

Jefferson State Community College

Application for Diagnostic Medical Sonography Program

Application Deadline

Diagnostic Medical Sonography Program applications must be received by **4:00 PM on June 18, 2026, Central Standard Time**. Submit the packet in its entirety including observation forms.

Eligibility

- **Student Status**-The student must be a JSCC student.
- **GPA** - Students must complete all required general education courses with a grade of “C” or better with a GPA of 2.5 or above.
- **General education course:** ENG 101, Humanities, BIO 201, MTH 100 or higher, PHY 115, PSY 200, Speech 106 or 107(MTH 100 or higher, BIO 201, and physics must be completed within seven years of the date of expected entry into the DMS program)
- **ACT** - Students must provide proof of achieving a composite score of 19 or higher on the ACT examination Scores must be included with the application and on file with enrollment services by the deadline.
- **Technical Standards**-Students must meet the technical standards for Diagnostic Medical Sonography program.

Please use regular paper to print application packet. No staples.

Application Procedures

1. Complete an **Application for General Admission** to Jefferson State Community College (JSCC) by the application deadline (hardcopy or via online application process).
2. Request **official** college transcripts from **all** schools attended to be sent to JSCC Enrollment Services by the deadline for evaluation. To ensure your transcripts have been received, please contact Records at records@jeffersonstate.edu.
3. Request **official** ACT scores to be sent to JSCC Enrollment Services by the deadline. For testing info, please call (205) 983-5276.
4. Submit a completed “Application for Diagnostic Medical Sonography Program Admission” by the deadline (including technical standards verification and documented observation hours).
5. Make sure you sign all appropriate forms including the application certification and the application check list. Make copies of your application prior to submission.
6. Submit the DMS application by the deadline via email to bethray@jeffersonstate.edu, in person, or by mail to
JSCC Diagnostic Medical Sonography Program, GSB 316
4600 Valleydale Rd
Birmingham, AL 35242
7. If you need to address course substitution procedures, please contact the **Associate Dean of Health-Related Program** prior to the application deadline.
8. Students considering a request to implement the health-related Programs Academic Forfeit Policy must request, in writing, a declaration of academic forfeiture by the deadline. Please refer to the JSCC Catalog and Student Handbook.
9. All DMS Program applicants should begin addressing all financial aid concerns prior to being admitted.

Jefferson State Community College

Application for DMS Program Admission

Admission Decision

All applicants will receive a letter notifying them of their status by **July 2, 2026**.

DMS new student orientation

All students are required to attend mandatory orientation on **July 16, 2026**. Failure to attend orientation will result in forfeit of placement.

Other Information

Incomplete or late applications will not be accepted or considered for admission to the program.

If a student is completing prerequisite courses during Summer of 2026, they may still apply for consideration. **Proof of registration of courses in progress must be included with the application.**

Submitting your application to the DMS Program **does not** guarantee admission.

Published guidelines and requirements are subject to change without notice. Updated information about the DMS Program is posted on the JSCC website as available.

Questions

If you have questions regarding the application process or would like to make an advising appointment, please feel free to contact the dept:

Dr. Vanessa LeBlanc

GSB 316F

(205) 983-5995

vleblanc@jeffersonstate.edu

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Application for DMS Program Admission

Carefully complete the application by filling in all blanks, responding to all questions, and signing the certification. Please print legibly in black ink or type your information.

Applicant Information

Date: _____ Name: _____

A Number: _____ Social Security Number: _____ Date of Birth: _____

Home Address: _____
Number/Street

City _____ State _____ Zip Code _____

Telephone Numbers - Home: _____ Cell: _____

Primary Email Address: _____ JSCC Email: _____

Citizenship: U.S. _____ Other _____

Race – Please Circle (optional): Caucasian Black American Indian Alaskan Native Asian
Pacific Islander Hispanic/Latino Other _____

Gender: Male Female Other _____

Employer: _____ Work Phone Number: _____

Employer's Address: _____

Have you previously applied for admission to the DMS Program? (Circle): **Yes** or **No**

Date(s) of previous application: _____

Under what name(s) did you apply? _____

Emergency Contact Information

Person to be notified in case of emergency: _____ Relation to Applicant: _____

Full Address and Contact Phone Number: _____

Other Colleges Attended

List all formal education beyond high school. If any colleges, universities, or schools previously attended are not listed, the student may be subject to dismissal action for falsification of records. Request that all other colleges attended send official transcripts to the Enrollment Services, Jefferson State Community College, 2601 Carson Road, Birmingham, AL 35215. **Official transcripts of all accredited colleges and universities attended must be on file in Enrollment Services by the application deadline.** You may contact the Records office for transcript evaluation by calling (205) 856-7704 or by email records@jeffstateonline.com.

