

Dear Candidate:

Thank you for expressing interest in the Diagnostic Cardiac Sonography Program at the University of Kansas Medical Center. Diagnostic cardiac sonography has developed over the past thirty years from a supplemental procedure to an essential diagnostic tool in patient care. Today, echocardiography is the most commonly used imaging procedure for the diagnosis of heart disease.

Cardiac sonographers use complex ultrasound equipment to perform a variety of echocardiographic procedures under the direction of cardiologists. Graduates are in high demand for positions in hospitals, clinics and doctor's offices. Employment for diagnostic medical sonographers is expected to increase by about 19 percent through 2016 – faster than the average of all occupations – increasing the demand for diagnostic imaging and therapeutic technology professionals.

Cardiac sonography is an ever-changing and evolving profession that is designed to attract highly motivated and enthusiastic individuals. Our program is designed to provide excellent cardiovascular education in an environment of compassion and respect.

The basic program cost for the twenty-one month, five-semester program is two-thousand, eight-hundred dollars(\$2,800.00) per semester (tuition costs are subject to change at any time). Full payment for each semester is required at the beginning of each semester. Please contact Student Financial Aid at 913-588-5170 (TDD 913-588-7963) for additional financial aid information.

There are two deadlines for application materials: The School of Allied Health application and application fee are due by **February 2**. The remaining materials in this packet may be submitted at that time, but no later than **March 2**. Interviews will be scheduled shortly thereafter by the program director. The next class will begin in September.

Our faculty in the KU Diagnostic Cardiac Sonography program look forward to assisting you in your career endeavor. This document is designed to guide applicants in the process of entering the program.

Sincerely,

Mary Chivington, BS, RDCS, RVT, FASE
Program Director, KU Diagnostic Cardiac Sonography

KUMC is an AA/EO/Title IX institution.

*US Department of Labor, Bureau of Labor Statistics Occupational Outlook Handbook



University of Kansas Diagnostic Cardiac Sonography Program

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For additional information about the University of Kansas and the KU Diagnostic Cardiac Sonography program, please visit our program website: www.cardiacsonography.kumc.edu.

UNIVERSITY OF KANSAS

Diagnostic Cardiac Sonography Program

THE UNIVERSITY

The University of Kansas is a major comprehensive research and teaching university that serves as a center for learning, scholarship, and creative endeavor. The University of Kansas is the only Kansas Regents University to hold membership in the prestigious Association of American Universities (AAU), a select group of 58 public and private research universities that represent excellence in graduate education.

THE UNIVERSITY OF KANSAS MEDICAL CENTER

Mission Statement

The University of Kansas Medical Center, an integral and unique component of the University of Kansas and the Kansas Board of Regents system. KUMC is composed of the Schools of Allied Health, Medicine and Nursing in Kansas City, Kan. The KU School of Medicine also has a campus in Wichita, Kan. In close collaboration with The University of Kansas Hospital, the KU Medical Center is a complex institution whose basic functions include research, education, patient care, and community service involving multiple constituencies at state and national levels. The following paragraphs chart the KU Medical Center's course and serve as a framework for assessing programs, setting goals, developing initiatives and evaluating progress.

The University of Kansas Medical Center is a major research institution primarily serving the State of Kansas as well as the nation, and the world and assumes leadership in the discovery of new knowledge and the development of programs in research, education and patient care. The KU Medical Center recognizes the importance of meeting the wide range of health care needs in Kansas, from the critical need for primary care in rural and other underserved areas of the state, to the urgent need for highly specialized knowledge to provide the latest preventive and treatment techniques available. As the major resource in the Kansas Board of Regents system for preparing health care professionals, the programs of the KU Medical Center must be comprehensive and maintain the high scholarship and academic excellence on which the reputation of the University is based. Our Mission is to create an environment for:

Instruction: The KU Medical Center educates health care professionals to primarily serve the needs of Kansas as well as the region and the nation. High quality educational experiences are offered to a diverse student population through a full range of undergraduate, graduate, professional, postdoctoral and continuing education programs.

Research: The KU Medical Center maintains nationally and internationally recognized research programs to advance the health sciences. Health related research flourishes in a setting that includes strong basic and applied investigations of life processes, inquiries into the normal functions of the human body and mechanisms of disease processes, and model health care programs for the prevention of disease and the maintenance of health and quality of life.

Service: The KU Medical Center provides high quality patient-centered health care and health related services. The University of Kansas Medical Center will be the standard bearer in the development and implementation of model programs that provide the greatest possible diversity of proven health care services for the citizens of Kansas, the region and the nation (5-28-89; 12-17-92).

MID-AMERICA CARDIOLOGY

Mission Statement

Our mission is to provide excellent cardiovascular care in an environment of compassion and respect. The outstanding quality of the people who work in this practice is a key component in the service we provide our patients and referring physicians. We understand that your ability to treat our patients and their families with care and respect depends upon your positive impression of our organization.

