

NEOSHO COUNTY COMMUNITY COLLEGE
Diagnostic Medical Sonography Program Application

Complete and submit with \$70.00 application fee, payable to Neosho County Community College

Name _____
Last First Middle Maiden

Other names used _____

Address _____
Street City State Zip

County of Residence _____

E-Mail address _____

Last 4 digits of SSN _____

NCCC ID# _____

Cell Phone (_____) _____

*Date of Birth _____

U.S. Citizen Yes No Do you have health insurance Yes No Do you have full color vision Yes No

EMERGENCY CONTACT

Give the names, addresses and phone numbers of two persons the school may contact in the event of an emergency.

Name	Address	Home Phone	Cell Phone	Relationship

EDUCATIONAL BACKGROUND

Are you a high school graduate? Yes _____ No
Year

If no, do you have a high school equivalent (GED)? Yes _____ No
Year

Have you ever attended or applied to a sonography program before? Yes No

If yes, give name and location of school _____

Dates attended _____ Reason for leaving _____

EDUCATIONAL RECORD

Name of School	Location	Dates Attended	Grades or Credits Completed
High School _____			
College _____			
Degree(s) Earned _____			

WORK EXPERIENCE (Within the last 2 years)

Type of Work	Employer	Location	Dates Employed	Reason for Leaving

Have you ever been convicted of a misdemeanor or felony? [] Yes [] No

If yes, explain_____

List any extracurricular and/or community activities you have participated in during the last 2-3 years. _____

I state that I am the person referred to in the foregoing Diagnostic Medical Sonography Student Application; that the statements made therein are true and correct in every respect; and that I have read and understand this affidavit.

Applicant's Signature

Date

IF ANY INFORMATION CONTAINED HEREIN IS FOUND TO HAVE BEEN FALSIFIED, THIS APPLICATION MAY BE WITHDRAWN AND APPLICANT MAY BE ASKED TO WITHDRAW FROM THE SCHOOL.

*Information optional. It is the policy of Neosho County Community College not to discriminate on the basis of age, race, religion, color, sex, physical handicaps, national origin, or ancestry in its admission. A statement of race and financial status is used only for statistical information required on state and federal forms.

Applicants are advised that disclosure of their social security number, date of birth, and information regarding conviction of crimes/infractions is required information for national certification application upon program completion.