



SCHOOL OF

Diagnostic Medical Sonography

WYOMING VALLEY
HEALTH CARE SYSTEM

School of Diagnostic Medical Sonography

575 North River Street • Wilkes-Barre, PA 18764-0001

570-552-4654

DEAR APPLICANT:

Thank you for considering our program in your pursuit of becoming a diagnostic medical sonographer. Please refer to this letter when completing the application form to ensure that all necessary information is submitted.

PREREQUISITES FOR APPLICATION

1. The applicant must be a high school graduate or equivalent with a minimum of two (2) years post secondary education.
2. The applicant may be a registered radiological technologist or graduate with a certificate from a formal allied health program.
3. Consideration will be given if the applicant has a Bachelor of Science or Associates degree with patient care experience.
4. The applicant must have a 3.0 G.P.A or higher.
5. The applicant can also be enrolled for a minimum of two (2) years in a formal allied health program with the below prerequisites completed prior to completion of the application:
 - For all applicants prerequisite courses must have included Communications, Medical Terminology, Biology, Anatomy and Physiology, Physics and Algebra.
 - Must have had 1 year of algebra either in high school or college.
6. Documentation of eight (8) hours of observation in an ultrasound department.

APPLICATION INSTRUCTIONS

1. Print or type information on application
2. Please submit all transcripts from radiological or allied health program. They must be original. Applicants are responsible for the submission of all information prior to deadline.
3. Photocopies of graduation certificates and current certification cards must be submitted.
4. Signed documentation from a supervisor of department where eight hours of observation was acquired. (Refer to *Documentation of Observation* form.)
5. Required letters of reference must include:
 - Radiological or allied health program director
 - Current employer or immediate supervisor
 - Character reference (excluding family members)Letters of reference must be submitted in sealed envelopes along with application. It is the applicant's responsibility to have the letters of reference submitted. Absence of letters will result in delay of processing and possible post-deadline.
6. *Letter/Essay of Intent* containing specific reasons for pursuing a career in diagnostic medical sonography.
7. A check or money order for \$10.00 made payable to Wyoming Valley Health Care System must accompany the application.
8. The application must be signed and dated by the applicant and submitted with all necessary documentation. Applications will be accepted up until January 31 of each school year which begins in September. Interviews will be held in February. Applicants will be notified and scheduled for an interview date and time.

The processing of your application will be expedited by your cooperation in following the given instructions. If we can be of further assistance, please feel free to call the school office.

Sincerely,

Lisa Capizzi BS, RT (R) (M), RDMS, RVT

PROGRAM DIRECTOR/ULTRASOUND SUPERVISOR, WYOMING VALLEY HEALTH CARE SYSTEM – SCHOOL OF DIAGNOSTIC MEDICAL SONOGRAPHY