

Cleveland Clinic Mercy Hospital
School of Diagnostic Medical Sonography
Applicant check sheet

Name _____

Required Documents

- _____ Original, sealed copy of college transcript- May be sent directly from the college.
- _____ Two **(2)** recommendation forms (print from the website)- Can be sent directly from your references
- _____ BLS certification – from the **American Heart Association**
- _____ Application form (print from the website)
- _____ Application fee payable to Cleveland Clinic Mercy Hospital - **\$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)

- _____ Must complete either:
 - Bachelor degree
 - or
 - Associate degree in a healthcare field (with direct patient care such as radiology, RN, medical assisting, massage therapy, physical/occupational therapy assistant, or respiratory therapy)
- _____ 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 and Physiology II (**or** Principles of Human Structure and Function **or** Human Biology)
- _____ Medical terminology
- _____ Human Disease (General Pathophysiology)

- All courses must be completed at the college level.
- Send completed application form and required documents to: **Susan Bielanski | Cleveland Clinic Mercy Hospital | 1320 Mercy Dr. NW | Canton, OH 44708**