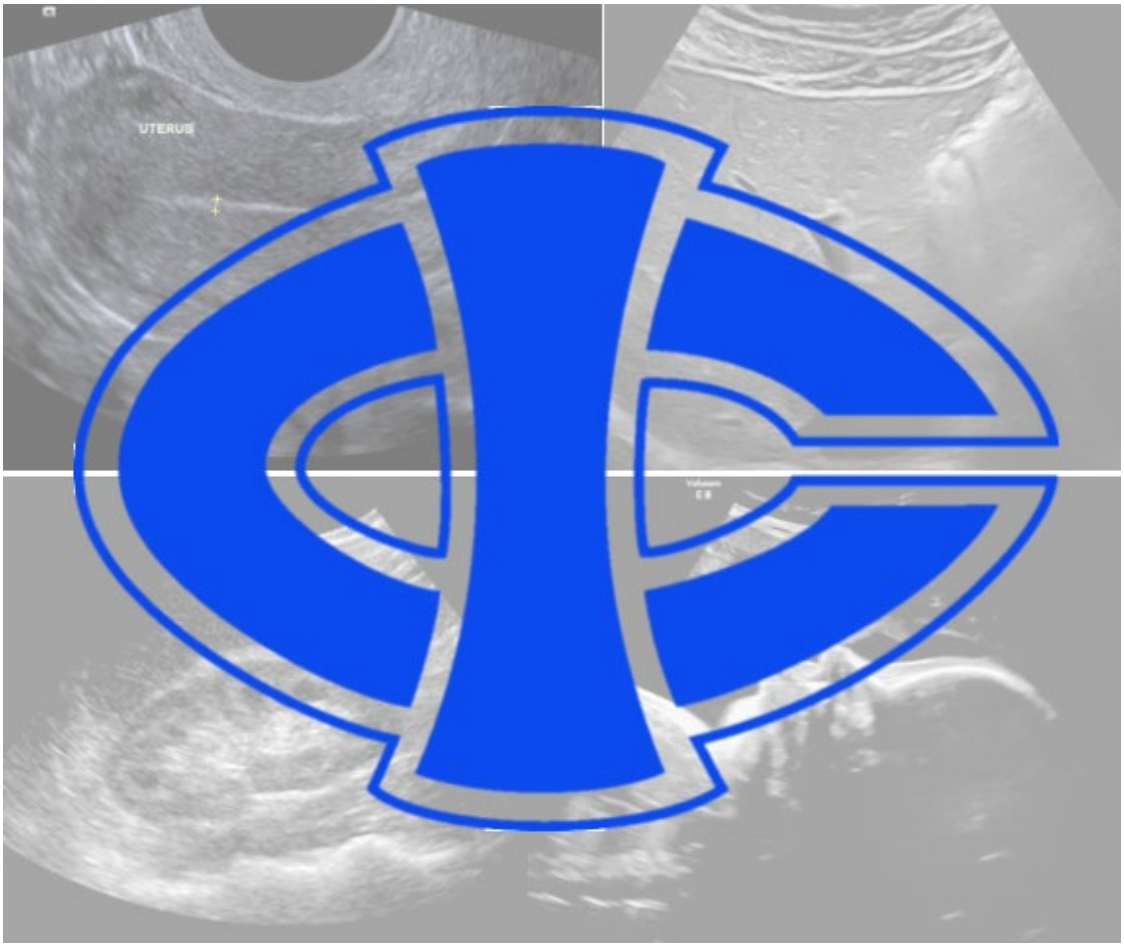
Fall 2026 Diagnostic Medical Sonography Program Application – Abdominal & OB/GYN



IOWA CENTRAL COMMUNITY COLLEGE

Table of Contents

Iowa Central Community College Diagnostic Medical Sonography Application

Application deadline is April 1, 2026

Please complete all the information. Please type or print clearly using black ink only.

Name _____

Address _____

Home Phone (_____) _____ - _____ Alternate Phone (____) _____ - _____

Email Address _____

High School(s) _____

Graduation Date (Month/Year) _____Cumulative GPA _____

GED Test Date (Month/Year) _____ GED Test Score _____

**Please include a copy of either your high school transcripts or GED scores.*
An official transcript will be required upon acceptance into the program.

