Bladen Community College

APPLICATION FOR MEDICAL SONOGRAPHY

Must Have General Application Submitted--- Must Take TEAS

Bladen Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate degrees, diplomas, and certificates. Questions about the accreditation of Bladen Community College may be directed in writing the Southern Association of Colleges and Schools Commission on Colleges at 1866Southern Lane, Decatur, Georgia 30033-4097, by calling (404) 679-4500, or by using information available on SACSCOC's website (www.sacscoc.org).

/ / / / /

Social Security Number **Last Name** **First Name** **Middle/Former**

/ / /

Mailing Address **City or Town** **State** **Zip Code**

Email Address_____**Telephone**_____/_____/_____**Birthdate**_____/_____/_____
Month Day Year

***SEX** Female ☐ Male ☐ ***Race** ☐ White ☐ Black ☐ American Indian ☐ Hispanic ☐ Asian ☐ Other

*This information is voluntary and will not be used in a discriminatory manner.

EDUCATION: LIST HIGHEST GRADE COMPLETED _____ ☐ GED ☐ Adult High School Diploma

COLLEGE: ☐ Post High School Vocational Diploma ☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree

In case of emergency, contact: Name _____ Telephone Number _____/_____/_____

CURRENT EMPLOYMENT STATUS

List which is applicable to your employment status _____

1-Retired
2-Unemployed-not seeking
3-Unemployed seeking
4-Employed 1-10 hours per week
5-Employed 11-20 hours per week
6-Employed 21-39 hours per week
7-Employed 40 or more hours per week

LEGAL RESIDENCE

Have you completed an updated BCC Admissions Application? _____

Have you completed an Online Residency Interview and received an RCN? _____(www.ncresidency.org)

RCN _____

Please, note that an updated BCC Admissions Application and Online Residency Interview needs to be completed prior to this application.

Are you a United States Citizen? ☐ Yes ☐ No

EDUCATION

High School Attended: _____
Name County State Graduation Date

GED/Adult High School attended, if applicable: _____
Name County State Date Received

List Colleges previously attended:

College Name _____ Location_____
College Name _____ Location_____
College Name _____ Location_____

Have You Completed the TEAS? Date_____ Score_____ Testing Location _____

Have you completed the following prerequisites with a grade of C or higher?

- ENG 025 or placement-test equivalent ☐ Yes ☐ No
- MAT 025 or placement-test equivalent ☐ Yes ☐ No
- OST 141 ☐ Yes ☐ No
- PHY 110 and PHY 110A ☐ Yes ☐ No

Place your **initials** by each statement to acknowledge and certify that:

_____I have reviewed and understand the Bladen Community College Medical Sonography Admissions Criteria, including all application requirements and deadlines.

_____I understand that the 12 highest-ranking eligible applicants will be invited to participate in the required Medical Sonography Skills Assessment.

_____I understand that final admission decisions will be based on Skills Assessment scores, with the eight highest-scoring applicants offered admission and the remaining assessed applicants will be ranked as alternates, consistent with the published selection process.

_____I understand that required clinical experiences may involve travel to affiliated healthcare facilities and participation during daytime, evening, or weekend hours.

I certify that the information that I have given on this application is accurate to the best of my knowledge, and I agree to observe all rules and regulations of Bladen Community College. I further agree to allow BCC to publish personal information pertaining to honor rolls, scholarships, news releases, and to use personal information in other publications normally considered to be that of a two-year college. All students enrolling in classes at BCC shall be deemed to have agreed to publication of personal data as indicated above unless a disclaimer is filed with the Records & Registration Office by the 10th day of the semester in which initial enrollment is made.

I have read and understand the criteria and procedures to apply for admission to the Medical Sonography Program at Bladen Community College.

_____ _____

Signature of applicant Date

_____ _____

Signature of parent or guardian if applicant is under 18 years of age Date

Admission to any and all educational programs offered at Bladen Community College is made without regard to race, creed, sex, religion, age, disability, or national origin.