVERY college listed above **(including WC)**

☐ HESI A2 score report

☐ Employer letter(s), *if you checked Yes in Section 5*

☐ Hepatitis B documentation

☐ Proof of English proficiency, if required

Submit Dec. 1 - Feb. 28. Missing documents will result in application not being processed.

Email: dmsonography@wc.edu [must e-mail all documents in ONE PDF] OR

Mail: Weatherford College, Health & Human Sciences Division, Attn: Misti Ellis-Jackson, 225 College Park Drive, Weatherford, TX 76086 [all documents must be together]

I certify that the information on this worksheet is true and matches my transcripts and score reports.

Applicant signature _____ Date _____