Yearly Application Process for Acceptance in the Clinical Programs

Directions:

Students must be accepted by Ferris State University in order to apply to your program. You are not required to be enrolled, but you must have completed your Admissions application. Students should plan accordingly.

Application documents are to be submitted to the address below, no earlier than the 15th and postmarked by the 30th for consideration for the following Fall semester start. If you are mailing the materials, please use a return receipt service through your preferred postal delivery service so that you can be assured your materials were received.

College of Health Professions Student Academic Affairs Office [VFS 209]
Ferris State University, 200 Ferris Drive, Big Rapids, MI 49307

1. Refer to the website for assistance (Q&A, forms, policy for admissions) [http://www.ferris.edu/HTMLS/colleges/alliedhe/Admission-to-the-Clinical-Programs.htm]
   - Contact Information: CHP Pre-Professional Advisors: Linda Kuk, or Natalia Carvalho-Pinto chp@ferris.edu, 1-800-GO-BULLDOGS, ext. 2270; Office: VFS 209.
   - Please refer to programs’ Progression Policies for information regarding repeated courses and number of attempts allowed in each class. Policies are available at the program website. [http://www.ferris.edu/HTMLS/colleges/alliedhe/homepage.htm]

2. For Admission to the Professional / Clinical Sequence:
   - Students must officially apply to the professional sequence of their program between:
     January 15th – January 30th for ALL programs except Traditional Nursing
     March 15th - March 30th for TRADITIONAL NURSING

3. To be eligible to apply:
   - Students must be qualified by the end of FALL semester for the following programs: RADI-Radiography, DMS-Sonography
   - Students must be qualified by the end of SPRING semester for the following programs: NURS- Nursing, RESP-Respiratory Care, DHYG-Dental Hygiene, NUCM – Nuclear Medicine MLS-Medical Laboratory Science, MLT-Medical Laboratory Technology, DMOL-Molecular Diagnostics
     You may apply if qualifying courses are in progress spring semester.
   - NOTE: GPA requirement for DHYG & NURS, must be met at the time you apply.
   - You must be currently enrolled or accepted in the “pre program” you are applying, as your primary or secondary degree.

4. Application Documents REQUIRED for a complete application packet (READ CAREFULLY BELOW).
   a) Qualification Check List for your appropriate program
   b) Signed Application form, for your appropriate program
   c) ATTACH unofficial copies of transcripts from ALL colleges attended after high school.
      a. REQUIRED even if official copies have been sent to FSU.
      b. If transcript copies are not included, your application is incomplete.
         i. EXCEPTION: Dual enrollment in high school only. Transcripts from high school dual enrollment are not required.
      c. Transcripts from other schools on MYFSU transcript copy is not sufficient.
   d) Copies of ACT scores if your math sub score meets the program math requirement.

5. Complete all of the information on your qualification check sheet and application form in its entirety.
   Make sure you complete all "white cell" boxes or the application is incomplete. Please complete all sections and attach appropriate documentation as directed or the application is incomplete.

6. The following programs have a SUMMER SEMESTER start for the clinical phase of the program:
   Medical Laboratory Science, Medical Laboratory Technology, Nuclear Medicine and Molecular Diagnostics

Updated 9/24/15
### 2016 QUALIFICATION CHECK LIST

Required for DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Student ID Number</th>
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List ALL Colleges Attended:  
1)  
2)  
3)  

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<tr>
<th>COURSE / QUALIFIERS</th>
<th>Minimum CREDITS</th>
<th>Minimum GRADE REQUIRED</th>
<th>SEMESTER TAKEN (i.e., Fall Yr, Spring Yr or Summer Yr)</th>
<th>COLLEGE WHERE COURSE TAKEN</th>
<th>GRADE(S) (Or GPA) (Or Credit) ( Or IP) In Progress</th>
<th>REQUIREMENT MET (office use only)</th>
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<tbody>
<tr>
<td>Math Competency:</td>
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<tr>
<td><em>MATH 115 or MATH 117</em> or ACT math subscore of 24 or higher</td>
<td>3/4</td>
<td>ACT score Or B-</td>
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<td>No more than 2 attempts (including withdraws)</td>
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<tr>
<td>ENGL 150 English 1</td>
<td>3</td>
<td>C-</td>
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<tr>
<td>COHP 100 Medical Vocabulary</td>
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<td>C</td>
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<tr>
<td>BIOL 109 Anatomy &amp; Physiology</td>
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<td>No more than 2 attempts (including withdraws)</td>
<td>4</td>
<td>B-</td>
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<tr>
<td>PHYS 130 Concepts in Physics</td>
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<tr>
<td>No more than 2 attempts (including withdraws)</td>
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<td>B-</td>
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Note:
- If you qualified prior to Fall 2013 you will fall under the old criteria and retain your status as a qualified student.
- *Incomplete application materials will not be reviewed and the applicant will not be considered for admission*
- Any transfer credits must meet the requirements below, or provide documentation of approved substitution: [https://banner.ferris.edu:9100/pls/GOLD/FSU_SK_SS_TransEquiv.P_TCEMain](https://banner.ferris.edu:9100/pls/GOLD/FSU_SK_SS_TransEquiv.P_TCEMain)

- See: Application Form on the Next Page

Updated: 05/12/15
2016 Application for
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM To the Professional Sequence

Student Name: ____________________________________________________________

FSU ID ________________________________________________________________

Note: All correspondence related to this application will be sent to this address

Current Address: __________________________________________________________

Apartment #: ________________________________
City/State/Zip: __________________________________________________________

Phone number __________________ Alternate number _________________________

Current Email Address ________________________________

I have met all of the requirements to qualify for admission to the DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM as verified by the attached documentation. Check all attached:

_____ Qualification check list reflecting completion of pre-requisites with the required grades as designated by the Diagnostic Medical Sonography program. This checklist form is available on the COHP websites.

_____ Attach unofficial transcripts from FSU and/or other institutions reflecting all completed coursework to date and/or enrolled in this semester. **Required** even if they have been submitted to FSU. See #4 of the direction page.

_____ Copy of ACT scores for students who did not complete a math course because they had the proficient ACT score.

_____ Current & active member of the FSU Honors program, and DMS your original program of choice at FSU (no documentation required, we will confirm with the honors program)

_____ Other (Specify special documentation to clarify coursework, etc.):

Ferris State University is an equal opportunity institution. For information on the University's Policy on Non-Discrimination, visit http://www.ferris.edu/non-discrimination.

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I VERIFY THAT THE INFORMATION PROVIDED WITH THIS APPLICATION IS ACCURATE. I AM ACCEPTED OR ENROLLED AS A PRE-Diagnostic Medical Sonography MAJOR FOR EITHER MY PRIMARY OR SECONDARY FSU PROGRAM (no documentation is needed). You will be notified about your acceptance to the program after March 15th.

Student Signature ___________________________________________ Date __________

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For Office Use Only:

Comments: ________________________________________________________________

Approved to start:_________ Not approved to start:_______ Qualified:_______ Not Qualified___________

Signature: _____________________________ Date:_________________________  

Updated 11/17/15