



APPLICATION

Cohort #5 - January, 2024 to July, 2025

The Application Period
for this Cohort is
CLOSED

The next cohort will begin in
January, 2026
and conclude in
July, 2027
Applications will be available in
January, 2026



Community Regional Medical Center
Diagnostic Medical Sonography Program
Abdominal-Extended & OB/GYN Sonography and
Adult Cardiac Sonography

APPLICATION CHECK-OFF LIST

A completed application MUST include the following:

- Application for Admission**
- Application Questionnaire**
- Copy of your College Diploma**
If Applicable - B.A. / B.S. degree or higher in ANY subject
- Copy of your Allied Health License**
If Applicable – Must be in one of these six disciplines: Registered Nurse, Licensed Vocational Nurse, Respiratory Therapist, Radiologic Technologist, Occupational Therapist, Physical Therapist
- Official Transcripts**
From ALL colleges and universities attended, in sealed envelopes
- Copy of IELTS or TOEFL (iBT) Test Results**
From foreign applicants or applicants in the U.S. who grew up in a foreign country
- “Understanding of Program Regulations” Form**
Included in this packet
- Application Fee (\$50.00)**
Nonrefundable, Money Orders or Cashier’s Checks Only, Payable to “D.M.S.P.”

Applications will be accepted from July 18 to August 5, 2022 (ONLY).

Applications received before July 18th or after August 5th will be rejected.

DELIVER OR MAIL YOUR APPLICATION TO:

Community Regional Medical Center
Trauma Critical Care Building – 3rd Floor
Radiology/Sonography Program
2823 Fresno Street
Fresno, California 93721



Community Regional Medical Center
2823 Fresno St.
Fresno, CA 93721

Diagnostic Medical Sonography Program

APPLICATION FOR ADMISSION

PLEASE PRINT

Which track/s are you applying for? Abdominal-Extended & OB/GYN Adult Cardiac
This is the new name for our "General" track
 Both – What is your first choice? _____

Name: _____
First Middle Last

Former Name/s: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: *(If different from above)* _____

Preferred Phone: _____ Other Phone: _____

Email Address: _____

Date of birth: ____ / ____ / ____ Social Security Number: _____

Emergency Contact: _____
Name Phone

Are you an American citizen? _____ If not, do you have a valid Green Card? _____

Allied Health Degree(s) You Have Earned: *(You MUST provide a copy of your professional license and your transcripts)*

Type: _____ College/University: _____

Type: _____ College/University: _____

BA or BS Degrees You Have Earned: *(You MUST provide a copy of your diploma and your transcripts)*

Type: _____ College/University: _____

Type: _____ College/University: _____

What is your cumulative Grade Point Average (GPA) for all undergraduate work? _____

List the college-level classes you have taken that fulfill our prerequisites:

If more than one class fulfills the prerequisite, list the one in which you received the highest grade

Anatomy *(Or a combined class of Anatomy & Physiology)*

Name of Class: _____ # of Units ____ Grade ____ Include Lab? Y or N

Institution: _____ Year: _____ Term: _____

Are you taking this class now or in the fall? ____ When will it be completed? _____

Physiology *(Leave blank if you took a combined class of Anatomy & Physiology)*

Name of Class: _____ # of Units ____ Grade ____ Include Lab? Y or N

Institution: _____ Year: _____ Term: _____

Are you taking this class now or in the fall? ____ When will it be completed? _____

Physics

Name of Class: _____ # of Units ____ Grade ____

Institution: _____ Year: _____ Term: _____

Are you taking this class now or in the fall? ____ If so, when will it be completed? _____

Math *(Algebra or higher)*

Name of Class: _____ # of Units ____ Grade ____

Institution: _____ Year: _____ Term: _____

Are you taking this class now or in the fall? ____ If so, when will it be completed? _____