We hope that you will not only be satisfied, but proud to work with the physicians and staff of Mid-America Cardiology; we hope as you become more knowledgeable about our organization, you could confidently refer your own family and friends should they require cardiac care in the future.

DIAGNOSTIC CARDIAC SONOGRAPHY PROGRAM

Statement of Purpose

Diagnostic ultrasound has developed over the past thirty years from a rudimentary, supplemental exam to an essential diagnostic tool. As the technological capabilities have increased, so have the educational and professional requirements of the sonographer. The high quality, diagnostic ultrasound exam is entirely dependent upon the knowledge, skill and professionalism of the sonographer. The sonographer's role is complex. To perform an ultrasound exam, the sonographer must understand ultrasound physics and instrumentation and know normal and abnormal anatomy and physiology. The sonographer must be able to adjust the equipment and adapt the exam protocols to a wide range of patient and disease-state variability, making each exam individual and unique. The sonographer must organize the acquired data in the way that best communicates the patient's condition to the interpreting physician. The purpose of the Diagnostic Cardiac Sonography Program at KUMC is to address the historical changes that have occurred in the field of sonography and to provide the educational experience the student needs to become a Registered Diagnostic Cardiac Sonographer.

UNIVERSITY OF KANSAS HOSPITAL VALUES

Our shared values set us apart and support KU Hospital as a place of caring and a place for caring.

Well delivered, compassionate service

Excellence--every day in every way

Community involvement

Achievement through partnering

Responsibility and personal growth

Ethics, honesty and openness

PHILOSOPHY OF THE EDUCATIONAL PROGRAMS

The philosophy of the Diagnostic Cardiac Sonography Program is to produce competent sonographers through the requisite educational and clinical experiences. Graduates should be able to assimilate their academic and clinical knowledge to perform quality diagnostic examinations. Academic performance is evaluated by standard testing methods, and clinical evaluations reflect the student's ability to perform the technical aspects of the diagnostic procedure as well as to care for the patient's physical and emotional needs.

GENERAL DESCRIPTION OF PROGRAM AND CURRICULUM

The Diagnostic Cardiac Sonography program is a 21-month certificate program. The curriculum includes ultrasound physics and instrumentation and cardiac anatomy and physiology. It incorporates detailed, structured and comprehensive coursework and teaches the student how to use independent judgment in the acquisition of diagnostic information. The student will receive extensive interactive experience with cardiac sonographers and cardiologists in a laboratory accredited by the Intersocietal Commission for Accreditation of Echocardiography Laboratories. The student will spend 30 to 40 hours per week in the Cardiology Department dividing time between didactic course work and hands-on clinical applications. The Department of Cardiology performs a wide variety of diagnostic ultrasound examinations. The student will receive experience in patient care and performance of the following procedures: routine echocardiograms, stress testing, and utilization of contrast imaging and transesophageal echocardiography. A certificate from the University of Kansas Medical Center is awarded to the student upon successful completion of the program. Graduates are eligible to take the national registry examinations given by the American Registry of Diagnostic Medical Sonographers (ARDMS) in adult cardiac sonography.

Professional Curriculum: Training will include patient care, ultrasound physics and instrumentation, departmental organization and function, clinical imaging procedures, medical law and ethics and supervised clinical education.

* Classes may be added and deleted

Classes commence in September of each year. The application deadline is February 2. (Essay, recommendation forms and transcripts may be received no later than March 2.) No assurance can be given that later applications will be considered.

STUDENT ADMISSION AND SELECTION

I. ADMISSION REQUIREMENTS

- A. BS or BA with emphasis in Science preferred **OR** registered or licensed in one of the following: radiography, nuclear medicine, nursing, ultrasound or other two-year allied health certificate program. All college course work pertaining to this application must be from accredited institutions.

AND

- B. Completion of the following college-course work with a grade-point average of at least 2.5 on a 4.0 scale: Algebra, Physics, Anatomy/Physiology, medical terminology and English/speech communication. All college course work pertaining to this application must be from accredited institutions.

Applicants must have the prerequisites listed above to be admitted to the program.

II. ADMISSION AND SELECTION PROCESS

- A. Applicants for admission to the KU Diagnostic Cardiac Sonography Program should send their application to:

KU Diagnostic Cardiac Sonography
Attn: Applications
Mail Stop 2007
3901 Rainbow Blvd.
Kansas City, Kansas 66160

- B. The following must be received by the program by the application deadline:
Allied Health application, completed and signed

Official copy of college/postsecondary transcripts from educational institutions
Applicant Essay
Three recommendation forms from professional or academic references
Application fee of \$60.00

C. Notification of acceptance, alternate or non-acceptance will be mailed to each applicant.

D. The criteria are as follows for the selection process:

- 1) Personal interviews and essay.
- 2) Letters of recommendation.
- 3) Academic performance in college and/or post-secondary schools.

