



# FORT HAYS STATE UNIVERSITY

## DEPARTMENT OF ALLIED HEALTH

*Forward thinking. World Ready.*

### ***DIAGNOSTIC CARDIAC SONOGRAPHY (DCS) PROGRAM***

The Fort Hays State University Department of Allied Health is pleased you have expressed interest in the Diagnostic Cardiac Sonography Program. The program offers qualified students a dedicated curriculum in adult cardiac ultrasound (echocardiography).

The curriculum will prepare students to master sonography concepts and techniques through an integration of didactic and clinical components. The student will have the opportunity to obtain an award of certificate upon completion. Upon successful completion of the curriculum, the student will be eligible for adult echocardiography registry through the American Registry of Diagnostic Medical Sonographers (ARDMS) to earn the credentials RDCS.

The Diagnostic Cardiac Sonography Program requires a separate application in addition to applying to FHSU. Included is detailed information, application materials, and an application check-off list. Please review the material and follow the directions for application. The application, and all other required application materials, must be received by May 1 or November 1 for consideration.

Thank you for considering Fort Hays State University in your pursuit for Diagnostic Cardiac Sonography education. If you require any assistance or have any question regarding the program or application process, please do not hesitate to contact Ms. Rebecca Karlin, MS, RT(R), RDCS, RDMS, RVT, at 785-628-4702 or email at [rlkarlin@fhsu.edu](mailto:rlkarlin@fhsu.edu)

#### **THE PROFESSION:**

Diagnostic Cardiac Sonography involves the use of high frequency sound waves to image the heart within the human body. A special device, known as a transducer, is placed in contact with the patient's skin. The transducer produces pulses of ultrasound which are sent into the body. The high frequency sound waves are then reflected off of various tissues or organs and travel back to the transducer to produce an image of specific anatomy. Cardiologist can then evaluate the images to make a medical diagnosis.

The procedure is commonly known as an echocardiogram or cardiac ultrasound and can be used to examine many aspects of the heart. The highly skilled professional who performs the ultrasound examination is known as a Diagnostic Cardiac Sonographer. This professional is a key member of the health care team and provides individualized care to a variety of patients using high technology instrumentation to create and interpret images of the heart and blood flow.

#### **CAREER OPPORTUNITIES:**

Diagnostic Cardiac Sonography is a rapidly expanding health care profession and the need for cardiac sonographers continues. The number of diagnostic cardiac sonography procedures continues to increase. The equipment manufacturers continue to rapidly develop new technologies. Growth is projected to continue and graduates have opportunities for employment in: hospital ultrasound departments, clinics, physicians' private offices, mobile services, management and administration, sales and product development with equipment manufacturers, application/education specialist, marketing, education and research.

Students seriously considering the program are strongly encouraged to arrange observational experiences within a cardiac department. It is recommended that you spend a minimum of 16 hours observing the activities of the department. This is to ensure you are better informed of the responsibilities you will gradually assume during the academic and clinical courses while at FHSU and eventually within the profession.

#### **CURRICULUM:**

The cardiac ultrasound program encompasses a 6 month sequenced curriculum designed to prepare entry-level sonographers to meet the community's need for qualified and competent cardiac sonographers. The curriculum will prepare students to master cardiac sonography concepts and techniques through an integration of didactic and clinical components. Students first learn concepts and techniques in the classroom during a week-long, required campus visit at the beginning of the program, then will have the opportunity to apply these concepts and grow while at their clinical affiliate the remainder of the program under the supervision of one or more registered cardiac sonographers. Students will be exposed to a large volume and variation of examinations to obtain the skills necessary to perform as an entry-level cardiac sonographer.

The student will have the opportunity to obtain an award of certificate upon completion of the program and be eligible for the adult echocardiography registry with the American Registry of Diagnostic Medical Sonographers to earn the credentials RDCS.