Dates To/From	Names of Institutions Attended Including Jefferson State	City and State	Major	Credentials earned (Diploma, Certificate, Degree, Number of Credits)

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DMS General Education Requirements:

List where and when these courses were taken or will be taken.

Course Number	Course Title	Semester Credit Hours Completed/ Enrolled	Grade	Semester Taken	Year	College
ENG 101	English Composition I (3 hours)					
Humanities Elective	AAS Humanities and/or Fine Arts Elective (3 hours)					
BIO 201	Human Anatomy & Physiology I (4 hours)					
MTH 100	Intermediate College Algebra (or higher; 3 hours)					
PHY 115	Technical Physics					
PSY 200	General Psychology (3 hours)					
Speech Elective	SPH 106 or 107 (3 hours)					

Admission Examination

All applicants must take the admissions test (ACT) to be considered for admission to the DMS Program or have proof of earned bachelor's or higher degree. Request **official** ACT scores to be sent to Enrollment Services at Jefferson State Community College by the deadline. Please submit copies of your ACT scores with the application. If you need information on testing, please visit www.actstudent.org or call one of our testing offices - Jefferson: (205) 856-7896 Shelby: (205) 983-5908 or by email testing@jeffersonstate.edu.

Date of Exam	Location	Composite Score	Reading Score	Math Score	Science Score	English Score

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Application for DMS Program Admission

Technical Standards

Becoming a sonographer requires the completion of a technical education program that is both intellectually and physically challenging. In the interest of student and patient safety, applicants possessing certain limitations may be requested to demonstrate abilities to perform clinical procedures and skills prior to or after admission to the DMS program. Students should be able to demonstrate abilities to perform procedures and skills safely, effectively, and without potential endangerment to self, other students, faculty, patients or other health care workers. Medical examination records and/or statements from physicians or other appropriate medical professionals may be required to assist in evaluating a student's ability to fully participate in the learning activities and responsibilities of the DMS program. If a student is unable to demonstrate abilities to perform procedures or skills safely, effectively, and without potential endangerment, the student may be denied admission or progression in the program. Program faculty will make the final determination regarding an applicant's eligibility for participation in program activities.

Prospective students who have questions or who would like to discuss specific accommodations should make an inquiry with the Associate Dean of Health-Related Programs.

Directions - Please read carefully and complete pages 5-7 as part of the application:

1. Read each standard and the corresponding examples of behavioral criteria. Criteria listed are representative examples only of required behaviors and are not comprehensive.
2. Respond in the appropriate column that you either fully meet the criteria (100%) or are unable to fully meet the criteria (less than 100%). **PLEASE INITIAL THE APPROPRIATE COLUMN**
3. If you respond **LESS than 100%** to any standard, you will need to schedule an appointment with the Associate Dean of Health-Related Programs, Dr. Vanessa LeBlanc by calling 983-5995 to discuss your situation.
4. This form must be completed and on file with the Associate Dean of Health-Related Programs. Please turn in pages 5-7 as part of the application.

Sonography is considered a strenuous profession. In order to perform as a sonographer, the student should meet the listed standards sufficiently to:

Technical Standards	Examples of Criteria	Able to meet standard 100%	Unable to fully meet standard
Cognitive and critical thinking abilities:	<ol style="list-style-type: none"> 1. Make clinical judgments 2. Comprehend new knowledge and apply it in DMS practice 3. Analyze situations and identify cause-effect relationships 4. Organize, problem-solve, and make appropriate decisions 5. Compute mathematical problems 6. Operate a computer 	 	
Interpersonal abilities:	<ol style="list-style-type: none"> 1. Interact purposefully and effectively with others 2. Establish rapport with patients, caregivers, and others 3. Interchange ideas in a group 4. Perceive emotions displayed by others 5. Display emotions appropriate to the setting 6. Convey sensitivity, respect, tact, and a mentally healthy attitude in interpersonal relationships 	 	