III. PERSONAL INTERVIEWS

Personal interviews will be conducted in a panel format.

After the completion of all applicant interviews the Admissions Committee will make the class selection.

Applicants will receive a "Letter of Acceptance, Alternate or Non-Acceptance." If the applicant receives a "Letter of Acceptance," he/she will need to send a "Letter of Intent" within the time period specified in the acceptance letter.

IV. FOREIGN STUDENT POLICY

Students for whom English is a second language must satisfy the following requirements:

- A. All applicants for study at the University of Kansas Medical Center (KUMC) whose native language is not English must demonstrate an established level of English language proficiency through either the TOEFL (Test of English as a Foreign Language) or the academic format of the IELTS (International English Language Testing System). The test must have been taken within two years of the first semester of enrollment. For detailed requirements, including minimum scores for acceptance, visit: http://www.kumc.edu/international/esl_req.html .
- B. Documentation of proof of residency and citizenship may be required during the application process. All individuals who are not citizens or lawful permanent residents of the U.S. are required to check in with the Office of International Programs (<http://www.kumc.edu/international/immigration/location.html>) immediately upon arriving at the University of Kansas Medical Center, before commencing any program of work, study, or research. To ensure that you are in a valid status which will allow you to begin studies, you should contact the Office of International Programs once you receive formal acceptance into an academic program at KUMC. The advisors at KUMC will work with you to determine the best immigration status available to you and will assist you with any necessary applications or change of status. For those already in F-1 or J-1 status, a change of sponsorship in the SEVIS system may be necessary.
- C. If the applicant's degree is not from an accredited U.S. College/University, official transcripts and/or credentials must be evaluated by the KUMC Office of International Studies before acceptance to the program.
- D. A completed degree equal to that of a Bachelors Degree from an Accredited U.S. College or University, including the following classes which must be completed with a passing grade of a "C" in each: Human Anatomy and Physiology, Physics (Freshman) and Algebra (Freshman).

THE STUDENT AS A ROLE MODEL IN A HEALTH CARE INSTITUTION

Students are important members of the health care team in a teaching institution, and are often regarded by patients as a most important and caring contact during hospitalization. It is not unusual for patients to regard a student as a legitimate health care provider, although students are urged to dissuade patients from this conclusion. It is therefore incumbent upon every student to serve as a role model for their patients, not only in appearance, but also in their observance of accepted standards of healthy lifestyle. Students are therefore expected to refrain from smoking in accordance with medical center policy. The use of alcoholic beverages in the school or hospital is absolutely forbidden. Any violations of this or any other institutional regulations will mandate disciplinary action.

SPECIAL QUALIFICATIONS OF THE DIAGNOSTIC CARDIAC ULTRASOUND STUDENT

University of Kansas
School of Allied Health
Diagnostic Cardiac Sonography Program

Technical Standards

Instructions to applicants: You are required to read the following information because the Certificate in Diagnostic Cardiac Sonography will signify that the holder has the knowledge and skills to be eligible to take the national board certification exam and/or registry. Therefore, all individuals admitted to the University Of Kansas Program Of Diagnostic Cardiac Sonography will be asked to verify they can meet these standards with or without accommodation(s). Applicants who disclose a disability are considered for admission if they are otherwise qualified.

DESCRIPTION OF THE PROFESSION:

Diagnostic Cardiac Sonographers use complex ultrasound equipment to perform a variety of echocardiographic procedures. Echocardiography is highly valuable diagnostic modality for the evaluation of cardiac anatomy, function, and hemodynamics. The sonographer uses reflected sound waves to image the structures of the heart in real-time motion and Doppler ultrasound to evaluate blood flow in the heart. It is the most commonly used imaging procedure for the diagnosis of heart disease.

Responsibilities include, but are not limited to, patient interviews, instruction and preparation, quality control testing, execution of patient imaging procedures including routine and complex echocardiograms, treadmill and pharmacological stress echocardiography and transesophageal echocardiography, computer image acquisition and image enhancement, patient preparation for various procedures. Demonstrate knowledge and understanding of cardiac pathology, pathophysiology, and hemodynamics in different disease states. Have an understanding of ultrasound physics and instrumentation. The cardiac sonographer exhibits professionalism in the performance of these duties, demonstrates an empathetic and instructional approach to patient care, and maintains confidentiality of information as required. Professional growth and development is achieved through participation in medical and technical education and research to enhance the quality of patient care.

Upon successful completion of the University of Kansas Medical Center's Diagnostic Cardiac Sonography Certificate Program the graduate should be able to demonstrate entry-level competencies in the above areas of the professional practice.