This curriculum is offered twice a year; the detailed sequenced curriculum is as follows:

**SUMMER/FALL SESSION (APPLICATION DUE BY MAY 1)**

<b>SEMESTER I – SUMMER (JULY)</b>	
Echocardiography I	2 cr
DCS Clinical Experience I	<u>2 cr</u>
	<b>4 cr</b>
<b>SEMESTER II – FALL</b>	
Echocardiography II	2 cr
Cardiac Pathophysiology I	2 cr
Cardiac Pathophysiology II	2 cr
Cardiac Case Review	1 cr
DCS Clinical Experience II	<u>6 cr</u>
	<b>13 cr</b>

**INTERSESSION/SPRING SESSION (APPLICATION DUE BY NOVEMBER 1)**

<b>SEMESTER I – INTERSESSION</b>	
Echocardiography I	2 cr
DCS Clinical Experience I	<u>2 cr</u>
	<b>4 cr</b>
<b>SEMESTER II – SPRING</b>	
Echocardiography II	2 cr
Cardiac Pathophysiology I	2 cr
Cardiac Pathophysiology II	2 cr
Cardiac Case Review	1 cr
DCS Clinical Experience II	<u>6 cr</u>
	<b>13 cr</b>

**ACCREDITATION:**

Fort Hays State University is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools.

**GENERAL ADMISSION REQUIREMENTS TO THE COLLEGE:**

Applicants to the Diagnostic Cardiac Sonography Program must meet the general admission requirements to Fort Hays State University as outlined in the college catalog. Students may contact the admission office for an application or can apply for admission on-line at <http://www.fhsu.edu/admissions>.

**ADMISSION AND APPLICATION REQUIREMENTS:**

Students applying for admission to the Diagnostic Cardiac Sonography Program must meet the following criteria:

- Students must be a high school graduate or equivalent (GED)
- Successful completion of a Diagnostic Medical Sonography program **or** successful completion of one or more professional ultrasound registries or certifications listed below:
  - RDMS
  - RVT
  - RT(S)
  - RVS
  - SPI

## **APPLICATION AND SELECTION PROCESS:**

Consideration for admission to the Diagnostic Cardiac Sonography Program involves an application process. The application process requires that the student meets the above criteria, but meeting the criteria does not guarantee admission. In addition, the student must complete and submit all application materials by May 1 or November 1 of each year. It is anticipated that the number of qualified applicants will exceed the number of positions in the program. Students are advised that not all qualified applicants are admitted to the program.

Acceptance into the program is conducted through a selection process. Following the May and November application deadline, complete applications will be reviewed. The most qualified applicants will be invited to campus to interview with the DCS Student Selection Committee and 4-6 students will be selected to begin the program. Applicants who do not receive an interview may reapply by next application deadline and must comply with the application process.

The DCS Program Selection Committee is comprised of FHSU faculty and affiliate clinicians. All students will be considered for clinical placement at any of the current affiliate clinical facilities at the time of the interview process. Prior to the interview, the student is asked to prioritize the available clinical sites for their assigned clinical placement. The decision of the committee is based upon information provided in the student's application. The record of academic achievement, nature of experiences within the medical field, knowledge of diagnostic cardiac sonography, letters of recommendation, and perceived communications skills, motivation and maturity will all be considered.

Student acceptance letters are typically mailed within a month after the application due date. A student who receives an acceptance letter is required to return acceptance confirmation within a specific time frame to secure their space in the class. Failure to return the confirmation by the specified date will result in forfeiture of the student's space in the class.

Upon selection to the Diagnostic Cardiac Sonography Program, all students must be certified in CPR prior to placement in the clinical facility. In addition, students must provide proof of vaccinations and complete a physical examination form by a medical doctor.

## **APPLICATION DEADLINE:**

The application deadline for the Diagnostic Cardiac Sonography Program is May 1 or November 1. The completed application, official transcripts from colleges where any previous or current coursework was completed, letters of reference and the applicant's personal statement must be received by the deadline for consideration. Incomplete application files will not be considered.

## **CLASS CAPACITY:**

Through the application and selection process, approximately 4-6 students will begin the curriculum each 6 months. The number of students selected will be subject to available clinical facilities and the number of qualified applicants.

## **FINANCIAL INFORMATION:**

Because the program requires a student to attend full-time, you may not find time for employment to support you while you are in school. Therefore, it is strongly suggested that you have plans for adequate financing of your education prior to entering the Diagnostic Cardiac Sonography Program. The office of Student Financial Services can assist you in planning to meet your financial needs. The information listed here is subject to change. This information is only meant to give the student a general idea of the overall costs of the program.

