Introduction:
Vanderbilt University Medical Center has built a strong reputation as a leader in medical education, research and patient care throughout the Southeast and the nation over the course of its history. As a principal referral center for physicians and patients throughout the region, Vanderbilt University Hospital and The Vanderbilt Clinic consistently rank among the premier health care facilities in the United States. The Hospital is a 658 bed structure supported by the most up-to-date systems and technology.

The field of diagnostic medical sonography is both challenging and dynamic. Credentialed sonographers are faced with new challenges and opportunities around every corner. Vanderbilt University Medical Center offers an environment filled with opportunities and resources to educate healthcare providers and prepare them for the daily challenges they will encounter as a professional. The Vanderbilt University Medical Center Diagnostic Medical Sonography (DMS) Program has been re-established to foster the education of sonographers and promote the quality of patient care in the search for a diagnosis. The Program offers an 18-month certificate curriculum in General Sonography. The curriculum plan includes six (6) rotations of didactic and clinical courses which will require an average attendance of 33 hours per week. Upon completion of the didactic and clinical course requirements, graduates of the DMS Program are eligible to apply for certification exams in Ultrasound Physics and Instrumentation, Abdomen, Obstetrics/Gynecology and Neurosonology administered by the American Registry of Diagnostic Medical Sonography (ARDMS).

Throughout the curriculum plan, the classroom is integrated with the clinical setting via a competency plan which allows a progressive development of technical skills. While General Sonography is the primary focus of education, the students also obtain clinical experience and introductory didactic courses in vascular sonography. In addition to the extensive clinical education provided in the areas of study, VUMC DMS Program provides its students with limited clinical exposure to other areas of sonographic specialties including, but not limited to, echocardiography (adult, pediatric and fetal), neurovascular, infertility and genetic screening/testing. The Program offers its small group of select students excellent classroom, laboratory and clinical education with numerous opportunities for research and interaction with the medical staff.
Vanderbilt University Medical Center  
Diagnostic Medical Sonography Program

Mission

The Vanderbilt University Medical Center Diagnostic Medical Sonography Program is dedicated to providing quality education for its students in order to promote excellence in the art and science of sonography. Guided by the Mission of the Medical Center, the Program strives to provide academic and clinical experiences that produce competent and compassionate sonographers with a commitment to the performance of quality imaging and the pursuit of lifelong learning.

Philosophy

It is the philosophy of the Program that all patients have the right to receive competent and compassionate care to promote overall health and wellness. Diagnostic Medical Sonographers must possess the skills and knowledge necessary to think critically during the delivery of such care while performing sonographic procedures. The Program is committed to providing the healthcare system with sonographers who are competent and compassionate critical thinkers with a goal of continuously learning throughout their career.

Goals/Objectives

The sonography profession requires the ability to provide diagnostic sonographic imaging utilizing critical thinking skills to make judgements in the process. Sonographers are professionals who must possess high level skills in diagnostic sonographic techniques under the guidance of a licensed physician. A sonographer is responsible for providing patient care and gathering adequate data necessary for diagnoses to be determined.

(Continued on the next page)
Graduates of the VUMC Diagnostic Medical Sonography Program will be able to perform, at minimum, the following:

1. Demonstrate effective communication skills with patients and all members of the healthcare team.
2. Provide compassionate patient care and education to promote overall well-being.
3. Act in a professional manner within recognized ethical and legal standards.
4. Obtain, review and integrate pertinent patient data to facilitate optimum diagnostic results.
5. Perform sonographic procedures appropriately and accurately recording all anatomic and physiologic information for interpretation by a physician.
6. Document and present complete and accurate sonographic findings to the interpreting physician in order to facilitate patient diagnosis.
7. Demonstrate the ability to think critically during the performance of sonographic procedures to provide optimum diagnostic services.
8. Maintain optimal function of the sonographic equipment.
10. Demonstrate a commitment to lifelong learning.