English *(Grammar and/or composition)*

Name of Class: _____ # of Units ____ Grade ____

Institution: _____ Year: _____ Term: _____

Are you taking this class now or in the fall? ____ If so, when will it be completed? _____

Communication *(Speech, group discussion, etc.)*

Name of Class: _____ # of Units ____ Grade ____

Institution: _____ Year: _____ Term: _____

Are you taking this class now or in the fall? ____ If so, when will it be completed? _____

Medical Terminology *(This class can be taken at a college, junior college, adult school, or online)*

Name of Class: _____ # of Units ____ Grade ____

Institution: _____ Year: _____ Term: _____

Are you taking this class now or in the fall? ____ If so, when will it be completed? _____

Patient Care Experience *(Preferred but not required)*

Type: _____ Facility: _____

Type: _____ Facility: _____

I hereby certify that all statements in this application are complete and true.

Date: ____ / ____ / ____ Signature: _____



Community Regional Medical Center
Diagnostic Medical Sonography Program

APPLICATION QUESTIONNAIRE

Please submit your answers to the following questions. Guidelines:

- *Your response to each question must be no longer than 100 words.*
 - *Your responses cannot be handwritten. They must be typed in a 12-point font.*
 - *Your responses must be single spaced with one inch margins.*
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1. Why do you want to be a **SONOGRAPHER**?
2. What **STRENGTHS** do you bring to the program?
3. What are your **FIVE YEAR GOALS**?
4. What **OBJECTIVES / OUTCOMES** do you expect from this educational program?

NOTE: Do not type your responses on this page.



Community Regional Medical Center

Diagnostic Medical Sonography Program

Abdominal-Extended & OB/GYN Sonography and
Adult Cardiac Sonography

UNDERSTANDING OF PROGRAM REGULATIONS

Name: *(Please Print)* _____

- I understand CRMC reserves the right to revise enrollment requirements, program prerequisites and/or selection procedures at **ANYTIME**.
- I understand it is my responsibility to meet enrollment requirements, program prerequisites, to follow proper application procedures, to provide transcripts and to keep informed on revisions regarding the program.
- I understand that if I submit an application packet before July 18, 2022, or after August 5, 2022, it will be rejected.
- I understand that if I submit an application packet that is incomplete, or does not meet enrollment requirements, program prerequisites/application requirements, it will be returned to me with an explanation of why it was returned and the date of submission of my application becomes null and void.
- I understand that if my application is accepted I will be required to appear in person at an interview in Fresno, CA, between September 1-30, 2022 (time & date to be determined).
- I understand that if I am admitted into the program, failure to notify the Program Director with a "Confirmation of Acceptance" in the allotted time prescribed constitutes grounds to assign my position to an alternate. My name will also be removed from the enrollment list.
- I understand that if I am admitted into the program and I must decline acceptance, my slot will go to the next student on the enrollment list.
- I understand that if I fail to successfully complete the first course level of the Diagnostic Medical Sonography Program (**Abdominal-Extended & OB/GYN** or **Adult Cardiac**) and wish to re-enter, I will be considered a new applicant and all new program fees will be applied.
- I understand that CRMC is not a Federal Student Aid (FSA) eligible educational institution. I understand that I will not be able to take advantage of any FSA grant, loan, work study, or G.I. Bill program. I understand that I will not be issued a yearly IRS Form 1098-T for obtaining education-related tax credits and that I may not qualify for the deferment of my previous student loans (if any).