Post-Secondary Education

College	State	Dates Attended	Degree(s) Earned
Iowa Central Community College			

Please include an unofficial/copy of transcripts from all colleges attended with your application.
Send official transcripts to the Registrar at Iowa Central Community College for review.

Iowa Central Community College Diagnostic Medical Sonography Application

Minimum Requirements for Application

The following criteria are *required for admission* into the Iowa Central Diagnostic Medical Sonography Program. If a student does not meet the requirements below, they will not be considered for the program until they have completed specific college courses, passed their ARRT national registry exam, and/or re-taken the appropriate assessment test(s). Please contact the health science office if you have questions regarding your status confirming assessment scores taken at Iowa Central.

High School Diploma/GED or Equivalent (Eight (8) hours of college credit with a 2.0 GPA)

High School GPA	2.5
GED Scores	550

The following criteria is required for applicants:

- A minimum of a high school diploma (GPA 2.5), equivalent GED (score of 550) or HiSET (score of 15)
- A college GPA of 2.0 if 8 credit hours or more of college level credit have been completed
- ALEKS score of 20 or higher if high school GPA is lower than 2.0.
- ACT scores of 18 in reading and English or Accuplacer Next Gen. scores of 250 in reading comprehension and WritePlacer of 5.

Applicants must submit a copy of their ACT, ALEKS, Accuplacer Classic, Write Placer, or Accuplacer Next Gen, unless taken at Iowa Central Community College. Student's highest scores from each category will always be used for evaluation. English and reading scores within three years of a class start date are considered for placement. Math scores within 18 months of a class start date are considered for placement. An approved college math or ENG-105 completed with a "C" or higher can take place of placement scores.

Personal References

Students must have three references to fill out the Personal Reference Form that is included in the application packet. References must not be friends or family members. References can mail the form to the address on the back page or give it to the applicant in a sealed envelope and handed in with the application.

Completion of Previous Allied Health Registry and Program, see list below in application.

Students must be enrolled in or have previously completed all of an allied health program (listed below). Students must also successfully complete the allied health program's registry prior to starting the program. Students must submit proof of their enrollment in/or completion of these classes and the completed registry prior to the application deadline and/or start of the program.

Clinical Travel

Students accepted into the program will be responsible for all expenses incurred while traveling to and from all clinical sites or classes.

Background Check/Physical

All students starting the Diagnostic Medical Sonography Program must complete a Criminal Record/Child and Adult Abuse Check prior to attending clinical. Background check forms will be distributed at the orientation to those students who have been accepted into the Diagnostic Medical Sonography Program. Students must complete a physical by a medical provider prior to starting the program, including an eye exam.

The Diagnostic Medical Sonography Program at Iowa Central Community College is a limited-enrollment program. All students interested in this exciting and challenging program are encouraged to apply.

Applicant's Signature _____ Date _____

Iowa Central Community College Diagnostic Medical Sonography
Program of Study

Please mark any of the courses below you have completed or are currently enrolled in.

Prerequisites			
1. A two-year allied health education program that is patientcare related is defined as (1) 24 full-time consecutive calendar months or (2) 60 semester credits or (3) 84 quarter credits (4) and requiring a clinical internship/ externship to complete the program. Credit hours are based on U.S. equivalency in a post-secondary institution* see list below			
	Enrolled with completion date prior to FA2025		Completed
2. Successful completion of the allied health education program's registry: ARRT, RN, OT, etc.			
	Pending boards to be taken _____.		Completed
General Courses			
1. Introduction to Health Care			
	Enrolled		Completed
2. Composition 1			
	Enrolled		Completed
3. Introduction to Psychology (PSY-111 OR 112)			
	Enrolled		Completed
4. Computer Course			
	Enrolled		Completed
5. Human Anatomy & Physiology I w/lab (BIO-168)			
	Enrolled		Completed
6. Human Anatomy & Physiology II w lab (BIO-173)			
	Enrolled		Completed
7. Medical Terminology (HSC-113)			
	Enrolled		Completed
8. An approved College Math			
	Enrolled		Completed
9. PSY-162 OR Radiographic Physics (RAD-430)			
	Enrolled		Completed

Please enclose an unopened official transcript if the above courses were completed at an institution other than Iowa Central Community College. If you are still taking classes, print off an unofficial transcript and add to your application packet. If a transcript was previously sent to Iowa Central, please include an unofficial/copy of the transcripts in this packet. No points will be awarded if we do not have documentation of the courses completed. Please wait to send your official transcripts until you have completed the course, and your final grade has been posted.

