

### Diagnostic Medical Sonography Pre-Program Questionnaire/Checklist

Completing the Pre-Program Questionnaire is a process of assessing your knowledge of the Diagnostic Medical Sonography program and commitment to this career choice. This questionnaire focuses on the extent you are aware of, and are prepared to meet, the challenges and demands of the Diagnostic Medical Sonography program and profession. It will not be scored. Please consider the statements carefully and provide an honest response.

1. I am aware that clinical practicum placement for this program may occur at any approved site in the province of British Columbia/Yukon/NWT

Yes

No

2. I am aware that enrolment in the program will require acceptance of a clinical practicum placement anywhere in British Columbia/Yukon/NWT

Yes

No

3. I am aware that during the clinical practicum I may have to relocate.

Yes

No

4. I am aware that I am responsible for travel, accommodation arrangements and costs to, during and from my clinical practicum placement.

Yes

No

5. I am aware of the emotional, mental and physical demands of the program and occupation and I foresee no difficulty/limitation in learning and/or performing the duties of a diagnostic medical sonographer.

Yes

No

6. I have the mental and physical stamina to learn and perform the duties of a diagnostic medical sonographer.

True

False

7. I am aware that to be successful in this program, I must be able to visualize objects in 3D, and clearly differentiate between colors, and sounds.

True

False

8. I have no previous injury or condition that will put me at risk for training and/or working in this profession, which requires repetitive movements and sitting or standing in a fixed position for long periods of time.

True

False

9. I am aware that this profession requires me to work, evening, weekend, nights and on-call and up to 40 hours per week during clinical training.

Yes

No

10. I am aware that this profession requires me to work with needles, and body fluids.

Yes

No

11. I am aware that in this profession I may be required to respond professionally to difficult situations such as fetal death, trauma, surgical procedures and ill patients.

Yes

No

12. I am aware that enrolment in this program, completion of clinical practicum and employment in this profession require criminal record checks.

Yes

No

13. I am aware that enrolment in this program requires immunizations and proof of vaccinations.

Yes  
No

14. I am aware that enrolment in this program requires students to demonstrate skills on each other as well as volunteers in a supervised lab setting, prior to performing any exams in the healthcare setting.

Yes  
No

15. I am aware that enrollment in the program requires me to participate fully in the Sonography Labs as both a scanning partner and a volunteer patient for others to practice on.

Yes  
No

16. If I require support/accommodations for a documented disability, I am aware that it is my responsibility to contact and work with CNC Accessibility Support Services and the appropriate course instructor(s) at the beginning of the program and course terms.

Yes  
No

### **Attention Applicant**

If you answered "No" or "False" to any of the questions, it is important for you to talk to a CNC recruitment officer at 250-561-5855 to discuss whether this program/profession is suitable for you.

Should you need more information or have questions, please contact the School of Health Sciences at [healthsciences@cnc.bc.ca](mailto:healthsciences@cnc.bc.ca) or 250-562-2131.