Upon graduation, students will have demonstrated and completed all clinical and academic competencies required for eligibility to take the ARDMS (American Registry of Diagnostic Medical Sonographers) Registry Exams in the area(s) of study.
Admission Policy
Candidates for admission must satisfy the following criteria by submission of official transcripts:

- High school diploma or the equivalent

  AND

- Graduation from a 2-year or 4-year accredited allied health program in direct patient care and possess recognized credential in his/her healthcare specialty* (Examples include: Radiologic Technologist, Registered Nurse, Respiratory Therapy, Medical Technologist, Nuclear Medicine Technologist)

  OR

- Bachelor Degree from an accredited college or university with a cumulative GPA of no less than 2.5*

  OR

- Demonstrate eligibility for the Bachelor’s Degree upon completion of the VUMC Diagnostic Medical Sonography Program curriculum from one of the following Affiliate Institutions:
  - Austin Peay State University
  - Middle Tennessee State University

  (This option requires recommendation from the affiliate institution’s faculty advisor.)

All post-secondary coursework must have included the following pre-requisite coursework, with a grade of “C” or better:

- Algebra or College Math equivalent
- General Physics (Radiographic Physics will be accepted)
- Minimum of 2 semester of Biological Sciences, including one semester of Human Anatomy and Physiology
- Medical Terminology
- English Composition or Speech (must be completed at a college or university within the United States)

Individuals may submit application with incomplete pre—requisite coursework by indicating a plan of action to satisfy this requirement prior to matriculation (see Application for Admission).

Application requirements include (see deadlines on application form):

- Submission of application and non-refundable $35 deposit
- Submission of official transcripts for all post-secondary coursework
- Submission of a current resume
- Three (3) references (standard form used)
- Personal essay regarding: 1) The current state of sonography, 2) The future of sonography and 3) The applicant’s contribution to the field of sonography.
- Interview with program representatives

Potential applicants are encouraged to visit the program’s website at www.mc.vanderbilt.edu via the link to the Allied Health Programs regularly for updated information regarding the application and selection processes.

*Individuals who are enrolled in pre-requisite program at the time of application will be expected to fulfill this requirement immediately upon graduation to confirm eligibility.
Student Health Policy

Physical Activity Standards
Diagnostic Medical Sonographers must be able to perform a variety of physical movements in order to care for and manipulate patients and heavy equipment. Any student admitted to the program must acknowledge his/her ability to carry out the following technical standards with or without reasonable accommodations:

- Push, pull or lift 50 pounds routinely and more than 50 pounds occasionally
- Bend, stoop, kneel, squat or sit and reach routinely
- Adequately control imaging transducer and manipulate equipment weighing up to 500 pounds on wheels
- Adequately visualize and perceive image data on computer and video monitors to acquire and interpret sonographic image data with color distinction
- Sufficiently distinguish fine audible differences including Doppler signals, patient and co-worker communication and patient conditions such as respiration or movements
- Fluently demonstrate English language skills to provide optimum communication with patient and healthcare team members (Please see Language Policy)
- Follow verbal and written instructions to provide optimum care for patients

Intellectual and Emotional Standards
Diagnostic Medical Sonographers must also possess intellectual and emotional qualities that permit adequate care for patients and response to unexpected or emergent situations. Any student admitted into the program must acknowledge his/her ability to demonstrate the following qualities with or without reasonable accommodations:

- Problem solve and interpret data in both routine and emergent situations
- Empathy
- Emotional stability and maturity
- Courtesy and compassion to patients and their families, as well as co-workers
- Adaptability and flexibility to clinical or didactic schedule changes
- Follow protocols and organize sonographic examination data accurately to facilitate patient diagnosis
- Maintain patient confidentiality
**Immunizations and Health Records**

Any student admitted into the Program must provide written documentation to satisfy the following immunizations:

- Provide written documentation of two tuberculin skin test results during the 12 months prior to beginning practice, one of which needs to be within the past 3 months. If previous tuberculin skin test result is positive, documentation of a chest x-ray within the past 6 months is needed. Thereafter, if working in a department or job in a patient care area, a tuberculin skin test is required annually for all negative reactors.
- Provide proof of varicella (chickenpox) immunity via a blood test or documentation of two doses of Varicella vaccine.
- Provide proof of one immunization for rubella (MMR) given after the first birthday or immunity via a blood test.
- If born on or after January 1, 1957, provide proof of two immunizations for measles, no less than one month apart, given after the first birthday; or one measles vaccine (MMR) after age 18 years; or immunity via a blood test; or physician documented disease history. (Persons born before this date are considered immune to measles).*
- If born on or after January 1, 1957, provide proof of one immunization for mumps (MMR) given after the first birthday or immunity via a blood test. (Persons born before this date are considered immune to mumps).
- The hepatitis B vaccine is strongly encouraged for those who may be exposed to blood, body fluid, or human tissue. The Occupational Safety and Health Administration (OSHA)-mandated educational materials can be provided. Employees (Students) who choose to decline this vaccination must sign a statement to that effect.

*One MMR vaccination after the age of 18 satisfies this immunization requirement.

**Health Insurance**

Each student enrolled in the Program must be covered by health insurance. The student may acquire student health insurance through Vanderbilt University or provide documentation of coverage by his/her choice of independent carrier.
<table>
<thead>
<tr>
<th>Rotation (12 weeks)</th>
<th>Dates</th>
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<tbody>
<tr>
<td><strong>First Rotation</strong></td>
<td><strong>September 23 – December 20, 2013</strong></td>
</tr>
<tr>
<td>Program Orientation</td>
<td>September 23-27</td>
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<tr>
<td>Hospital Orientation</td>
<td>TBA</td>
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<tr>
<td>Thanksgiving Break</td>
<td>November 25-29</td>
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<tr>
<td><strong>Second Rotation</strong></td>
<td><strong>January 6, 2014 - March 28, 2014</strong></td>
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<tr>
<td><strong>Third Rotation</strong></td>
<td><strong>March 31 – June 20, 2014</strong></td>
</tr>
<tr>
<td>Memorial Day</td>
<td>May 27</td>
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<tr>
<td><strong>Summer Break</strong></td>
<td><strong>June 23-27, 2014</strong></td>
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<tr>
<td><strong>Fourth Rotation</strong></td>
<td><strong>June 30 - September 19, 2014</strong></td>
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<tr>
<td>Independence Day</td>
<td>July 4</td>
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<td>Labor Day</td>
<td>September 1</td>
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<tr>
<td><strong>Fifth Rotation</strong></td>
<td><strong>September 22 – December 19, 2014</strong></td>
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<tr>
<td>Thanksgiving Break</td>
<td>November 15-19</td>
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<tr>
<td><strong>Sixth Rotation</strong></td>
<td><strong>January 5, 2015 - March 27, 2015</strong></td>
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</table>
Vanderbilt University Medical Center
Diagnostic Medical Sonography Program

Tuition/Expenses:

**Effective for enrolling students in or after 2007:**
$9900 for full curriculum ($1650/Rotation)

Tuition includes:
- Courses/Clinicals/Lab
- Books
- Medical Center Mandatory Training requirements which include TB mask fitting, hospital safety, HIPAA and universal precaution training

The following additional expenses are the responsibility of the student:

- Pre-enrollment Background Check through VUMC ($50)
- Health Insurance
- CPR Certification
- Immunizations
- Uniforms/Lab Coats
- Parking
- Travel to and from clinical assignments
- Meals

Tuition payments are due no later than the end of the first week of each Rotation, per the Academic Calendar.