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Technical Standards	Examples of Criteria	Able to meet standard 100%	Unable to fully meet standard
Communication abilities:	<ol style="list-style-type: none"> 1. Convey thoughts in verbal and written form in the English language so that they are understood by others 2. Understand printed materials, classroom lectures, instructional, medical, or other directives and patient questions/responses presented in the English language 3. Appropriately use the language of medicine and health care in verbal and written communications 4. Display appropriate nonverbal communication 5. Discriminate between appropriate and inappropriate nonverbal communication in patients and others 	 	
Physical mobility:	<ol style="list-style-type: none"> 1. Maintain balance in any position 2. Move from room to room and/or maneuver in small spaces 3. Have full use of hands, wrists, and shoulders 4. Move hands/arms and feet/legs coordinately with each other 5. Achieve certification in cardiopulmonary resuscitation at the professional rescuer level 	 	
Strength (gross motor skills) and endurance:	<ol style="list-style-type: none"> 1. Stand and walk for 6 hours or more in a clinical setting 2. Position, lift and transfer patients without injury to patient, self, or others 3. Push or pull heavy objects, such as an occupied hospital bed without injury to patient, self, or others 4. Bend, stoop, kneel, squat, or sit and reach routinely. 	 	
Fine motor skills and eye/hand coordination:	<ol style="list-style-type: none"> 1. Manipulate imaging transducer, small objects, and dials on equipment without extraneous motions, tremors, or jerking 2. Write the English language legibly, using correct grammar and syntax 	 	
Auditory acuity:	<ol style="list-style-type: none"> 1. Communicate effectively with others 2. Monitor and assess patient status (hear weak cries of infants and weak calls for help) 3. Sufficiently distinguish fine audible differences including Doppler signals, patient and co-worker communication and patient conditions such as respirations or movements. 	 	

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Technical Standards	Examples of Criteria	Able to meet standard 100%	Unable to fully meet standard
Visual acuity:	1. Monitor and assess patient status	_____	_____
	2. Adequately visualize and perceive image data on computer and video monitors to acquire and interpret sonographic image data with color distinction.	_____	_____
	3. Read for long periods of time	_____	_____
	4. Read cursive writing such as would be found in patients' charts	_____	_____
	5. Detect changes in the environment	_____	_____
	6. Adequately visualize and perceive image data on computer and video monitors to acquire and interpret sonographic image data with color distinction	_____	_____

Disclaimer

The above statement of criteria is not intended as a complete listing of behaviors required in sonography. It is a sampling ONLY of the types of abilities needed by the diagnostic medical sonography student to meet program objectives and requirements. The Diagnostic Medical Sonography Program may identify additional critical behaviors or abilities needed by students to meet program or agency requirements and therefore reserves the right to amend this list based on the identification of additional standards or criteria for diagnostic medical sonography students.

Student Verification

Read the declarations below and **mark one option only**. If you are unable to fully meet any criterion at 100%, you will need to make an appointment with the Associate Dean at (205)983-5995. **Please sign and date below.**

Option 1 I have read the technical standards and to the best of my knowledge I currently have the ability to fully meet these standards.

Option 2 I have read the technical standards and to the best of my knowledge I am currently unable to fully meet the items indicated without accommodations. I am requesting the following reasonable accommodation(s):

Option 3 I have read the technical standards and to the best of my knowledge I am currently unable to fully meet the items indicated without accommodations. I wish to forfeit my placement in the DMS Program should I be accepted.

Student's Name (Print)

Student's Signature

Date

Jefferson State Community College

Application for DMS Program Admission

Application Certification

Please read all items listed carefully, and then provide your signature confirming your understanding of the application material and procedures/guidelines.