Iowa Central Community College Application Timeline

After applicants have submitted their application, by the designated deadline, the applications are scored within approximately two weeks. Once all applications are scored, the top applicants will receive an email with directions to our interview process, along with criteria on how interviews are scored. Once interviews are conducted, completed, and scored. Applicant's interview score will be combined with the applicant's application score. The top six-eight students will be accepted into the Iowa Central Diagnostic Medical Sonography Program along with five alternate students. Award letters will be mailed and emailed approximately a week after the interview process is complete.

After an acceptance and alternate letter has been awarded, a mandatory orientation date will be sent to students to attend at the end of May or early June, to address any questions and cover important information about the upcoming year and compliance.

Iowa Central Community College Diagnostic Medical Sonography Application Essay

The submitted essay must be typed in an essay format. The essay should be submitted in MLA format, approximately 2-3 pages in length.
Failure to complete all aspects will affect consideration for acceptance into the program.

---

1. What stimulated your interest in the field of diagnostic medical sonography?
2. What is the role of diagnostic medial sonographer in the diagnosis and treatment of patients?
3. Describe your short- and long-term professional goals.
4. Describe strengths and weaknesses of a diagnostic medial sonographer.
5. Describe your personal characteristics and life experiences you feel will contribute to your success as a student and professional technologist.
6. List all research resources used:

Research should include a minimum of 2 sources.
Possible sources to use books, internet sources, professional magazines, or interviews (student technologists, technologists, or radiologist – must include name of individual interviewed)

Iowa Central Community College Personal Reference Form (1-1)

The applicant's name below is required admission to the diagnostic medical sonography program at Iowa Central Community College. Your response to this inquiry will assist the admissions committee in assessing the applicant. The program's faculty believes these are important items to be considered along with other data in predicating the potential professional success of persons in health care clinical settings. Your candid appraisal of the applicant's characteristics is vital to our evaluation and subsequent decisions. Your assistance is appreciated.

Applicant's Name (please print): _____

How long have you known the applicant? _____

Name of Evaluator (Please Print): _____

Signature of Evaluator: _____

Title/Position: _____ Date: _____

Address: _____ Phone Number: _____

In what capacity do you know the applicant (supervisor, instructor, etc.)? _____

_____

Please feel free to make comment explaining selection made in the following table, as well as present additional information you believe would be relevant to this applicant's pursuit of admission.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Iowa Central Community College
Personal Reference Form (1-2)

Please complete the following table by marking the appropriate box:

	Exceptional – Top 2%	Above Average - Top 1/3	Average – 50%	Below Average	Poor – Below 1/3	Unable to Judge
Responsibility:						
Attitude:						
Problem-Solving:						
Honesty:						
Motivation:						
Appearance:						
Stress/Anxiety Response:						
Interpersonal Relationships:						
Respect:						
Constructive Criticism:						
Attendance Reliability:						
Organizational Skills:						

Please check one of the following categories that best describes your overall rating of the candidate:

_____Recommend with enthusiasm

_____Recommend with confidence

_____Recommend with reservations

_____Do not recommend

Signature of Evaluator: _____

KEY:

Responsibility: Ability and willingness to accept responsibility; complete tasks; honor commitments

Attitude: Displays positive actions and behaviors

Problem-Solving: Tasks: initiative and has the ability to identify, confront, and solve problem situations

Honesty: Extent to which the candidate displays an ethical code of integrity

Motivation: Degree to which candidate applies self without prompting

Appearance: Extent to which professional standards of neatness or cleanliness are met

Stress/Anxiety Response: Ability to handle or cope with stress/anxious situations

Interpersonal Relationships: Ability to interact & communicate in a positive manner with co-workers, peers, etc

Respect: Demonstrates respect for self and others

Constructive Criticism: Ability to accept and handle positive and constructive criticism

Organizational skills: Uses time wisely and efficiently.

