



College of
New Caledonia

School of Health Sciences

Diagnostic Medical Sonography

Diploma Program

Application Package
September 2020 Intake

Student Name _____

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APPLICANT'S CHECKLIST

All of the following should be completed and submitted to the College of New Caledonia, Office of the Registrar.

- ☐ CNC application form
- ☐ CNC application fee
- ☐ Official transcripts (high school and all post-secondary transcripts)
- ☐ Self-Report on Suitability for the Profession
 - o See pages 4 and 5 of the Application Package
- ☐ Two original reference forms
 - o See pages 7 to 10 of the Application Package
 - o Must be emailed directly to regoffice@cnc.bc.ca (see page 6 for instructions)

APPLICATION DEADLINES

Diagnostic Medical Sonography Program application: The Application for Admission must be submitted by March 31, 2020 and all accompanying documentation must be submitted no later than April 30, 2020 for consideration for the September 2020 intake.

Once accepted: Students are required to submit the following documents prior to the first day of classes;

- Proof of current immunizations status – as recommended by the BC Center for Disease Control and required by provincial health authorities. Some immunizations require multiple doses – speak with your family physician or nurse practitioner for more information. Students may be prevented from starting clinical placements with incomplete immunization schedules **(submitted to the Dean's Office)**
- CPR certification (minimum requirement CPR Level C). Online CPR courses are not acceptable. Students are responsible for maintaining certification while in the program **(submitted to the Dean's Office)**
- Criminal Record Search with the BC Ministry of Justice. A search that identifies relevant criminal convictions may prevent the student from entering the clinical setting **(submitted to the Office of the Registrar)**
- Successful completion of the Medical Terminology for Sonography (SONO 101) course

***Prior to Clinical Orientation:**

- N95 mask fitting
- Influenza immunization
- Any other applicable requirements

*More information will be provided to students during first semester All associated costs are the responsibility of the student

SELECTION CRITERIA

In the event of program oversubscription, applicants who meet the admission requirements will be reviewed through the selection criteria below:

| | Selection Criteria | Points |
|---|--|------------------------|
| 1 | The cumulative grade point average of the required English, Biology, Physics, and Mathematics courses (minimum GPA of 3.00 with B or greater in each) contributes its actual points i.e. a GPA of 3.70 contributes 3.70 points | 4.33 |
| 2 | 30 course credits or more at the post-secondary level in which the language of instruction was English and with an overall GPA of 2.50 contributes 2 points | 2.00 |
| 3 | Education in a health care field – proof of degree, diploma or certificate (with minimum 6 months program length) contributes 1 point | 1.00 |
| 4 | Two original reference forms contribute 1 point | 1.00 |
| 5 | Residency in the two years prior to the date of application contributes a maximum of 2 points <ul style="list-style-type: none">• BC/Yukon/NWT resident contributes 1 point OR• *Northern BC resident contributes 2 points (proof may be required) | Maximum of 2.00 points |
| | Total possible points | 10.33 |

Students who meet the admission requirements but are not offered a seat will be waitlisted for the program year in which they apply only.

*Northern BC is defined as the [Northern Health Authority](#) geographical boundaries.

SELF REPORT ON SUITABILITY

Student Name _____

The following attributes are strongly recommended to ensure the best possible chance of success in this program. Please check (✓) beside each statement, sign at the bottom and submit to CNC Office of the Registrar with the Application Package.

- ☐ Strong problem solving and interpersonal skills, ability to function as part of a team
- ☐ A professional attitude and work habits including time management and organization
- ☐ The ability to multi-task and prioritize in a demanding work environment
- ☐ The ability to visualize objects in 3D, and clearly differentiate between colors, and sounds
- ☐ Physical Stamina: applicants are advised that sonography requires repetitive movements and sitting or standing in a fixed position for long periods of time. Applicants with a history of arm, wrist, elbow, shoulder, neck or back injury should carefully consider their suitability for this career
- ☐ Applicant must have proficient oral and written English skills in order to communicate effectively directly with patients and the healthcare team
- ☐ Familiarity with word processing programs and electronic forms of communication
- ☐ Ability to work evenings, weekends, nights, on call and 40 hours per week during clinical training
- ☐ Awareness that this program requires obtaining clinical competencies in both male and female reproductive organ systems
- ☐ The candidate must possess the ability to work with needles, body fluids
- ☐ Ability to be empathetic and flexible in order to meet the unique needs of each patient
- ☐ Ability to respond professionally to difficult situations such as fetal death, trauma, surgical procedures and ill patients
- ☐ Agreement to follow the Sonography Canada Policies and Procedures:
 - <http://www.sonographycanada.ca/Apps/Pages/scope-of-practice>
 - <http://www.sonographycanada.ca/Apps/Pages/code-of-ethics>
 - <http://www.sonographycanada.ca/Apps/Pages/code-of-conduct>
- ☐ Awareness that students will be expected to participate in a number of clinical rotations including urban, rural and remote sites; all costs are the responsibility of the student

SELF REPORT ON SUITABILITY

- ☐ Awareness of Selection Criteria for Diagnostic Medical Sonography diploma program (see page 3 of application package)
- ☐ Awareness of the financial demands of the program and have proactive arrangements to cover all of the costs
- ☐ Prior to performing any exams in the healthcare setting, students will be required to demonstrate skills on each other as well as volunteers in a supervised lab setting
- ☐ This is a full time program with limited breaks and a heavy academic and clinical workload. It is suggested that 20 hours of studying, homework and preparation be allotted for each week in addition to attending classes/ clinical placements
- ☐ Strong sense of responsibility, caring nature, interest in the well-being of others, excellent interpersonal skills, strong problem-solving skills and ability to work in diverse teams
- ☐ If applicable, I have contacted Accessibility Services to determine potential academic accommodations

I certify that I have read the above and I acknowledge that I understand the information. I am aware that upon acceptance into the program this information will be shared with the program coordinator.