- I have read all the material contained in the DMS application packet and understand the application. An application packet that is incomplete or does not meet application/program requirements will not be considered for admission.
- I understand that after my application is accepted and verified, it is my responsibility to notify the DMS Program and Enrollment Services immediately of any change in my address, telephone number, or status.
- I understand it is my responsibility to follow proper application procedures, provide transcripts in the required timeline, and stay informed on revisions regarding degree requirements, program requirements, progression requirements, selection process, and I will ensure course equivalency by following guidelines established in the student handbook for verification.
- I understand that the general education requirements for the A.A.S. Degree are subject to change with the publication of each year's Jefferson State Community College catalog. Jefferson State Community College reserves the right to make revisions in the DMS program requirements and/or in selection procedures.
- I understand that the DMS program admission policies are based on published college policies, subject to change.
- I understand that if I am notified of admission into the program, my failure to submit "Confirmation of Acceptance" or continued interest letter with the Associate Dean of Health-Related Programs in the allotted time frame constitutes grounds to withdraw my name from the eligibility list.
- I understand that all program students will be required to take a random drug screen and obtain a background check during the program. Details regarding these procedures will be provided during the orientation.
- I certify that all information provided in this application is accurate to the best of my knowledge. Once submitted this application packet becomes the property of Jefferson State and cannot be returned. I understand that if I am applying for a scholarship and a copy of my application is required, it is my responsibility to make copies of the application prior to submitting to Jefferson State.

Student's Name (Print)

Student's Signature

Date

Statement of Equal Opportunity

Jefferson State has filed with the Federal Government an Assurance of Compliance with all requirements imposed by or pursuant to Title VI of the Civil Rights Act of 1964 and the Regulations issued thereunder, to the end that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity sponsored by this institution. It is also the policy of Jefferson State to be in accordance with Title IX of the Education Amendments of 1972 which provides that "no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance."

Non-Discrimination Policy

It is the policy of Jefferson State Community College, a postsecondary institution under the control of the Alabama Community College System Board of Trustees, that no student, employee or applicant shall be discriminated against on the basis of any impermissible criterion or characteristic including, but not limited to, race, color, national origin, religion, marital status, disability, gender, age or any other protected class as defined by federal and state law.

Technical Standards: Office Use only

____ Accommodation provided (Explain) ____ Unable to provide accommodation (Explain)

Signature

Title

Date

Jefferson State Community College

DMS Application Checklist

Please read each item carefully, initial and sign/date the bottom of the form. Submit this form with your application.

_____ I have completed a Jefferson State Community College general admission application and completed general admission procedures.

_____ I have requested all other colleges I have attended to send **official** transcripts to Enrollment Services (Jefferson State Community College, 2601 Carson Road, Birmingham, AL 35215) so that all transcripts are on file for evaluation by the application deadline. I have requested an evaluation of my transcripts by the application deadline and included a receipt of the request.

_____ I have an overall **2.5 GPA** or greater on all college credit and an overall **2.5 GPA** or greater on DMS prerequisite coursework.

_____ I have taken, am enrolled in, or will complete **prior to Fall Semester 2026**: ENG 101, BIO 201, MTH 100, PHY 115, PSY 200, SPH electives and Humanities elective with no grade below "C"

_____ I have taken the ACT with a passing **composite score of 19** or higher or, I have a bachelor's degree or higher achieved by the application deadline.

_____ I have requested my official ACT scores be sent to Enrollment Services by the deadline (Jefferson State Community College, 2601 Carson Road, Birmingham, AL 35215). I have provided a copy of my scores and receipt of the request with my application.

_____ I have included documentation, signed by a registered sonographer, of four (**4**) hours or more of exposure to sonography settings via observation, volunteer work, and/or work experience by the application deadline.

_____ I acknowledge that missing new student orientation will forfeit my placement if accepted.

_____ IF APPLICABLE: I have contacted Jefferson State Community College Financial Aid office (205) 856-8511 and filed appropriate paperwork to receive financial aid.

_____ IF APPLICABLE: Course substitution procedures have been initiated with an advisor before the deadline.

_____ I have retained a copy of the application packet I have submitted (including this form) for my own records.

_____ I have completed and submitted the official Application for DMS Program Admission by the deadline in its entirety and understand that the decisions for admission will be made on or before MARCH 4th.

Student's Name (Print)

Student's Signature

Date

Jefferson State Community College
Diagnostic Medical Sonography Program
Observation Form

{This form must be completed in its entirety and submitted with your DMS application.}

Applying for DMS Program Beginning: _____

Student Name _____

A number _____

Facility Name	Date mm/dd/yyyy	Time In	Time Out	Hour(s)	Name of Sonographer	Signature of sonographer	Certification # of Sonographer

Please type or print legibly in black ink