**Application Interview Questions**

The following questions are being provided to you as part of the application process with your responses being evaluated by two reviewers and scored based on adhering to instructions and quality of your responses. The scores are a portion of the decision-making criteria. Failure to submit this component of the application process will result in your application being removed from consideration.

*In addition to being included in this letter, you can find the same word document on the program website at* [*www.misericordia.edu/dms*](http://www.misericordia.edu/dms) *under Certificate page and in the blue box titled DMS Application Process. Be sure you have the 2018 document. The link for application questions will be in this section of the webpage. Contact Mrs. Sheryl Goss if unable to locate.*

***Instructions:***

*1) Place a cover sheet on the front to indicate name, date of completion, and your phone number.*

*2) In the document header, please place your first initial of your first name followed by month and day of your birthdate. For example, Applicant Susan Jones with birthdate of May 5, 1970 would appear in the header as S0505 ( S – 05 represents month of May –05 day of the month)*

*3) Please respond to each of the following questions. Responses must be typed, with the question placed first, a line space, then followed by your response. Document should be formatted for ease to differentiate the question and your response. Responses must demonstrate your ability to formulate a thoughtful and comprehensive response demonstrating college level writing experience.*

*4) Strong recommendation is to research information relevant to the question through use of references and quality resources. When applicable, please include the reference citation at the end of the respective response in APA citation format.*

*5) Completed document is to be printed one sided only. Do not staple the pages, paper clip is acceptable.*

*6) Place completed document in an appropriate sized sealed envelope to accommodate the 8 x 11” paper, submitted in person at the open information session you attend. Please place your name on the front of the envelope.*

1. Describe why you want to become a sonographer and why you are applying to Misericordia

 University’s certificate program.

2. After researching the qualities desired of a sonographer and their job tasks, discuss your

 personal qualities and attributes that you possess that will aid you in becoming a reputable

 sonography student and a life-long sonography professional. Please include minimally

 three positive attributes or personal qualities and three areas in which you may desire to

 improve or accept mentoring to become the best team player in a healthcare environment.

3. Pre-requisite college level courses are required as part of the program’s application

 process.

a. Knowing the prerequisite courses required, explain how you think the knowledge gained from each of these required courses will apply to the sonography curriculum and the knowledge required of a sonographer?

b. What strategies did or do you apply to be successful in coursework? You can apply to the prerequisite courses or former degree.

c. Discuss your strengths and challenges of balancing academic life with

personal responsibilities during the timeframe in which you were/are completing

the college level courses.

 4. The sonography profession has a published Code of Ethics. Please go to

 <http://www.sdms.org/about/who-we-are/code-of-ethics> and read this document.

* Share your thoughts on the expectations of a diagnostic medical sonographer to uphold the Code of Ethics and consequences to the patients, the healthcare community, and to the sonographer if the Code of Ethics is not upheld 100% of the time.

 5. Employers may require personal attribute surveys or personality surveys as part of their

 application process. In today’s environment, personality is equally as important as possessing

 sonographic skills. How would your friends, supervisors, instructors describe you? Please

 include three positive attributes and three areas in which you think are areas in which you

 could improve.

 6. Research methods to best resolve conflict. Of these resolution techniques, which have you

 applied to aid in resolving conflicts. Which techniques do you think you could improve with?

 Reflecting on past experiences with conflict, provide a scenario in which a conflict occurred.

 Did your actions align with a best practice to resolve a conflict? Explain and if applicable,

 would you manage differently after learning conflict resolution strategies.

 7. Sonographers are unique as the accuracy of the outcome of the examination is 95%

your responsibility. Thus, to develop competent entry-level sonographers, the program requires attendance in clinical education for 32 hours/week for a full year in addition to on campus coursework.

* Discuss your thoughts on being in a patient focused clinical environment in which you will receive constructive criticism from staff sonographer(s), supervisor(s) and physician(s) regarding your image quality, patient communication, and behaviors that may be occurring and not conducive to quality outcomes.

 8. Define emotional intelligence (EQ) and apply the significance for healthcare providers.

 Discuss steps to increase your own emotional intelligence for best success as a student in the

 classroom, clinical setting, and preparing for a fulfilling career.

 9. Discuss scenarios in which sonographers participate in direct patient care activities the same

 as other healthcare professionals, such as nursing, operating room, and other direct healthcare

 providers.

 10. Looking at the course sequence and course descriptions for the certificate program in DMS at

 [www.misericordia.edu/dms](http://www.misericordia.edu/dms); discuss what learning activities you are expecting to occur to

 facilitate development of a student enrolled in the program into a competent graduate.

 11. Looking at [www.ardms.org](http://www.ardms.org) discuss the requirements to maintain certification as an RDMS

 credentialed sonographer.

**Applicant Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on the information provided to you in the letter, please respond to the following three questions:

Clinical Education sites are assigned by the program’s Clinical Coordinator. While attempt is made to place you at a site that is close to your resident location, there may be portions of the program in which to maximize your educational experience you may be assigned to a clinical site that requires travel of about 1 hour to 1.5 hours each way. Are you willing to enter the program knowing that your clinical education may require this distance?

\_\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_\_ not sure

I have reviewed the list of essential functions/technical standards for a student in this program and as a sonographer.

 \_\_\_\_\_\_\_ yes \_\_\_\_\_ no

If I have questions regarding any of the essential function/technical standards, I will contact the Chair of Sonography.

 \_\_\_\_\_\_\_ yes \_\_\_\_\_ no

*This form can be completed by hand or typed for submission with Applicant Questions.*

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geographical Location while attending this program (1/2019 thru 3/2020) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any alternate location that you may be willing to do clinical? If so, please indicate location. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Clinical placement is assigned in the same geographical area for the duration of

clinical education (Jan 2019 through March 2020).

**Educational History:**

Graduation from High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

College/University Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name)

Degree(s) or certifications held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate where you completed, in progress(IP), or the semester in which you plan to complete the following program pre-requisites(N):

 Completed In progress(IP) or need( N)

College Math – algebra \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Physics \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Communication (writing or oral) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Anatomy and Physiology I \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Anatomy and Physiology II \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Ethics (philosophy) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Medical Terminology \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Patient Care \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 (offered here as a 1 credit course fall 2019 semester)

All transcripts and reference forms must be received no later than January 30, 2018 to be considered an applicant for the initial round of decisions. Please have them sent to my attention.