Bossier Parish Community College

Nursing and Allied Health

Diagnostic Medical Sonography

Demographic Information

1. Last Name
2. First Name
3. Date of Birth
4. BPCC Student ID Number (Lola number)
5. BPCC email address
6. Non BPCC email address
7. Mailing Address
8. Cell phone number with area code
9. Gender
10. Select all that apply
    - ◯ First Time Applicant to DMS
    - ◯ Previous Alternated Applicant to DMS
    - ◯ Previous Applicant to DMS
11. Please provide an emergency contact (Name, Relationship, phone number)
12. Where did you complete the required 8 hour job shadowing/ professional observation? (Attach the 1 page summary of observation separately)
13. Highest score achieved on the TEAS test and testing location. (Attach official record separately)
14. Are you currently enrolled in courses that apply to the prerequisite requirements for the DMS program? ◯ Yes ◯ No

15. College or University attended (Name and address, Dates of attendance, Declared Major, Diploma or Degree)

16. College or University attended (Name and address, Dates of attendance, Declared Major, Diploma or Degree)

17. References—Please provide 3 character references. (Name, Relationship, Phone Number, Email Address)

DMS Application Disclosures

18. Acknowledgement of Essential Requirements:
    I have been informed of the Essential Requirements of the Bossier Parrish Community College Diagnostic Medical Sonography Program. I have carefully reviewed the Essential Requirements document and have asked questions if I was unfamiliar with the standards and skills listed. If I believe I require accommodation, I will request an appropriate accommodation with Angie Cao, Student and Disability Services Specialist,(Building F 251, 318-678-6511) by the application deadline. I am aware that certain chronic and recurrent illnesses and problems that interfere with patient care or safety may be incompatible with diagnostic medical sonographer training or clinical practice. I have also considered any conditions that I may have that may lead to a high likelihood of absenteeism. I have been informed that deficiencies in knowledge, judgment, integrity, character, or professional attitude or demeanor which may jeopardize patient care may be grounds for course/rotation failure and possible dismissal from the program. I have the ability to meet the standards and skills listed in the Essential Requirements and agree to complete the education requirements for the Associate of Applied Science in Diagnostic Medical Sonography, if accepted to the program. Please respond with "I, first/last name, have read and acknowledge understanding of the Essential Requirements for the BPCC DMS program."

19. DMS Disclosures
    If you answer yes to any disclosure statements, all YES answers MUST be explained on a separate SIGNED and NOTORIZED affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in denial of your application. (contact your advisor if you are not sure if you should mark "yes" in regards to a given situation)

Have you ever been dropped, suspended, placed on probation, expelled, requested to leave temporarily, resign or otherwise been acted against by any post-secondary education program or professional training program in which you were enrolled prior to completion of that training?

- ○ Yes
- ○ No

Have you ever had an application for any professional license refused or denied by any licensing authority?

- ○ Yes
- ○ No

Have you ever had a license or certification revoked or suspended, other disciplinary action taken, by any professional licensing authority or any state, territory or country?

- ○ Yes
- ○ No

Have your practice privileges ever been restricted or terminated by any licensing authority association, licensed facility or staff of such facility, or have you ever voluntarily resigned or withdrawn from such association to avoid imposition of such measure?

- ○ Yes
- ○ No

Have you ever been charged with, convicted or pled guilty or nolo contendere, to a felony criminal offense in any state or federal court, whether or not sentence has been imposed or suspended?

- ○ Yes
- ○ No

20. By submitting my FULL NAME and STUDENT ID (Lola) number and DATE in the box below, I am indication that the information I have included on my PTO application is true. I understand misrepresentation of or omission of information on this application may result in the loss of eligibility of admission into the Allied Health Program at BPCC for which I am applying.