Iowa Central Community College
Personal Reference Form (1-3)

Thank you for your cooperation in evaluating this applicant.

When completed with the evaluation, enclose this form in an envelope and sign over the sealed portion to ensure confidentiality. Return it to the applicant or send it to the address below.

Iowa Central Community College
ATTN: DMS Applicant reference
Lindsay Heffernan
One Triton Circle
Fort Dodge, IA 50501

Pursuant to Public Law 93-380, all letter of recommendation written after January 1, 1975 are not considered confidential unless the applicant waives right of access.
The signature below constitutes a waiver of the applicant's right of access to this recommendation should he/she be accepted into the diagnostic medical sonography program at Iowa Central Community college.

Signature: _____ Date: _____
If not signed, this recommendation can be available to the applicant.

It is the policy of the Iowa Central Community College not to discriminate in its programs, activities, or employment on the basis of race, color, national origin, sex, disability, age, sexual orientation, gender identity, creed, religion, and actual or potential family, parental, or marital status. If you have questions or complaints related to compliance with this policy, please contact Stacy Ihrig, Human Resources, 515-574-1138, ihrig@iowacentral.edu, or the Director of the Office for Civil Rights U.S. Department of Education, Citigroup Center, 500 W. Madison Street, Suite 1475, Chicago, IL 60661-7204, Telephone: (312) 730-1560 Facsimile: (312) 730-1576, Email: OCR.Chicago@ed.gov

If you have questions or complaints related to compliance with this policy, please contact Stacy Ihrig, Human Resources Director at **ihrig@iowacentral.edu or 515-574-1138**; or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312-730-1560, fax 312-730-1576.

Iowa Central Community College Personal Reference Form (2-1)

The applicant's name below is required admission to the diagnostic medical sonography program at Iowa Central Community College. Your response to this inquiry will assist the admissions committee in assessing the applicant. The program's faculty believes these are important items to be considered along with other data in predicating the potential professional success of persons in health care clinical settings. Your candid appraisal of the applicant's characteristics is vital to our evaluation and subsequent decisions. Your assistance is appreciated.

Applicant's Name (please print): _____

How long have you known the applicant? _____

Name of Evaluator (Please Print): _____

Signature of Evaluator: _____

Title/Position: _____ Date: _____

Address: _____ Phone Number: _____

In what capacity do you know the applicant (supervisor, instructor, etc.)? _____

_____

Please feel free to make comments explaining selection made in the following table, as well as present additional information you believe would be relevant to this applicant's pursuit of admission.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Iowa Central Community College
Personal Reference Form (2-2)

Please complete the following table by marking the appropriate box:

	Exceptional – Top 2%	Above Average - Top 1/3	Average – 50%	Below Average	Poor – Below 1/3	Unable to Judge
Responsibility:						
Attitude:						
Problem-Solving:						
Honesty:						
Motivation:						
Appearance:						
Stress/Anxiety Response:						
Interpersonal Relationships:						
Respect:						
Constructive Criticism:						
Attendance Reliability:						
Organizational Skills:						

Please check one of the following categories that best describes your overall rating of the candidate:

_Recommend with enthusiasm

_Recommend with confidence

_Recommend with reservations

_Do not recommend

Signature of Evaluator:

KEY:

Responsibility: Ability and willingness to accept responsibility; complete tasks; honor commitments

Attitude: Displays positive actions and behaviors

Problem-Solving: Tasks: initiative and has the ability to identify, confront, and solve problem situations

Honesty: Extent to which the candidate displays an ethical code of integrity

Motivation: Degree to which candidate applies self without prompting

Appearance: Extent to which professional standards of neatness or cleanliness are met

Stress/Anxiety Response: Ability to handle or cope with stress/anxious situations

Interpersonal Relationships: Ability to interact & communicate in a positive manner with co-workers, peers, etc

Respect: Demonstrates respect for self and others

Constructive Criticism: Ability to accept and handle positive and constructive criticism

Organizational skills: Uses time wisely and efficiently.

Iowa Central Community College
Personal Reference Form (2-3)

Thank you for your cooperation in evaluating this applicant.

When completed with the evaluation, enclose this form in an envelope and sign over the sealed portion to ensure confidentiality. Return it to the applicant or send it to the address below.