Financial Aid is available to qualified students. Information regarding Financial Aid procedures can be located at [www.mc.vanderbilt.edu](http://www.mc.vanderbilt.edu) via the Allied Health Programs link.
Application Dates/Deadlines:
Applications will be accepted in the Program Director’s office with postmarks dated on or before April 30 for admission each academic year. All supporting application documents must be secured by the applicant and included with the application for admission with delivery to the Program Director in one mailing envelope. Full submission of application materials by the applicant MUST include the following:

1) Completed application form and non-refundable $35 fee (make check payable to VUMC)
2) Official post-secondary transcripts in envelope(s) sealed by the institution(s)
3) Resume (must include all education, work and community services experiences)
4) Three (3) references in envelopes sealed by the individual
5) Personal essay reflecting the required information found on page 2 of the application form

Any applications or documentation received with a postmark date after April 30 will be processed only on an availability basis. Interviews will be scheduled with qualified applicants each year after the deadline listed.

Please type or print legibly in ink:

Name ___________________________________________ Date of application_______

Last First MI

Address (mailing) ________________________________ Street and Number Apt. No.

City ________________ State ________ ZIP __________

Address (home, if different than above) __________________________________________

Daytime phone (____)_____________ Evening phone (____)_____________

Will you be at least 18 years of age at time of desired enrollment? ______

Date of Birth (optional): ____________________________

E-mail address (required) ________________________________

Gender (optional) _____ Male _____ Female

Are you a U.S. citizen? ______ If no, what country? ____________________________

Do you have a current visa? __________ (Please submit a copy with the application)

What year are you seeking admission for? ________________________

Education:
High School Graduate? _____ Yes _____ No (Transcript not required unless requested by Program Faculty)

School/Year of Graduation:__________________________________________

Have you completed the six (6) pre-requisite courses identified in the Admission Policy?

_____ Yes _____ No

If no, please indicate your plan of action to complete the pre-requisites prior to the September date of matriculation:
Please list all post-secondary education, including any previous sonography coursework (OFFICIAL TRANSCRIPTS ARE REQUIRED and must be included with the application in an envelope sealed by the indicated College or University. The applicant must arrange to have all international transcripts translated to the US equivalence and follow the same procedure for submission as official transcripts.):

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<tr>
<th>Institution</th>
<th>Dates attended</th>
<th>Degree(s)</th>
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If additional space is needed, please attach a separate sheet of paper.

**Professional Licensure(s)/Credential(s)** *(A copy of most current card(s) must be submitted):*

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<th>License/Credential</th>
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**References:**
Each applicant must submit three (3) reference forms. Two (2) must be references from educational and/or work experiences. The third may be anyone, other than a family member, who has known the applicant for at least six (6) months. *References not meeting these criteria will be discarded in the selection process.* References must use the standard form provided with the application. Personally written letters of reference will be accepted in addition to, but not as a substitute for the standard forms. The forms must be mailed along with the application to the Program Director in envelopes sealed by the reference. Please list all individuals who will be used as references for your admission into the program.

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<th>Name</th>
<th>Relationship to applicant</th>
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**Work/Community Service Experience:**
A Resume MUST be submitted with the application materials to identify all education experiences, work history including primary responsibilities and any community service activities.

**Personal Essay:**
Each applicant must submit a personal essay, of no more than 2 pages, along with the application to the Program Director for review by the Admissions Committee. The essay must clearly demonstrate the applicant’s perspective on the field of sonography by answering the following questions:

1. What is the current state of the sonography profession?
2. What is the future of sonography?
3. What contribution can you offer upon entering the field of sonography?
Please list any additional names that your work or education experience may be listed under:

________________________________________  ________________________________________

I, _____________________, understand that the submission of this application form, the non-refundable fee of $35
Print Name
and the supporting documentation listed below is the first step in the application process. I acknowledge that all transcripts or transcript translations and references have been submitted securely in sealed envelopes provided by the appropriate institution or individual. I understand that all documents will be retained permanently by the Program regardless of my admission status. I understand that any falsified or inaccurate representation of my educational background will result in disqualification of my eligibility for admission at any time during the admission and enrollment process.