Date: ____ / ____ / ____ Signature: _____

<i>For Office Use Only</i> COMPLETE APPLICATION RECEIVED ON:	
Date: _____	Program Director: _____

Community Regional Medical Center

Diagnostic Medical Sonography Program

ABDOMINAL-EXTENDED & OB/GYN SONOGRAPHY PROGRAM COSTS Cohort #7 – 2023/2024

TUITION AND FEES

Application Fee (<i>Nonrefundable</i>)	\$50.00
Tuition	\$23,950.00
TOTAL TUITION AND FEES	\$24,000.00

ADDITIONAL EXPENSES

Basic Life Support for Healthcare Professionals Class	\$80.00
Physical & Immunizations*	\$200.00
Uniforms*	\$180.00
Books*	\$425.00
Background Clearance & Drug Screening*	\$78.00
Medical Document Management (Health Impact)	\$10.00
Liability Insurance purchased through SDMS (\$30/year x 2 years)	\$60.00
SDMS Student Membership	\$45.00
California Student Tuition Recovery Fund (STRF)	\$12.90
TOTAL ADDITIONAL EXPENSES	\$1090.90

LICENSING

ARDMS (Sonographic Principles & Instrumentation)	\$225.00
ARDMS (Obstetrics/Gynecology)	\$250.00
ARDMS (Abdomen)	\$250.00
TOTAL LICENSING EXPENSES	\$725.00

TOTAL PROGRAM EXPENSE* **\$25,815.90**

**Estimates – Prices Subject to Change*

Community Regional Medical Center

Diagnostic Medical Sonography Program

ADULT CARDIAC SONOGRAPHY PROGRAM COSTS

Cohort #7 – 2023/2024

TUITION AND FEES

Application Fee (<i>Nonrefundable</i>)	\$50.00
Tuition	\$23,950.00
TOTAL TUITION AND FEES	\$24,000.00

ADDITIONAL EXPENSES

Basic Life Support for Health Care Professionals Class	\$80.00
Physical & Immunizations*	\$200.00
Uniforms*	\$180.00
Books*	\$705.00
Background Clearance & Drug Screening*	\$78.00
Medical Document Management (Health Impact)	\$10.00
Liability Insurance purchased through SDMS (\$30/year x 2 years)	\$60.00
SDMS Student Membership	\$45.00
Basic EKG Online Course	\$200.00
California Student Tuition Recovery Fund (STRF)	\$13.02
TOTAL ADDITIONAL EXPENSES	\$1571.02

LICENSING

ARDMS (Sonographic Principles & Instrumentation)	\$225.00
ARDMS (Adult Echocardiography)	\$250.00
TOTAL LICENSING	\$475.00

TOTAL PROGRAM EXPENSE* **\$26,046.02**

**Estimates – Prices Subject to Change*

Diagnostic Medical Sonography Program

ABDOMINAL SONOGRAPHY-EXTENDED & OB/GYN SONOGRAPHY CLASS SCHEDULE

Cohort #7 - January 10, 2023 to July 19, 2024

1st COURSE LEVEL - 9 Weeks	Start	End	Times	Day(s)	Lec. Hrs.	Lab Hrs.
Basic Ultrasound Physics	1/10/2023	3/7/2023	5:45p-10p	Tuesday	18	27
Introduction to Sonography	1/12/2023	3/9/2023	5:45p-10p	Thursday	18	27
Spring Break - April 3-7; Memorial Day - May 29; Independence Day, July 4						
Course Level Break - July 24 to 28, 2023						
2nd COURSE LEVEL - 18 Weeks	Start	End	Times	Day(s)	Lec. Hrs.	Lab Hrs.
Abdominal Sonography	3/14/2023	7/18/2023	5:45p-10p	Tuesday	36	36
Beginning Clinical Experience I	TBA	7/21/2023	8a-3:00p	Weekdays		504
Labor Day - Sept. 4; Veterans Day - Nov. 11; Thanksgiving Break - Nov. 23-24						
Course Level Break - December 4, 2023 to January 5, 2024						
3rd COURSE LEVEL - 18 Weeks	Start	End	Times	Day(s)	Lec. Hrs.	Lab Hrs.
Obstetrics and Gynecology	8/1/2023	11/28/2023	5:45p-10p	Tuesday	36	36
Beginning Clinical Experience II	7/31/2023	11/31/2023	8a-3:00p	Weekdays		504
Labor Day - Sept. 4; Veterans Day - Nov. 11; Thanksgiving Break - Nov. 23-24						
Course Level Break - December 4, 2023 to January 5, 2024						
4th COURSE LEVEL - 9 Weeks	Start	End	Times	Day(s)	Lec. Hrs.	Lab Hrs.
Advanced Ultrasound Physics	1/9/2024	3/5/2024	5:45p-10p	Tuesday	27	
Superficial Structures	1/9/2024	3/5/2024	5:45p-10p	Tuesday	9	27
Advanced Clinical Experience I	1/8/2024	3/8/2024	8a-3:00p	Weekdays		252
Course Level Break - March 25 to March 29, 2024						
5th COURSE LEVEL - 18 Weeks	Start	End	Times	Day(s)	Lec. Hrs.	Lab Hrs.
Integrative Study in Sonography	3/12/2024	7/16/2024	5:45p-7p	Tuesday	36	
Basics of Vascular Sonography	3/12/2024	7/16/2024	7p-10p	Tuesday	27	27
Advanced Clinical Experience II	3/11/2024	7/19/2024	8a-3:00p	Weekdays		504
Spring Break - March 25-29; Memorial Day - May 27; Independence Day - July 4						
Graduation Ceremony - July 20, 2024						

