

## The Diagnostic Medical Sonography Program at Camden-Clark Memorial Hospital Corporation

### All applicants should review the following:

- ✓ The deadline for receipt of **all** application materials is **July 1<sup>st</sup>** of each year.
  - ✓ Candidates should review the Admission's policy of the respective program to which you are applying as
  - ✓ Candidates must submit the following by the July 1<sup>st</sup> deadline:
    - ✓ **Program Application**
    - ✓ **Official post-secondary transcripts**
      - High School (if applicable)
      - College or University (if applicable)
      - Radiology or Technical School (if applicable)
    - ✓ **Applicant Reference**
      - Must submit three letters of reference
      - Forms can be printed from the website (no hyphen in website)
      - Signed and complete shadowing form
      - Application Essay
- Please review the Admission policies at <https://wvumedicine.org/camden-clark/diagnostic-medical-sonography/> to view specific requirements for each program.*
- ✓ **Essay Guidelines**
    - 500-750 words
    - Why are you interested in sonography?
    - How have your prior experiences prepared you?
    - What qualities set you apart from the other applicants?
  - ✓ Candidates for the programs in Imaging must (1) be graduates or pending graduates from a JRCERT accredited program in Radiography (2) possess an Associate's degree ( or higher), and (3) complete specific college level course work.
  - ✓ Candidates for the Diagnostic Medical Sonography and programs must (1) be a graduate or pending graduate from a 2 year allied health education program that is patient care related (2) possess an Associate's degree ( or higher) and (3) complete specific college level course work.
  - ✓ Enrollment is competitive and is limited to a certain number of students based on each program's maximum capacity. See specific programmatic admission policies on the web-site for details.
  - ✓ The attached application can be submitted by **one** of the following:
    1. **Saving the application and e-mailing to the respective program to which you are applying.**
    - or
    2. **Printing the application and mailing to the respective program to which you are applying.**
  - ✓ The following address can be utilized for mailing this application and related materials:

**The Diagnostic Medical Sonography Program at  
Camden-Clark Memorial Hospital Corporation  
800 Garfield Ave, Parkersburg, WV, 26101**



CAMDEN CLARK  
MEDICAL CENTER

The Diagnostic Medical Sonography Program at  
Camden-Clark Memorial Hospital Corporation  
800 Garfield Ave, Parkersburg, WV, 26101

**Application for Admission Consideration**



Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Home Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Have you ever been convicted in court of a misdemeanor or a felony? No  Yes

If yes, explain: \_\_\_\_\_



**Education**

**High School:** \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Current Status:  Graduate  Currently enrolled GPA: \_\_\_\_\_

**College:** \_\_\_\_\_ City, State \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Current Status:  Graduate  Currently enrolled GPA: \_\_\_\_\_

Degree Earned / Major: \_\_\_\_\_

**Other:** \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Current Status:  Graduate  Currently enrolled GPA: \_\_\_\_\_

Degree Earned / Major: \_\_\_\_\_

## References

Please list three personal or professional references.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Employment History

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Company: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Responsibilities: \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Disclaimer and Signature

*I certify that the information I have provided on this application is true and complete to the best of my knowledge.*

*I hereby authorize investigation of all matters contained in this application and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event that I am accepted for admission into the Program.*

*I understand that program officials will rely upon professional opinion in admission consideration to enroll individuals whose personal characteristics match those of a health care professional.*

\*By checking this box and typing my name below, I am electronically signing this application. (required if submitting by email)

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