



Mercy Medical Center
School of Diagnostic Medical Sonography
Applicant Check Sheet

Name _____

Required Documents

- _____ Original, sealed copy of college transcript- May be sent directly from the college.
- _____ 2 recommendation form- May be sent directly from your references to the school.
- _____ BLS certification – from the **American Heart Association**
- _____ 4 hours of sonography observation. To shadow at Mercy call volunteer services at 330-489-1106
- _____ Application form
- _____ Application fee payable to Mercy Medical Center- **\$25.00**
- _____ World Education Services course by course evaluation (for foreign transcripts only)

Prerequisites (Must be completed before June 30th of the same year in which you apply)

- _____ GPA of **at least 2.5**
- _____ General Physics (physics 101)
- _____ Algebra 101 or higher level math
- _____ Communication skills (**or** Speech **or** English)
- _____ Human Anatomy and Physiology
- _____ Human Anatomy Physiology II (**or** Principles of Human Structure and Function **or** Human Biology)
- _____ Medical terminology
- _____ Human Disease (General Pathophysiology)