The certificate granted at the completion of the Diagnostic Cardiac Sonography Program signifies that the holder is eligible to sit for the American Registry of Diagnostic Medical Sonographers in Adult Echocardiography. This certificate also signifies that the holder is prepared for entry into the profession of Adult Cardiac Sonography, therefore it ensues that graduates must have the knowledge and skills to function in a broad variety of clinical situations and demonstrate entry level competencies. Therefore, all students admitted to the program must meet the following abilities and expectations.

1. Observation

Visual acuity is necessary for watching patient's vital signs and for accurate image acquisition for all echocardiographic examinations.

2. Communication

Hearing and speech needs to be sufficient to communicate effectively and efficiently with all patients. Communications include not only speech but also reading and writing.

The Diagnostic Cardiac Sonographer applicant/student must be able to:

- Read and comprehend technical and professional materials
- Follow verbal or written instruction in order to correctly and independently perform procedures
- Clearly instruct patients prior to and during procedures
- Communicate with faculty members, fellow students, staff and other healthcare professionals verbally and in a recorded format (writing, typing, etc.)
- Independently prepare papers and take examinations.

3. Psychomotor

The Diagnostic Cardiac Sonographer applicant/student must have manual dexterity and good physical coordination to position patients and operate and transport ultrasound equipment. Students must have full range of motion, utility of arms, hands and fingers in order to perform examinations and operate equipment. This is also necessary to help patients on and off examination tables and to assist patients and other sonographers with lifting patients out of wheel chairs and off carts onto examination tables when necessary. The student must be able to push the ultrasound equipment (500 pounds) and maneuver this equipment plus patient equipment in the patient's room.

4. Intellectual

The Diagnostic Cardiac Sonographer applicant/student must:

- Possess these intellectual skills: comprehension, measurement, mathematical calculation, problem solving, reasoning, integration, analysis, comparison, self expression and criticism
- Be able to exercise sufficient judgement to recognize and correct performance deviations.
- Must be prepared to recognize any condition which may pose immediate threat to health or life, whether observed in the echocardiogram or in patient behavior, and react appropriately.

5. Behavioral and Social

The Diagnostic Cardiac Sonography applicant/student must:

- Be able to manage time to complete didactic and clinical tasks within realistic time constraints.
- Possess emotional health necessary to effectively employ intellect and exercise appropriate judgement
- Be able to provide professional and technical services in spite of the stresses of heavy workloads.
- Be flexible, creative and adapt to clinical and didactic changes
- Recognize potentially hazardous materials equipment and situations and proceed safely to reduce risk of injury to patient or self.
- Support and promote the activities of fellow students and health care professionals
- Be honest, compassionate, ethical and responsible
- Always safeguard and preserve the confidentiality of patient information in accordance with office policy.

6. Technical

The Diagnostic Cardiac Sonography applicant/student must perform echocardiographic procedures by demonstrating appropriate competency in:

- Obtaining appropriate clinical history in order to adapt the imaging techniques accordingly.
- Patient education

Patient care and management

Recording complete physiologic ultrasound exam consisting of 2D, M-mode, pulsed and continuous wave Doppler and color flow imaging, making appropriate quantitative calculations from the data recorded.

Performing exercise echocardiography and pharmacological stress testing.

Assistance in the performance of transesophageal echocardiograms.

Determination if contrast injection is indicated, and act accordingly.

Equipment configuration and operation

Positioning skills

Ultrasound safety

It is your responsibility to notify the Admissions Committee and/or Program Director if there is any reason you cannot meet the expectations for the diagnostic cardiac sonography students described above with or without reasonable accommodations. If there is any expectation that you cannot meet with or without reasonable accommodation, give explanation in the space provided (attach additional pages if necessary).

Individuals with disabilities are encouraged to apply to the program. Candidates whose response indicates that they cannot meet one or more of the expectations will be reviewed further by the Admissions Committee, with applicant, the University's Equal Opportunity/Disability Specialist, and faculty input, to determine if reasonable accommodations might be possible to facilitate successful completion of the Diagnostic Cardiac Sonography certificate curriculum and preparation for the registry and/or certification examinations.

DIAGNOSTIC CARDIAC SONOGRAPHY PROGRAM OVERVIEW

The Field

Diagnostic Cardiac Sonographers use complex ultrasound equipment to perform a variety of echocardiographic procedures. Echocardiography is a highly valuable diagnostic modality for the evaluation of cardiac anatomy, function and hemodynamics. The sonographer uses reflected sound waves to image the structures of the heart in real-time motion and Doppler ultrasound to evaluate blood flow in the heart. It is the most commonly used imaging procedure for the diagnosis of heart disease. Cardiac sonographers work under the direction of a cardiologist.

Career Opportunities

Graduates are in high demand for positions in hospitals, clinics and doctor's offices. Employment for diagnostic medical sonographers is expected to increase by about 19 percent through 2016 – faster than the average of all occupations – increasing the demand for diagnostic imaging and therapeutic technology professionals.

* US Department of Labor, Bureau of Labor Statistics Occupational Outlook Handbook

PROGRAM COST AND FEES

Tuition and fees are as follows:

The application fee is \$60.00. Tuition for the Diagnostic Cardiac Sonography Program will be two-thousand, eight-hundred dollars (\$2,800.00)* per semester for the 5-semester, 21-month program. ***The sonographer in training is responsible for the payment of each semester's tuition and fees by the due date indicated on the university-generated invoice.*** All requests to withdraw must be in writing and presented to the program director. Any tuition and fees adjustment will follow the tuition and fees adjustment policy. Books**, parking, uniforms***, etc., are extra and are the responsibility of the student.

Student fees include the following:

- a. Library
- b. Student Health
- c. Student Activity

- d. Student Center
- e. Kirmayer Fitness Center
- f. Disability Insurance

* Tuition and fees are subject to change without notice by the Kansas Board of Regents.

** Book costs are not listed due to varying costs. Books are returnable and money refunded will be based on the condition of the book. Check with the University of Kansas Medical Center bookstore (KUmedbooks.com) for specific requirements for book returns.

***Uniforms will be the responsibility of the sonographer in training.

All program costs are subject to change.

WITHDRAWAL POLICY

The student will have thirty (30) days after the first day of the program to withdraw from the school and receive a full refund. To accomplish this, the student must submit a formal letter to the Program Director stating his/her intent to withdraw. This letter must be received prior to the end of this thirty (30) day period. There will be no refunds of any kind after this thirty (30) day period.

STUDENT HEALTH POLICIES

Applicants who will be accepted into the program will be required to submit a Health History form and have a Physical Examination form completed by the time specified.

FINANCIAL AID

Please contact KUMC Student Financial Aid Office at (913) 588-5170.

TRANSFER POLICY

The Program of Diagnostic Cardiac Sonography, due to the intensive, twenty-one month training period, will not accept Advanced Placement, Part-time or transfer students.

HOUSING

Students are responsible for their own room, board, living expenses and transportation.

THERE ARE NO DORMITORY FACILITIES

DRESS

The Diagnostic Cardiac Sonography Program dress code will adhere to the same dress code required to wear navy blue scrubs.

EXCUSED ABSENCE POLICY

An excused absence is one that is approved by the Program Director. In the case of illness the student will be required to call one hour prior to their scheduled shift. Voice mail will be activated. The student will need to call the program director.

- A. Thirty hours of excused absences are allowed. Thirty additional hours may be used for excused absences, but the time will need to be made up on an hour for hour basis. A certificate of completion from the program will not be granted until all "make up" time is completed. If a student misses more than 60 hours he/she will need to withdraw from the current year program. At that time the student will be given the option to begin his/her training over at the start of the new school year.
- B. **Regular attendance and punctuality** are critical factors in providing all the services offered in the cardiovascular ultrasound department. If for any reason you are unable to report at your scheduled time you must personally notify the Program Director within the established time period.
- C. A student will be required to call one hour prior to his/her scheduled report time. Voice mail will be activated on off-hours; phone number will be provided to student upon admission to program.

HEALTH CARE

All students are required to carry some form of hospitalization insurance. This insurance may be obtained through the University at a reasonable cost. Information regarding health insurance can be obtained through the Program Director. Health services are available to each student during normal working hours through KUMC Student Health located in the Student Center.

DIDACTIC/CLINICAL HOURS

Student didactic and clinical hours will be 8:00 AM until 4:30 PM. Weekly schedules will vary.

* Subject to change*

MEDICAL LIABILITY INSURANCE

Provided by the University.

EQUAL OPPORTUNITY

KUMC is committed to equal opportunity and nondiscrimination in all programs and services, and does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, sexual orientation, marital status, disability or veteran status. KUMC is an AA/EO/Title IX institution. Please direct requests for disability accommodation to the Equal Opportunity/Disability Specialist: 913-588-1206 (Voice) or 913-588-7963 (TDD). Persons with speech or hearing impairments who wish to contact the university may access the Kansas State Relay at 800-766-3777.

POLICY CHANGES

Policies and procedures are subject to change.

**UNIVERSITY OF KANSAS DIAGNOSTIC CARDIAC SONOGRAPHY PROGRAM
APPLICATION PROCESS CHECK LIST**

For students beginning the program in September 2009, the application process contains 2 steps for submitting the required documents for admission to the program. All documents are available in this application packet. Please note the deadlines below. STUDENTS MAY SUBMIT ALL DOCUMENTS AT ONE TIME, THUS AVOIDING STEP TWO, BUT MUST DO SO BY THE EARLY DEADLINE OF FEBRUARY 2.

STEP ONE: SUBMIT APPLICATION AND FEE BY FEBRUARY 2

- School of Allied Health undergraduate application form, completed and **signed by applicant**
- School of Allied Health application fee: **\$60 USD**
Check payable to: "University of Kansas Medical Center"

Mail to:

KU Diagnostic Cardiac Sonography
Attn: Applications
Mail Stop 2007
3901 Rainbow Blvd.
Kansas City, Kansas 66160

STEP TWO: PROGRAM DOCUMENTS REQUIRED NO LATER THAN MARCH 2

- Reference Forms:** A reference form completed by 3 separate educational or professional sources must be completed and mailed **directly to the program** by the reference person. The mailing address is provided on the reference form.
- Transcripts:** Official transcripts from college or post-secondary education institutions must be mailed directly to the program from the registrar's office of each institution attended by the applicant. Mid-term grades will be accepted for application. Final grades required for admission into program. See mailing address below.

KU Diagnostic Cardiac Sonography
Attn: Transcripts
Mail Stop 2007
3901 Rainbow Blvd.
Kansas City, Kansas 66160

- Essay:** Follow the questions included in the "application essay worksheet" included in this packet to write an essay about your future goals in the field of sonography. E-mail the essay as a Microsoft Word, Adobe PDF or text-only format to: mchivington@mac.md.

PLEASE NOTE: All required documents must be postmarked or received by the final deadline March 2 to be eligible for consideration.

Students who are interested in applying for financial aid for the upcoming school year must complete a Free Application for Federal Student Financial Aid (FAFSA) and KUMC documents. Some financial aid grants and low interest loans have limited funding. To be considered for those programs, you must complete your FAFSA by the KUMC Student Financial Aid priority deadline date of February 14, prior to the start of the academic year, in addition to completing the additional KUMC documents. If you apply for financial aid after the priority deadline, any remaining financial aid will be awarded as available. The FAFSA and KUMC financial aid application process must be completed annually. Current KU students must re-apply for financial aid at the medical center. Your total financial aid award package, including institutional scholarships, loans, or need-based aid, will not be finalized until your admission application materials and fee have been received and you have been accepted.

UNIVERSITY OF KANSAS DIAGNOSTIC CARDIAC SONOGRAPHY PROGRAM

Reference Form

Mail to:

KU Diagnostic Cardiac Sonography
Attn: Recommendations
Mail Stop 2007
3901 Rainbow Blvd.
Kansas City, Kansas 66160

Name of applicant (please print) _____

Name of Reference Provider (please print) _____

The above named applicant has applied for admittance to our Diagnostic Cardiac Sonography Program and has named you as a reference. Professional and personal references are an integral part of the admission process and are carefully reviewed by the admissions committee. Delay in completing and returning this application may adversely affect the applicant's acceptance into the program.

Note to applicant: Enter your name above. Give this form with an envelope marked "Recommendation" to the reference provider named above. The reference provider should complete this form and place it in an envelope provided by the applicant. The reference provider should then seal the envelope and sign it across the seal. He or she should then mail it the above address.

Under the Federal Family Educational Rights and Privacy Act of 1974, the applicant is entitled to review their records, including letters of recommendation if they so choose. However, voluntarily waiving your rights to review your recommendations may allow the reference provider to be more candid with the admissions committee.

*I hereby voluntarily waive any rights I may have to this recommendation form when completed. I understand that this recommendation form will be confidential and will **not** be open to my review. Furthermore, I understand that this confidential recommendation is to be used only in consideration of my application to the University of Kansas School of Allied Health Diagnostic Cardiac Sonography Program.*

Applicants Signature: _____ Date: _____

Note to reference provider: Your honest assessment of this applicant will greatly assist the Admissions Committee in its decision. Please try to complete all parts of the form as any section left blank or incomplete may make the applicant less competitive. The recommendations are an important part of the application process, and your time in furnishing this information is greatly appreciated.

Please answer the following questions as accurately as possible:

1. In what capacity have you known the applicant?

2. How long have you known the applicant? ____0-1 years____1-3 years ____>3 years

3. What do you consider to be the principle strengths and weaknesses of the applicant?

4. How would you rate the applicant on the following:

Category	Superior	Very Good	Average	Poor	Very Poor	Not Observed
Motivation						
Dependability						
Initiative						
Judgement						
Personal Appearance						
Maturity						
Critical Thinking/ Problem Solving						
Verbal Communication Skills						
Written Communication Skills						
Interpersonal Relations						
Quality of Work						
Ability To Adapt To Change						
Knows When To Elicit Assistance						
Conflict Resolution						

5. Please indicate whether or not you endorse the applicant as a suitable candidate for our program (Please state your primary reason if you do not endorse).