My application submission includes the following documentation:

_____ Application form
_____ $35 non-refundable fee (check made payable to VUMC)
_____ Official transcripts for all post-secondary coursework in sealed envelope(s)
_____ Resume
_____ Three (3) references in sealed envelopes
_____ Personal Essay

My signature declares that I have read the Admission Policy and Student Health Policy. To the best of my knowledge, I will meet all minimum requirements for admission and student health standards prior to matriculation.

________________________________________  ________________________
Signature       Date

In compliance with federal law, including the provisions of Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, Vanderbilt University does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs, or activities; its admissions policies; scholarship or loan programs; athletic or other University-administered programs; or employment. In addition, the University does not discriminate on the basis of sexual orientation consistent with University nondiscriminatory policy.

Completed application AND supporting documentation must be sent to:

Vanderbilt University Medical Center
Diagnostic Medical Sonography Program
Attn: Jill Trotter, Program Director
CCC-1121 MCN
21st Avenue, South
Nashville, TN 37232-2675
Vanderbilt University Medical Center
Diagnostic Medical Sonography Program

Reference for Admission

To be completed by the applicant:

_________________________________________ (_____)___________________________________
Applicant’s Name Application’s Contact Number

Applicant’s Address (Street, City, State)

I ____ waive ____ do not waive (check one) my right to review this written reference upon its completion. I have provided the reference with the information regarding the deadline for application.

_______________________________________  ______________________________
Applicant’s Signature Date of Request

To be completed by the reference:

You have been requested by the above applicant to be a reference for his/her admission into the Diagnostic Medical Sonography Program at Vanderbilt University Medical Center. Your candid appraisal of this applicant is appreciated. Please fill out all requested information in this form and return this report at your earliest convenience to the applicant for submission with his/her application.

To ensure the privacy of the information, the Program suggests that you sign your name over the envelope seal prior to returning it to the applicant. Any reference received without this signature may warrant verification from the School. Any questions may be directed to Jill Trotter, Director for the DMS Program, at 615-343-0905 or jill.trotter@vanderbilt.edu.

___________________________________________  __________________________
Name of Reference Date of Reference

What is your relationship to the applicant? ____________________________________________

How long have you known the applicant? ______ Years _______ Months

The field of Diagnostic Medical Sonography requires an individual to be self-driven, compassionate, detail-oriented and trustworthy with the ability to work in a team environment to promote the well-being of the patient.

Do you consider the applicant capable of carrying out these responsibilities? ____ Yes ____ No
If no, explain. _________________________________________________________________
Please indicate the percentage of time you would say the following characteristics are displayed by the applicant:

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
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<td>90%</td>
<td>75%</td>
<td>50%</td>
<td>&lt;50%</td>
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<tr>
<td>A.</td>
<td>Self-driven to learn and achieve</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>B.</td>
<td>Accepts and carries out responsibilities</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>C.</td>
<td>Punctual and present for work/school assignments</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>D.</td>
<td>Expresses ideas/thoughts clearly (oral and written)</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>E.</td>
<td>Positive attitude toward others</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<tr>
<td>F.</td>
<td>Maturity in actions</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<tr>
<td>G.</td>
<td>Emotional stability</td>
<td>5</td>
<td>4</td>
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<tr>
<td>H.</td>
<td>Integrity</td>
<td>5</td>
<td>4</td>
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</tr>
<tr>
<td>I.</td>
<td>Attention to detail</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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</table>

Please provide any comments you wish to support or illustrate the applicant’s traits or characteristics that may enhance or inhibit his/her future as a Diagnostic Medical Sonographer.

Please indicate your overall recommendation for the applicant’s admission into the program:

_____ Recommend strongly

_____ Recommend with confidence

_____ Recommend with reservation

_____ Do not recommend

Print Name/Title ___________________________________________ Preferred Contact Information: E-mail or phone ________________________________

Signature ___________________________________________ Date ________________________________
Vanderbilt University Medical Center
Diagnostic Medical Sonography Program

Reference for Admission

To be completed by the applicant:

_________________________________________ (_____)___________________________________
Applicant’s Name      Applicant’s Contact Number

_________________________________________________________________________________________________________
Applicant’s Address (Street, City, State)

I ____ waive ____ do not waive (check one) my right to review this written reference upon its completion. I have provided the reference with the information regarding the deadline for application.