Iowa Central Community College
ATTN: DMS Applicant reference
Lindsay Heffernan
One Triton Circle
Fort Dodge, IA 50501

Pursuant to Public Law 93-380, all letter of recommendation written after January 1, 1975 are not considered confidential unless the applicant waives right of access.
The signature below constitutes a waiver of the applicant's right of access to this recommendation should he/she be accepted into the diagnostic medical sonography program at Iowa Central Community college.

Signature: Date:
If not signed, this recommendation can be available to the applicant.

It is the policy of the Iowa Central Community College not to discriminate in its programs, activities, or employment on the basis of race, color, national origin, sex, disability, age, sexual orientation, gender identity, creed, religion, and actual or potential family, parental, or marital status. If you have questions or complaints related to compliance with this policy, please contact Stacy Ihrig, Human Resources, 515-574-1138, ihrig@iowacentral.edu, or the Director of the Office for Civil Rights U.S. Department of Education, Citigroup Center, 500 W. Madison Street, Suite 1475, Chicago, IL 60661-7204, Telephone: (312) 730-1560 Facsimile: (312) 730-1576, Email: OCR.Chicago@ed.gov

If you have questions or complaints related to compliance with this policy, please contact Stacy Ihrig, Human Resources Director at **ihrig@iowacentral.edu or 515-574-1138**; or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312-730-1560, fax 312-730-1576.

Iowa Central Community College Personal Reference Form (3-1)

The applicant's name below is required admission to the diagnostic medical sonography program at Iowa Central Community College. Your response to this inquiry will assist the admissions committee in assessing the applicant. The program's faculty believes these are important items to be considered along with other data in predicating the potential professional success of persons in health care clinical settings. Your candid appraisal of the applicant's characteristics is vital to our evaluation and subsequent decisions. Your assistance is appreciated.

Applicant's Name (please print): _____

How long have you known the applicant? _____

Name of Evaluator (Please Print): _____

Signature of Evaluator: _____

Title/Position: _____ Date: _____

Address: _____ Phone Number: _____

In what capacity do you know the applicant (supervisor, instructor, etc.)? _____

_____

Please feel free to make comments explaining selection made in the following table, as well as present additional information you believe would be relevant to this applicant's pursuit of admission.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Iowa Central Community College
Personal Reference Form (3-2)

Please complete the following table by marking the appropriate box:

	Exceptional – Top 2%	Above Average - Top 1/3	Average – 50%	Below Average	Poor – Below 1/3	Unable to Judge
Responsibility:						
Attitude:						
Problem-Solving:						
Honesty:						
Motivation:						
Appearance:						
Stress/Anxiety Response:						
Interpersonal Relationships:						
Respect:						
Constructive Criticism:						
Attendance Reliability:						
Organizational Skills:						

Please check one of the following categories that best describes your overall rating of the candidate:

_____Recommend with enthusiasm

_____Recommend with confidence

_____Recommend with reservations

_____Do not recommend

Signature of Evaluator: _____

KEY:

Responsibility: Ability and willingness to accept responsibility; complete tasks; honor commitments

Attitude: Displays positive actions and behaviors

Problem-Solving: Tasks: initiative and has the ability to identify, confront, and solve problem situations

Honesty: Extent to which the candidate displays an ethical code of integrity

Motivation: Degree to which candidate applies self without prompting

Appearance: Extent to which professional standards of neatness or cleanliness are met

Stress/Anxiety Response: Ability to handle or cope with stress/anxious situations

Interpersonal Relationships: Ability to interact & communicate in a positive manner with co-workers, peers, etc

Respect: Demonstrates respect for self and others

Constructive Criticism: Ability to accept and handle positive and constructive criticism

Organizational skills: Uses time wisely and efficiently.

Iowa Central Community College
Personal Reference Form (3-3)

Thank you for your cooperation in evaluating this applicant.

When completed with the evaluation, enclose this form in an envelope and sign over the sealed portion to ensure confidentiality. Return it to the applicant or send it to the address below.