Endorse with enthusiasm

Endorse

Do not Endorse

Additional Comments:

Signature _____ Date _____

Position _____

Address _____

Phone _____

UNIVERSITY OF KANSAS DIAGNOSTIC CARDIAC SONOGRAPHY PROGRAM

Reference Form

Mail to:

KU Diagnostic Cardiac Sonography
Attn: Recommendations
Mail Stop 2007
3901 Rainbow Blvd.
Kansas City, Kansas 66160

Name of applicant (please print) _____

Name of Reference Provider (please print) _____

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*I hereby voluntarily waive any rights I may have to this recommendation form when completed. I understand that this recommendation form will be confidential and will **not** be open to my review. Furthermore, I understand that this confidential recommendation is to be used only in consideration of my application to the University of Kansas School of Allied Health Diagnostic Cardiac Sonography Program.*

Applicants Signature: _____ Date: _____

Note to reference provider: Your honest assessment of this applicant will greatly assist the Admissions Committee in its decision. Please try to complete all parts of the form as any section left blank or incomplete may make the applicant less competitive. The recommendations are an important part of the application process, and your time in furnishing this information is greatly appreciated.

Please answer the following questions as accurately as possible:

1. In what capacity have you known the applicant?

2. How long have you known the applicant? ____0-1 years____1-3 years ____>3 years

3. What do you consider to be the principle strengths and weaknesses of the applicant?

4. How would you rate the applicant on the following:

Category	Superior	Very Good	Average	Poor	Very Poor	Not Observed
Motivation						
Dependability						
Initiative						
Judgement						
Personal Appearance						
Maturity						
Critical Thinking/ Problem Solving						
Verbal Communication Skills						
Written Communication Skills						
Interpersonal Relations						
Quality of Work						
Ability To Adapt To Change						
Knows When To Elicit Assistance						
Conflict Resolution						

5. Please indicate whether or not you endorse the applicant as a suitable candidate for our program (Please state your primary reason if you do not endorse).

Endorse with enthusiasm

Endorse

Do not Endorse

Additional Comments:

Signature _____ Date _____

Position _____

Address _____

Phone _____

UNIVERSITY OF KANSAS DIAGNOSTIC CARDIAC SONOGRAPHY PROGRAM

Reference Form

Mail to:

KU Diagnostic Cardiac Sonography
Attn: Recommendations
Mail Stop 2007
3901 Rainbow Blvd.
Kansas City, Kansas 66160

Name of applicant (please print) _____

Name of Reference Provider (please print) _____

The above named applicant has applied for admittance to our Diagnostic Cardiac Sonography Program and has named you as a reference. Professional and personal references are an integral part of the admission process and are carefully reviewed by the admissions committee. Delay in completing and returning this application may adversely affect the applicant's acceptance into the program.

Note to applicant: Enter your name above. Give this form with an envelope marked "Recommendation" to the reference provider named above. The reference provider should complete this form and place it in an envelope provided by the applicant. The reference provider should then seal the envelope and sign it across the seal. He or she should then mail it the above address.

Under the Federal Family Educational Rights and Privacy Act of 1974, the applicant is entitled to review their records, including letters of recommendation if they so choose. However, voluntarily waiving your rights to review your recommendations may allow the reference provider to be more candid with the admissions committee.

*I hereby voluntarily waive any rights I may have to this recommendation form when completed. I understand that this recommendation form will be confidential and will **not** be open to my review. Furthermore, I understand that this confidential recommendation is to be used only in consideration of my application to the University of Kansas School of Allied Health Diagnostic Cardiac Sonography Program.*

Applicants Signature: _____ Date: _____

Note to reference provider: Your honest assessment of this applicant will greatly assist the Admissions Committee in its decision. Please try to complete all parts of the form as any section left blank or incomplete may make the applicant less competitive. The recommendations are an important part of the application process, and your time in furnishing this information is greatly appreciated.

Please answer the following questions as accurately as possible:

1. In what capacity have you known the applicant?

2. How long have you known the applicant? ____0-1 years____1-3 years ____>3 years

3. What do you consider to be the principle strengths and weaknesses of the applicant?

4. How would you rate the applicant on the following:

Category	Superior	Very Good	Average	Poor	Very Poor	Not Observed
Motivation						
Dependability						
Initiative						
Judgement						
Personal Appearance						
Maturity						
Critical Thinking/ Problem Solving						
Verbal Communication Skills						
Written Communication Skills						
Interpersonal Relations						
Quality of Work						
Ability To Adapt To Change						
Knows When To Elicit Assistance						
Conflict Resolution						

5. Please indicate whether or not you endorse the applicant as a suitable candidate for our program (Please state your primary reason if you do not endorse).

Endorse with enthusiasm

Endorse

Do not Endorse

Additional Comments:

Signature _____ Date _____

Position _____

Address _____

Phone _____

Term (please select one):

Date Received
Date Fee Rec'd
Payment Method

KU School of Allied Health Domestic Student Undergraduate Application for Admission

Please carefully enter information into each field and print two copies when complete; keep one for your personal records.

Personal Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle	Last Name	Date of Birth: MM/DD/YYYY

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Name, if different from above	Other name(s) under which your records might be found	Male	Female

Social Security Number is required for admission into any program at KU Medical Center for background checks required to verify eligibility to work, train and participate in health care settings. Further, it is requested, but not mandatory under K.S.A. 76-725, for maintaining accurate records and servicing accounts.