1. Tuition and student fees are subject to approval by the Board of Regents. Once established, a fee schedule will be posted on the Student Fiscal Services web page at [http://www.fhsu.edu/sfs/students\\_parents/tuition/](http://www.fhsu.edu/sfs/students_parents/tuition/). The tuition and fees are subject to change at any time by the Board of Regents.
2. The estimated cost of books will be approximately \$150 for the entire program.
3. At the beginning of the program, students will be required to pay a non-refundable fee of \$100. This fee will be used to purchase clinical assessment handbooks, laboratory supplies, equipment repairs, and other miscellaneous supplies.
4. All students participating in the program will be required to complete a criminal background check and provide immunization documentation required by clinical affiliates for student clinical education experiences. The cost is currently \$57.50 for the required package provided by Certified Background Check/Castle Branch and must be completed prior to beginning the program.
5. Students will be required to provide a valid Social Security number to purchase professional liability insurance prior to enrolling for clinical experience and must provide documentation to the Program Director. This insurance is available through the CM&F of an approximate cost of \$120.00.
6. BLS CPR certification through the American Heart Association is required for the duration of the program; estimated cost is \$30.
7. Students will be required to purchase FHSU DCS program approved scrubs from a specified vendor. Students will also need to purchase appropriate shoes and any other necessary uniform items required per clinical affiliate policy.
8. Each student will need to have health insurance to cover the cost of illness or injury while on campus or at the affiliate clinical facility. Student health insurance policies are available through the university at the Student Health Center. Each student will be required to show proof of health insurance.
9. Tuition, transportation, and all living expenses are the responsibility of each student.

**Note:** Before beginning the program of study, students must complete a background check required by affiliate clinical sites. Students who have been convicted of a felony or misdemeanor may have violated the American Registry of Diagnostic Medical Sonography (ARDMS) Rules of Ethics and may be considered ineligible to sit for the registry examinations. An individual who wishes to determine the impact of a previous criminal matter on their eligibility to sit for the ARDMS examination may submit a pre-application determination of approval to test form to the ARDMS. This material may be located at [www.ardms.org](http://www.ardms.org) or the individual may contact them directly for the information at (301) 738- 8401.

### **INQUIRIES:**

If you would like to learn more about a career in Diagnostic Cardiac Sonography or have any additional questions, please feel free to contact the Allied Health Department. We invite you to visit the FHSU campus and meet the program faculty.

FHSU – Allied Health Department – CH 129  
600 Park Street  
Hays, KS 67601  
(785)628-4702

**Disclaimer** – All information provided has been prepared as correctly and accurately as possible at the time of preparation. This information does not constitute a contract between Fort Hays State University and any person. Further, the university reserves the right to make changes in the content of this brochure without obligation or requirement of notices to any person.



# FORT HAYS STATE UNIVERSITY

## DEPARTMENT OF ALLIED HEALTH

---

### DIAGNOSTIC CARDIAC SONOGRAPHY

### APPLICATION FOR ADMISSION

INSTRUCTIONS: Please submit your completed application and all required application materials, including official transcripts, to:

Director of Diagnostic Cardiac Sonography  
 Department of Allied Health, CH 129  
 Fort Hays State University  
 600 Park Street  
 Hays, KS 67601-4099

In order to be considered an applicant to the program, all application material must be received by MAY 1 or NOVEMBER 1. Incomplete applications will not be processed.

Full Name: \_\_\_\_\_  
Last
First
Middle

Other name(s) under which your academic records may appear \_\_\_\_\_

Please indicate, and list the address where correspondence should be sent:

Current Address \_\_\_\_\_  
Street
City
State
Zip

Permanent Address \_\_\_\_\_  
Street
City
State
Zip

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

If applicable, list any professional organizations with which you are registered or have membership within the health care field. Please provide copies of any memberships and registries with application materials.

---

---

---

---

---

---

---

---

---

---

**EDUCATIONAL BACKGROUND:** Please list all schools/programs attended and/or completed beginning with high school. It is the applicant's responsibility to ensure that a current official transcript of credit from each college/university attended is sent to the Allied Health Department. (PLEASE NOTE: Failure to list all previous college/universities may result in your dismissal from the university).