Iowa Central Community College
ATTN: DMS Applicant reference
Lindsay Heffernan
One Triton Circle
Fort Dodge, IA 50501

Pursuant to Public Law 93-380, all letter of recommendation written after January 1, 1975 are not considered confidential unless the applicant waives right of access.
The signature below constitutes a waiver of the applicant's right of access to this recommendation should he/she be accepted into the diagnostic medical sonography program at Iowa Central Community college.

Signature: _____Date: _____
If not signed, this recommendation can be available to the applicant.

It is the policy of the Iowa Central Community College not to discriminate in its programs, activities, or employment on the basis of race, color, national origin, sex, disability, age, sexual orientation, gender identity, creed, religion, and actual or potential family, parental, or marital status. If you have questions or complaints related to compliance with this policy, please contact Stacy Ihrig, Human Resources, 515-574-1138, ihrig@iowacentral.edu, or the Director of the Office for Civil Rights U.S. Department of Education, Citigroup Center, 500 W. Madison Street, Suite 1475, Chicago, IL 60661-7204, Telephone: (312) 730-1560 Facsimile: (312) 730-1576, Email: OCR.Chicago@ed.gov

If you have questions or complaints related to compliance with this policy, please contact Stacy Ihrig, Human Resources Director at **ihrig@iowacentral.edu or 515-574-1138**; or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312-730-1560, fax 312-730-1576

.

Iowa Central Community College Diagnostic Medical Sonography Technology Application Checklist

Program: Diagnostic Medical Sonography, AAS - Iowa Central Community College - Modern Campus Catalog™

Total Clock Hours: 1942.5
84 weeks, Average Clock Hours/week: 23.125 hours

*Test out option is available. See Dean of CTE or Program Coordinator

IOWA CENTRAL DMS APPLICATION CHECKLIST

	1. Typed Essay and References
	2. Three Personal References – Either mailed straight to Iowa Central or handed in with application in a pre-signed envelope from the evaluator
	3. Official High School Transcript sent to Iowa Central Registrar's Office
	4. Official College Transcript sent to Iowa Central Registrar's Office
	5. Placement Test Scores sent to Iowa Central Registrar's Office
	6. Pre-requisite allied health program & successful completion of the program's registry. *
	7. Entire Application handed in or sent by April 1, 2026
	*You will hear back from the Iowa Central Radiology Program, by email or mail approximately 2-3 weeks after the due date of the application.

IOWA CENTRAL COMMUNITY COLLEGE

One Triton Circle, Fort Dodge, IA 50501
515-576-7201 or 800-326-2793
www.iowacentral.edu

National Certification Exam:

In The Diagnostic Medical Sonography Program is an intensive program which prepares students to become skilled professionals in performing imaging examinations and accompanying responsibilities. Students receive clinical experience in radiology imaging departments and clinics of health care affiliates located throughout Northwest and North Central Iowa and beyond. The program provides the students with entry level skills consistent with career opportunities nationwide.

After successful completion of the Diagnostic Medical Sonography Program, students are eligible to take a registry by the American Registry of Diagnostic Medical Sonographers. After completing the exam and scoring a 75 percent or higher, students can work as diagnostic medical sonographer in the following states:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming

List of Acceptable Allied Health Programs: *

- Radiologic Technology (ARRT)(RT)
- Radiation Therapist (MRT)(T)
- Respiratory Therapist (RRT)
- Occupational Therapist (OT)
- Physical Therapist (PT)
- Registered Nurse (RN)
- Not limited to the allied health programs above, contact the program coordinator for further questions.

Non-Discrimination Policy

It is the policy of Iowa Central Community College not to discriminate in its programs, activities, or employment on the basis of race, color, national origin, sex, disability, age, sexual orientation, creed, religion, and actual or potential family, parental or marital status. If you have questions or complaints related to compliance with this policy, please contact the Vice President of Human Resources, Stacy Ihrig, Iowa Central Community College, One Triton Circle, Fort Dodge, Iowa 50501; Telephone: 515-574-1138, Email:concern@iowacentral.edu or the Director of the Office for Civil Rights U.S. Department of Education, Cesar E. Chavez Memorial Building, 1244 Speer Boulevard, Suite 310, Denver, CO 80204-35821, Telephone: (303) 844-5695: Fax (303) 844-4303, TDD 800-877-8339 Email: OCR.Denver@ed.gov.