



DIAGNOSTIC MEDICAL SONOGRAPHY CERTIFICATE ADVISING PLAN

Student _____ Student ID# _____
 Advisor _____ Year of Application _____
 Proposed Term of Graduation _____ Date _____
 Transcripts received _____

* Students must have received a "C" or better in all courses or the equivalent of a 2.0 GPA

Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

REQUIRED ACCUPLACER SCORES: RRCC basic skills assessment test must meet the following criteria.
 Computer #: _____ Campus location: _____
 Reading: RC ≥ 80 English: SS ≥ 95 Math: EA ≥ 61 AR ≥ 57

PROGRAM EDUCATION REQUIREMENTS: Students must earn a "C" or better in all DMS courses, and prerequisite courses to graduate.

SEMESTER	COURSE	COURSE TITLE	CREDITS REQUIRED	CREDITS REC'D	GRADE REC'D	PTS. REC'D	DATE COMPLETED
<i>Prerequisite Course</i>							
	RTE 255	Multiplaner Sectional Imaging	2				
<i>Required Major Courses</i>							
II	DMS 205	Small Parts Ultrasound	2				
II	DMS 206	Vascular Ultrasound	2				
I	DMS 221	OB/GYN Ultrasound I	2				
III	DMS 222	OB/GYN Ultrasound II	2				
I	DMS 231	Abdominal Ultrasound I	2				
III	DMS 232	Abdominal Ultrasound II	2				
I	DMS 241	Ultrasound Physics I	2				
III	DMS 242	Ultrasound Physics II	2				
I	DMS 281	Ultrasound Internship I	10				
II	DMS 282	Ultrasound Internship II	10				
III	DMS 283	Ultrasound Internship III	10				
TOTAL CREDIT HOURS:			46	GPA: _____			

Advisor initials _____

COMMENTS:

Date _____