High School \_\_\_\_\_  
Name \_\_\_\_\_ Location \_\_\_\_\_ Graduation Date \_\_\_\_\_

College \_\_\_\_\_  
Name \_\_\_\_\_ Location \_\_\_\_\_  
\_\_\_\_\_ Dates of Attendance \_\_\_\_\_ Number of Credits Earned \_\_\_\_\_ Degree \_\_\_\_\_

College \_\_\_\_\_  
Name \_\_\_\_\_ Location \_\_\_\_\_  
\_\_\_\_\_ Dates of Attendance \_\_\_\_\_ Number of Credits Earned \_\_\_\_\_ Degree \_\_\_\_\_

College \_\_\_\_\_  
Name \_\_\_\_\_ Location \_\_\_\_\_  
\_\_\_\_\_ Dates of Attendance \_\_\_\_\_ Number of Credits Earned \_\_\_\_\_ Degree \_\_\_\_\_

College \_\_\_\_\_  
Name \_\_\_\_\_ Location \_\_\_\_\_  
\_\_\_\_\_ Dates of Attendance \_\_\_\_\_ Number of Credits Earned \_\_\_\_\_ Degree \_\_\_\_\_

Has the college/ university information requested been submitted with a previous Allied Health Department application?

Yes No When Submitted: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Job title & responsibilities: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Job title & responsibilities: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Job title & responsibilities: \_\_\_\_\_

**REFERENCES:** Please provide the names of three individuals who are familiar with your work experience, preferably within health care. References from faculty, professional, and business associates are preferred. It is the applicant's responsibility to ensure each of the three individuals listed send a letter of reference on their behalf. Letters are to be sent directly to Director of Diagnostic Cardiac Sonography, Department of Allied Health – CH 129, Fort Hays State University, 600 Park Street, Hays, KS 67601-4099.

Reference: \_\_\_\_\_  
Name Title

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

Reference: \_\_\_\_\_  
Name Title

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

Reference: \_\_\_\_\_  
Name Title

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

**PERSONAL STATEMENT:** To evaluate the applicant's interest and understanding of Diagnostic Cardiac Sonography, formulate a 1-2 page essay describing the following:

- Describe your initial interest in the field of Diagnostic Cardiac Sonography.
- Describe any Diagnostic Cardiac Sonography experience (if applicable).
- Describe any observational experience in Diagnostic Cardiac Sonography (if applicable).
- Describe personal goals related to the field of Diagnostic Cardiac Sonography.
- Describe any achievements, honors, school/community activities, or personal qualities/experiences that make you, as an applicant, a competitive candidate for the FHSU Diagnostic Cardiac Sonography Program:

**PLEASE READ AND SIGN BELOW:** The information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information on this application may remove this application from further consideration, and if I am accepted, might be cause for my dismissal. I understand that the information contained in this application will be utilized by the Diagnostic Cardiac Sonography Selection Committee for purposes of evaluating my application. I understand that acceptance into the program is dependent upon having the prerequisites completed. If the total number of candidates applying for the program is larger than can be admitted, I understand that preference will be given to those candidates who are best prepared.

\_\_\_\_\_  
Signature (required for application to be processed) Date

Notice of Non-discrimination: Fort Hays State University does not discriminate on the basis of gender, race, religion, national origin, color, age, marital status, sexual orientation, disability or veteran status in its programs and activities. The director of affirmative action, coordinator of Title IX, Title VI, Section 504 and ADA regulations may be contacted at 600 Park Street, Hays, Ks 67601-4099. Phone: 785-628-4033.

**APPLICATION DEADLINE: MAY 1 or NOVEMBER 1**

**MAIL ALL APPLICATION MATERIALS TO:**

**Director of Diagnostic Cardiac Sonography  
Department of Allied Health – CH 129  
Fort Hays State University  
600 Park Street  
Hays, KS 67601-4099**

# APPLICATION CHECKLIST

- Completed application with signature and date.
- Completed personal statement described in the application
- Evidence of completion of a sonography program or appropriate credentials
- Copies of any memberships and registries pertinent to the healthcare field
- Requested official transcripts from ALL colleges and/or training programs attended, to be sent to the Department of Allied Health, Director of Diagnostic Cardiac Sonography at Fort Hays State University
- Ensured letters of reference from three individuals who are familiar with your work experience, preferably within healthcare, have been sent to the Department of Allied Health, Director of Diagnostic Cardiac Sonography, Fort Hays State University