Home (Current) Address:

 Number and Street

 City & State

 Country Zip /Postal Code

 Phone Number Mobile Phone Number

Permanent Address (if different from current address):

 Number and Street

 City & State

 Country Zip /Postal Code

 Phone Number Mobile Phone Number

E-mail Address

Citizenship/Residency Status (please select one): United States Citizen Permanent Resident of United States

If you did not select one of the above, **STOP**: you must use the School of Allied Health **International Student** Undergraduate Application

Is English your first language? Yes No If No, what is your first language?

Ethnicity

Are you Hispanic or Latino?

Yes, I am Hispanic or Latino.
 No, I am not Hispanic or Latino.

What is your race? Select one or more races.

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American Other

NOTE: Disclosure of ethnicity/race information is optional. The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with federal government regulations under Title VI of the Civil Rights Act and Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. A decision not to provide this information will not negatively affect decisions on admission, assistantships, or awards.

Academic Program Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department offering degree	Degree	Academic Program	Academic Plan
Term: <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Degree Level	<input type="checkbox"/> Non-degree-seeking or special student

Educational Information

Applicants must request one (1) official set of transcripts be sent directly from **each** academic institution attended to the department at KU in which the desired academic program resides. Starting with most recent, please list every higher education institution you have attended. Attach an additional list if needed.

<input type="text"/>		
Full Name of College/University		
<input type="text"/>		
City/State		
<input type="text"/> <input type="text"/>		
Degree Major		
<input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/>		
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA

<input type="text"/>		
Full Name of College/University		
<input type="text"/>		
City/State		
<input type="text"/> <input type="text"/>		
Degree Major		
<input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/>		
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA

<input type="text"/>		
Full Name of College/University		
<input type="text"/>		
City/State		
<input type="text"/> <input type="text"/>		
Degree Major		
<input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/>		
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA

Other Information

Please check any which apply to you:

- Current KU/KUMC student
- Have APPLIED to KU/KUMC before
- Have ATTENDED KU/KUMC before
- Member of US Armed Forces, or a dependent of one
- My parents or I have moved to take a job in Kansas before I enter KU

If you have been, or currently are, a student of the University of Kansas (any campus) please enter your student ID:

Residency

For purposes of reporting and analysis, KU is asked to provide student counts by state and county of origin. Please enter information below for what you consider to be your hometown and your place of birth.

Hometown Street Address City & State Country Zip /Postal Code

Place of Birth Street Address City & State Country Zip /Postal Code

Please indicate the high school from which you graduated.

High school name City/State graduation year

Are you currently a resident of the State of Kansas? Yes No When did you begin continuously living in Kansas?

Please indicate address when you began continuously living in Kansas:

Street Address City & State Country Zip /Postal Code

If anyone claimed you as a dependent for income tax purposes last year, please indicate name and address:

Name Relationship to you

Street Address City & State Country Zip /Postal Code

Exam Scores, References and Additional Requirements

Additional information and documentation may be required. Complete all forms included in the application packet for this academic program. Check with the admissions coordinator of the desired academic program for questions about application instructions and requirements.

Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas.

I hereby grant permission to KU to release applicable personal information, including my social security number, as needed to complete background checks and/or other approval processes for clinical practice. I understand that my admission is conditional upon completion of the background check and that it could provide grounds for rejection of my admission. I further understand and agree that should I be admitted after a background check, that check could be grounds for clinical sites to reject my participation in a clinical training rotation.

Date of Application _____ Signature of Applicant _____

If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, USA.

Submit Application

Please print, sign and mail this completed application form with the application fee (and any other materials which may be required) to the **KU department in which your desired academic program resides**. Print a second copy to keep for your records. Incomplete or unsigned applications will not be accepted.

PLEASE DO NOT WRITE BELOW THIS LINE

DEPARTMENTAL RECOMMENDATION

Admission granted with status (check only one):

- Regular Regular non-degree
- Provisional Provisional non-degree

Do not admit.

Comments/Remarks:

Date admitted in SAKU

Calculation of cumulative GPA from official transcripts

Department Signature

Date

KU DIAGNOSTIC CARDIAC SONOGRAPHY PROGRAM

APPLICATION ESSAY

Your completed application includes an essay about your future goals in the field of sonography. The following questions are listed to help you formulate your ideas. Please answer all of the following questions in your essay:

- 1) How did your interest in sonography develop?
- 2) What awards, academic or otherwise, have you received that have helped prepare you for your career choice?
- 3) What outside interests or hobbies do you have?
- 4) How has your formal academic training prepared you for a career in sonography?
- 5) What specific experiences have you had in the medical field that has influenced your career choice?
- 6) What personal characteristics do you feel would be the most helpful to a person who chooses a medical career?