



Sonography Program

INSTRUCTIONS: Please type or print clearly in black ink. Please submit the application and all application materials to the address below between March 1 and March 31. **INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

APPLICATION FOR _____ (year)

Choose one:

Diagnostic Medical Sonography ____

Diagnostic Cardiac Sonography ____

PERSONAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE (H): _____ OTHER PHONE: _____

E-MAIL: _____

PLEASE INCLUDE THE FOLLOWING:

- RESUME, TO INCLUDE ANY VOLUNTEER EXPERIENCE IN HEALTHCARE
- 2 LETTERS OF REFERENCE (PREFERABLY FROM HEALTHCARE FACILITIES)
- ESSAY Write a personal statement introducing yourself, your goals, and your interests and achievements. Include your reasons for wanting to attend the sonography program and why it would be a good fit. Also include a description of a real-life situation where your problem-solving skills and your critical thinking ability were demonstrated. This essay is designed to demonstrate your communication, writing, and thinking/problem-solving skills.
- JOB SHADOW STATEMENT(S)
- OFFICIAL (SEALED) COPIES OF TRANSCRIPTS (***MUST BE INCLUDED WITH APPLICATION***)

Signature: _____ Date _____

Send application and attached materials to:

**Medical Imaging Education
Red Rocks Community College
5420 Miller St.
Arvada, CO 80002-3069**

Applications may be hand delivered. Applications which are mailed must be received no later than March 31st. Applications received before or after the application period will not be considered.