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Do you consider the applicant capable of carrying out these responsibilities? ____ Yes ____ No
If no, explain. ________________________________________________________________
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<table>
<thead>
<tr>
<th>Characteristic</th>
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<th>4</th>
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</thead>
<tbody>
<tr>
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<td>1</td>
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<td>5</td>
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<tr>
<td>D. Expresses ideas/thoughts clearly (oral and written)</td>
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<td>F. Maturity in actions</td>
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<td>2</td>
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<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>H. Integrity</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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___ Recommend strongly
___ Recommend with confidence
___ Recommend with reservation
___ Do not recommend

_______________________________________  ________________________________
Print Name/Title      Preferred Contact Information: E-mail or phone

_______________________________________  ________________________________
Signature        Date
Vanderbilt University Medical Center
Diagnostic Medical Sonography Program

Reference for Admission

To be completed by the applicant:

_________________________________________  (____)___________________________________
Applicant’s Name      Applicant’s Contact Number

_________________________________________________________________________________________________________
Applicant’s Address (Street, City, State)

I ____ waive ____ do not waive (check one) my right to review this written reference upon its completion. I have provided the reference with the information regarding the deadline for application.

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Applicant’s Signature      Date of Request

To be completed by the reference:

You have been requested by the above applicant to be a reference for his/her admission into the Diagnostic Medical Sonography Program at Vanderbilt University Medical Center. Your candid appraisal of this applicant is appreciated. Please fill out all requested information in this form and return this report at your earliest convenience to the applicant for submission with his/her application.

To ensure the privacy of the information, the Program suggests that you sign your name over the envelope seal prior to returning it to the applicant. Any reference received without this signature may warrant verification from the School. Any questions may be directed to Jill Trotter, Director for the DMS Program, at 615-343-0905 or jill.trotter@vanderbilt.edu.

___________________________________________  __________________________
Name of Reference       Date of Reference

What is your relationship to the applicant? ____________________________________________

How long have you known the applicant? _____ Years _______ Months

The field of Diagnostic Medical Sonography requires an individual to be self-driven, compassionate, detail-oriented and trustworthy with the ability to work in a team environment to promote the well-being of the patient.

Do you consider the applicant capable of carrying out these responsibilities? ____ Yes ____ No
If no, explain. ____________________________________________
Please indicate the percentage of time would you say the following characteristics are displayed by the applicant:

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<th></th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>100%</th>
<th>90%</th>
<th>75%</th>
<th>50%</th>
<th>&lt;50%</th>
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</thead>
<tbody>
<tr>
<td>A. Self-driven to learn and achieve</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>B. Accepts and carries out responsibilities</td>
<td>5</td>
<td>4</td>
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<td>C. Punctual and present for work/school assignments</td>
<td>5</td>
<td>4</td>
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<td>D. Expresses ideas/thoughts clearly (oral and written)</td>
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<td>E. Positive attitude toward others</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
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<td>F. Maturity in actions</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>G. Emotional stability</td>
<td>5</td>
<td>4</td>
<td>3</td>
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<td>H. Integrity</td>
<td>5</td>
<td>4</td>
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<td>I. Attention to detail</td>
<td>5</td>
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Please provide any comments you wish to support or illustrate the applicant’s traits or characteristics that may enhance or inhibit his/her future as a Diagnostic Medical Sonographer.

Please indicate your overall recommendation for the applicant’s admission into the program:

- [ ] Recommend strongly
- [ ] Recommend with confidence
- [ ] Recommend with reservation
- [ ] Do not recommend

_______________________________________  ________________________________
Print Name/Title      Preferred Contact Information: E-mail or phone

_______________________________________  ________________________________
Signature        Date