*Any clinical hours missed due to a holiday will be made up by arrangement.
There is a 30 minute lunch included for all clinical days assigned.*

Diagnostic Medical Sonography Program

ADULT CARDIAC SONOGRAPHY CLASS SCHEDULE

Cohort #7 - January 10, 2023 to July 19, 2024

1st COURSE LEVEL - 9 Weeks	Start	End	Times	Day(s)	Lec. Hrs.	Lab Hrs.
Basic Ultrasound Physics	1/10/2023	3/7/2023	5:45p-10p	Tuesday	18	27
Introduction to Sonography	1/12/2023	3/9/2023	5:45p-10p	Thursday	18	27
2nd COURSE LEVEL - 18 Weeks						
2nd COURSE LEVEL - 18 Weeks	Start	End	Times	Day(s)	Lec. Hrs.	Lab Hrs.
Cardiac Physiology & Principles	3/16/2023	7/20/2023	5:45p-10p	Thursday	36	36
Beginning Clinical Experience I	TBA	7/21/2023	8a-3:00p	Weekdays		504
Spring Break - April 3-7; Memorial Day - May 29; Independence Day, July 4						
Course Level Break - July 24 to 28, 2023						
3rd COURSE LEVEL - 18 Weeks	Start	End	Times	Day(s)	Lec. Hrs.	Lab Hrs.
Echocardiography	8/3/2023	11/30/2023	5:45p-10p	Thursday	36	36
Beginning Clinical Experience II	7/31/2023	11/31/2023	8a-3:00p	Weekdays		504
Labor Day - Sept. 4; Veterans Day - Nov. 11; Thanksgiving Break - Nov. 23-24						
Course Level Break - December 4, 2023 to January 5, 2024						
4th COURSE LEVEL - 9 Weeks	Start	End	Times	Day(s)	Lec. Hrs.	Lab Hrs.
Advanced Ultrasound Physics	1/11/2024	3/7/2024	5:45p-10p	Thursday	27	
Advanced Echocardiography	1/11/2024	3/7/2024	5:45p-10p	Thursday	9	27
Advanced Clinical Experience I	1/8/2024	3/8/2024	8a-3:00p	Weekdays		252
Course Level Break - March 25 to March 29, 2024						
5th COURSE LEVEL - 18 Weeks	Start	End	Times	Day(s)	Lec. Hrs.	Lab Hrs.
Integrative Study in Sonography	3/14/2024	7/18/2024	5:45p-7p	Thursday	36	
Basics of Vascular Sonography	3/14/2024	7/18/2024	7p-10p	Thursday	27	27
Advanced Clinical Experience II	3/11/2024	7/19/2024	8a-3:00p	Weekdays		504
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