There is no reason why I would be unable to participate in the full Diagnostic Medical Sonography program inclusive of all theory, lab and clinical responsibilities and I am a suitable applicant for the CNC Diagnostic Medical Sonography Program.

Printed Name

Signature

Date

REFERENCES

Please provide two references. It is preferred that both are professional references, however, one reference may be from a personal reference if two professional references are not available. The referee must email the form to regoffice@cnc.bc.ca. The referee must be acquainted with the applicant for at least 6 months and may be contacted to obtain additional information.

Instructions:

1. Print pages 7 to 10 of this package
2. Fill in the top portion of both reference forms with your name, relationship to referee, and referee name and phone number
3. Give both pages of the reference form (Reference Form page 1 and 2) to the referee
4. The referee must complete the form, and email it to regoffice@cnc.bc.ca.

References delivered by the applicant will not be accepted and will impact the student's scoring on the selection criteria (page 3 of this package)

Reference forms must be received no later than April 30, 2020 for consideration for the September 2020 intake.

REFERENCES

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REFERENCE FORM (page 1 of 2)

APPLICANT: complete this section

| Surname | Given Names | Previous Names (if applicable) |
|---------|-------------|--------------------------------|
|---------|-------------|--------------------------------|

Relationship to the Referee

| | |
|---------------|--------------|
| Referee Name: | Phone number |
|---------------|--------------|

I give my permission for CNC to contact the above named referee for further information. I recognize that if I have plagiarized any part of this document or allocated the task to a second party, I will forfeit my admission to the CNC Diagnostic Medical Sonography Diploma Program.

Applicant _____ Date: _____

REFEREE: complete this section

Referee Name: _____ Phone: _____

Address: _____

Position/Title: _____ Phone: _____

Organization: _____

I declare that the information provided in this reference is complete and correct.

Printed Name **Signature** **Date**

- **DO NOT GIVE THIS FORM TO THE APPLICANT**
- **Please complete this form and email it to regoffice@cnc.bc.ca by April 30, 2020.**
- **If you have any questions or concerns, contact the Admissions Office at admissions@cnc.bc.ca**

REFERENCE FORM (page 2 of 2)

The above named applicant has applied to the Diagnostic Medical Sonography Program. As part of the application process, 2 references are required. Please indicate the applicant's ability to successfully complete the Diagnostic Medical Sonography program.

Please rate to applicant on the following attributes:

0 = unable to judge, 1 = has difficulty, 3 = average, 5 = outstanding

| Attributes | | Rating | | | | | |
|------------|---|--------|---|---|---|---|---|
| 1 | Communication skills | 0 | 1 | 2 | 3 | 4 | 5 |
| | Demonstrates listening skills | | | | | | |
| | Ability to express meaningful and clear ideas | | | | | | |
| | Uses effective nonverbal and verbal communication | | | | | | |
| | Ability to read, understand and document information | | | | | | |
| 2 | Working with the public | 0 | 1 | 2 | 3 | 4 | 5 |
| | Recognizes and respects individualism and diversity | | | | | | |
| 3 | Ability to function within a team | 0 | 1 | 2 | 3 | 4 | 5 |
| | Understands the roles of team members and works within group dynamics | | | | | | |
| | Ability to manage and resolve conflict | | | | | | |
| | Flexible, respectful and open to feedback and contributions of others | | | | | | |
| | Practices effective interpersonal communication | | | | | | |
| 4 | Problem solving skills | 0 | 1 | 2 | 3 | 4 | 5 |
| | Assess situations and identifies problems | | | | | | |
| | Evaluates possible solutions | | | | | | |
| 5 | Time management/organizational skills | 0 | 1 | 2 | 3 | 4 | 5 |
| | Works independently and is self-reliant | | | | | | |
| | Ability to carry out multiple tasks or projects | | | | | | |
| | Accepts feedback and is willing to continuously learn and grow | | | | | | |

Additional Comments:

**REFERENCE FORM (page 1 of 2)
For Admission to the
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM**

APPLICANT: complete this section

| | | |
|---------|-------------|--------------------------------|
| Surname | Given Names | Previous Names (if applicable) |
|---------|-------------|--------------------------------|

Relationship to the Referee

| | |
|---------------|--------------|
| Referee Name: | Phone number |
|---------------|--------------|

I give my permission for CNC to contact the above named referee for further information. I recognize that if I have plagiarized any part of this document or allocated the task to a second party, I will forfeit my admission to the CNC Diagnostic Medical Sonography Diploma Program.

Applicant _____ Date: _____

REFEREE: complete this section

Referee Name: _____ Phone: _____

Address: _____

Position/Title: _____ Phone: _____

Organization: _____

I declare that the information provided in this reference is complete and correct.

| | | |
|---------------------|------------------|-------------|
| Printed Name | Signature | Date |
|---------------------|------------------|-------------|

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| 2 | Working with the public | 0 | 1 | 2 | 3 | 4 | 5 |
| | Recognizes and respects individualism and diversity | | | | | | |
| 3 | Ability to function within a team | 0 | 1 | 2 | 3 | 4 | 5 |
| | Understands the roles of team members and works within group dynamics | | | | | | |
| | Ability to manage and resolve conflict | | | | | | |
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Additional Comments: