



**SPRING 2026 DMS PROGRAM APPLICATION FORM
(FA26-SU27 DMS Class)**

APPLICATION # _____

Last Name

First Name

Middle Name

Student ID

GENERAL INFORMATION: This application is for admission to the Associate of Applied Science in Diagnostic Medical Sonography at LSU at Eunice. By completing this form, you are seeking admission to the didactic and clinical portion of this program. Students must have taken college-level physics. All applications must be received no later than **MARCH 1ST**. If you have any questions regarding this application, please call 337-550-1357 or email bthibode@lsue.edu.

INSTRUCTIONS:

1. Fill out this application and return it to Health Sciences & Business Technology, T-104 by **March 1st**. Only mail this application if you are **NOT** currently attending LSUE as a student and are unable to come in person. The application must arrive by **March 1st** to be considered for admission for the 2026-2027 DMS Class.

Our address is:

**LSU Eunice, Health Sciences & Bus. Technology
P. O. Box 1129
Eunice LA 70535**

Include a copy of **ALL** transcripts from colleges you have attended OR have them submitted to LSUE Admissions before the deadline for applications. If you are currently enrolled in a university other than LSUE send a copy of the transcript to Health Sciences & Business Technology immediately following the posting of those final grades. These final grades must be received before the program selection date. LSUE Admissions will also need an official copy sent from that University as soon as possible. Please complete and return the **Transcripts Release Form** attached to this application.

2. Apply separately for general admission if **not currently enrolled at LSU Eunice**. Contact the Office of Admissions, LSU EUNICE, P.O. Box 1129, Eunice, LA 70535 or register online at www.lsue.edu. The university application must also be complete by **March 1st**.
3. Attach all supporting documentation or this application will be considered incomplete and will not be accepted for consideration for admission unless all documents are attached.
4. Please read important information regarding Financial Aid attached.
5. All applicants must take the NLN NEX Examination. **A composite score of at least 150 is mandatory, with a minimum of 50% required in each individual category.** Please refer to the information in this packet for registering for the Entrance Examination. The NLN NEX can be taken ONCE per application. The exam must be paid for and scheduled by March 1st.

**TURN IN PROOF OF PAYMENT FOR EXAM FROM NLN AND PROOF OF SCHEDULED EXAM FROM LSUE TESTING
CENTER WITH APPLICATION.**



**SPRING 2026 DMS PROGRAM APPLICATION FORM
(FA26-SU27 DMS Class)**

6. Attend an orientation advising session when scheduled.

7. Completion of the following pre-requisite courses:

English 1001	English Composition 1	3 credit hours
Math 1015 or Math 1021	Applied College Algebra or College Algebra	3 credit hours
Psychology 2070	Developmental Psychology of the Life Span	3 credit hours
Biology 1160 & 1161	Human Anatomy & Human Anatomy Lab	4 credit hours
Biology 2160 & 2161	Human Physiology & Human Phys. Lab	4 credit hours
Physics 1001 or 2001	Principles of Physics or General Physics	3 credit hours
Allied Health 1013	Medical Terminology	2 credit hours
Pure Humanities Elective	(History, Philosophy)	3 credit hours
DMS 1000***	Introduction to Sonography	<u>1 credit hour</u>
TOTAL		26 credit hours

8. Upon acceptance into the DMS Program, a mandatory drug screen and background check will be required.

9. It is the right and privilege of all clinical sites to request that a drug test be performed prior to beginning (or at any time during) the clinical rotation in any facility. Failure to participate in any such drug test is grounds for dismissal from the Diagnostic Medical Sonography program.

10. By signing below, I authorize Louisiana State University Eunice to obtain and utilize records of Code of Conduct and policy violations as part of the selection process into the Diagnostic Medical Sonography program.

***** Required for ALL applicants**

CERTIFICATION: I certify that I have read this application and instructions and that to the best of my knowledge the information given is correct and complete. I understand that if it is later determined to be otherwise, my application will be invalid. I understand that before an admission decision can be made, a completed application, fee(s) (if applicable), and all scholastic records must be on file.

Signature _____ Student ID _____ Date _____



**SPRING 2026 DMS PROGRAM APPLICATION FORM
(FA26-SU27 DMS Class)**

Please number all programs you are applying for in the Health Sciences & Business Technology Division by placing a number for your preference. (example 1, 2, 3, 4) **You must complete a separate application for each program.**

_____ Diagnostic Medical Sonography _____ Nursing _____ Surgical Technology
_____ Radiology Technology _____ Respiratory

Legal Full Name: _____ Student ID: _____

List any other names under which your records may be filed: _____

Mailing address: _____ City _____

State _____ Zip Code _____ Email address _____

Cell Phone _____ Alt. Phone _____

Social Security Number _____ - _____ - _____

Are you currently enrolled in a college or university other than LSUE? Yes _____ No _____

If so, please specify institution and location: _____

ALL COMPLETE TRANSCRIPTS FROM OTHER UNIVERSITIES MUST BE SENT TO HEALTH SCIENCES AS SOON AS THE SEMESTER ENDS.

List all colleges, universities, or hospital-based programs which you have previously attended in chronological order. All institutions must be listed regardless of whether credit was earned or desired. Failure to indicate attendance at another college or university may result in admission being denied or subsequent dismissal.

Have you completed all the prerequisite courses for Diagnostic Medical Sonography Program? Yes _____ No _____

Will you be complete with prerequisites by the end of the spring semester of application period? Yes _____ No _____

List all courses in which you are currently enrolled and if not at LSU-EUNICE the college/university in which you are enrolled for the courses. _____

DOCUMENTATION OF HEALTHCARE DEGREE (if applicable)

Please list all applicable (and attach a copy of the documentation to validate):

Professional Credentials: _____

Degree(s): _____



**SPRING 2026 DMS PROGRAM APPLICATION FORM
(FA26-SU27 DMS Class)**

**DIVISION OF HEALTH SCIENCES & BUSINESS TECHNOLOGY
TRANSCRIPT RELEASE FORM**

THIS IS NOT AN APPLICATION FORM. THIS IS ONLY A REQUEST FOR YOUR DOCUMENTS TO BE TRANSFERRED TO THE DIVISION OF HEALTH SCIENCES & BUSINESS TECHNOLOGY.

NAME: _____ STUDENT ID # _____

I have completed an application for admission to:

_____ Nursing

_____ Radiology

_____ Respiratory

 X DMS

_____ Surgical Technology

This document will serve as a release of records in the event that LSU Eunice faculty or staff needs to request a transcript on behalf of the student:

_____ College transcripts from (list colleges)

LSU Eunice _____

I understand it is my responsibility to ensure that all required documents are received by the Division of Health Sciences & Business Technology.

Signature

Print Name



**SPRING 2026 DMS PROGRAM APPLICATION FORM
(FA26-SU27 DMS Class)**

TECHNICAL PERFORMANCE STANDARDS FOR ADMISSION

(Please keep this form for your records. Do not return with application.)

Students accepted and progressing in the DMS program must be physically capable of successfully performing the following standards related to the occupation safely, accurately, and expeditiously. Any physical limitations incurred by a student that may restrict or interfere with satisfactory performance of any of the standards listed below may result in inability to comply with course objectives.

- 1) Lift, move, and transport patients as necessary without causing undue pain or discomfort to the patient or yourself
- 2) Push, pull, bend, and stoop routinely
- 3) Position patients for sonographic examinations without injury to the patient
- 4) Have sufficient dexterity to manipulate ultrasound equipment
- 5) Work standing for 80-100% of the time
- 6) Evaluate written requisitions for sonographic procedures and perform the proper steps for the procedure in the specific sequence within allotted time frames
- 7) Possess effective verbal, reading, and writing skills to be able to communicate effectively with healthcare members and patients
- 8) Have interpersonal abilities sufficient to interact with patients, family members and individuals of groups from a variety of social, emotional, and intellectual backgrounds
- 9) Obtain medical histories of patients and communicate this information to the Radiologist/Attending physician
- 10) Have sufficient auditory perception to communicate with patients and healthcare members and to respond to monitors and alarms as needed
- 11) Have sufficient visual acuity to evaluate grayscale and color sonography images in reference to:
 - a. Image quality
 - b. Appropriate anatomical parts
 - c. Pathology
 - d. Distinguishing between normal and abnormal anatomy
- 12) Respond instantly to emergency situations that may otherwise jeopardize a patient's physical state if prompt care is not administered
- 13) Cognitive and critical thinking ability to recognize, adapt, and deal appropriately with stressors while maintaining safe and effective practices



**SPRING 2026 DMS PROGRAM APPLICATION FORM
(FA26-SU27 DMS Class)**

**DIAGNOSTIC MEDICAL SONOGRAPHY SELECTION PROCESS
ORIENTATION SUMMARY**

I have been informed that:

1. Failure to follow instructions on the Diagnostic Medical Sonography application will result in a cancelled application.
2. In order to be considered by the Selection Committee, I must have applied to and been accepted by LSUE.
3. I must have academic records from the current semester in the LSUE Office of Health Sciences and Business Technology in the health Technology Building prior to the meeting of the Selection Committee or my application will be considered incomplete.
4. Selection to the Diagnostic Medical Sonography Program is competitive and I have read the selection criteria.
5. I am responsible for travel associated with clinical practice.
6. I may be assigned to any clinical education setting with the program. I understand that placement of my clinical assignment is based on availability of clinical sites and required types of exams each facility offers. I understand that attending orientation at my assigned clinical education setting is required. I also understand that the furthest distance of travel between the campus and a clinical site is varied dependent upon my home base.
7. I am responsible for submitting specific immunization and health records. I am subject to a drug test and submitting a criminal background check form at my own expense.
8. I must have CPR – certification by the first date of clinical experience. The responsibility for obtaining this certification is mine.
9. I may obtain financial assistance from the Office of Financial Aid.
10. I understand the health risks associated with exposure to ionizing radiation that are found in many of the sonographic departments I will be in.

**Reference to female applicants: I have been informed of the possible health risks of prenatal exposure to ionizing radiation. I understand I may review the Pregnancy Policy upon request.
11. I understand the importance of attending professional meetings once selected into the program.

Please print your name clearly

Primary phone number

Applicant's Signature

Secondary phone number

Date

E-mail address



**SPRING 2026 DMS PROGRAM APPLICATION FORM
(FA26-SU27 DMS Class)**

IMPORTANT PLEASE READ

ATTENTION APPLICANTS FOR CLINICAL PROGRAMS

- You must complete the correct FAFSA for the year you wish to apply. (Example: You must file the 2026-2027 FAFSA form if you are applying for aid for the Fall of 2026).
- If you are relying on financial aid to pay your fees, you are **STRONGLY** urged to complete your FAFSA and submit all requested documents by February 1st. Failure to meet this deadline may require you to be responsible for ALL required fees (tuition, books, supplies, etc.)
- You must submit a Financial Aid Appeal Form (<https://www.lsue.edu/financialaid/finaidforms.php>) if you have attempted over 123 hours, which include any withdrawals (W's), failed courses (F's), or academic bankruptcy on your official transcript. For more information, go to <https://www.lsue.edu/studentaffairs/finaidappeals.php>.
- You must be fully admitted to the University. You must submit to the LSU Eunice Office of Admissions official transcripts from every college or university at which you were previously enrolled.



**SPRING 2026 DMS PROGRAM APPLICATION FORM
(FA26-SU27 DMS Class)**

NLN NEX EXAM INSTRUCTIONS

ALL applicants are required to take the NLN NEX test. Please follow the instructions in this packet. If you have questions about purchasing the exam or creating an account with NLN, please contact NLN Assessment Services. Customer Service is available Monday through Friday from 8:00 a.m. to 5:00 p.m. Eastern Time. Call 800-732-8656, ext. 2, or text 202-934-0801 to reach Customer Experience.

A composite score of at least 150 is mandatory, with a minimum of 50% required in each individual category.

HOW IS THE TEST GIVEN?

The test is a computerized examination purchased through NLN and administered in the LSUE Testing Center, in the library (100-C) on the LSUE campus. No proctored testing will be allowed from outside the LSUE Testing Center. Students must purchase the exam through NLN and pay to reserve a test date with the LSUE Testing Center. The exam has three sections (Verbal, Math, and Science). You will have 60 minutes to complete each section.

HOW DO I STUDY FOR THE TEST?

The NEX study materials are available from NLN. Follow the link below for more information.

<https://www.nln.org/education/assessment-services/student-resources>

HOW MUCH DOES THE TEST COST? (Prices are subject to change.)

- \$52.50 with NLN
- \$15.00 with Testing Center

TESTING CENTER ADMISSION & REQUIREMENTS

Please report to the LSUE Library, Room 100-C, at least 15 minutes prior to your scheduled testing time. To maintain the integrity of the testing environment, please adhere to the following policies:

- **Punctuality:** Late arrivals will not be permitted to test. Students who miss their scheduled testing window will not be admitted to the Testing Center.
- **Rescheduling:** If you miss your test, you must contact and schedule an appointment with the Program Director(s) for each specific program to which you are applying for selection.
- **Required Materials:**
 - Identification: You must present a valid, physical photo ID. Digital IDs on phones are not acceptable.
 - Please bring two standard, sharpened, wooden (#2) pencils.
- **Prohibited Items:**
 - Cell phones and electronic devices, including flash drives and smart devices
 - Mechanical pencils, pens, notes, books
 - Calculators
 - Watches
 - Food, beverages, gum, water bottles
 - Hats, caps, and other headgear
 - Carried-in clothing
 - Bags, backpacks, purses



**SPRING 2026 DMS PROGRAM APPLICATION FORM
(FA26-SU27 DMS Class)**

NOTE: NLN Assessment Services has changed testing platform providers and is in the process of moving scores to [the new site](#). Students with previous NLN accounts will need to create a **NEW** account using the same email address as the old account in order to access scores.

HOW TO CREATE AN ACCOUNT WITH NLN:

1. Navigate to the Assessment Services landing page:
<https://www.nln.org/education/assessment-services>
2. Click on the link entitled **LOG IN TO THE STUDENT TESTING WEBSITE**.
3. Click the **Sign-Up** button in the upper right corner.
4. Enter your name, email address, password, and institution.
5. Click **Sign-Up**.

HOW TO PURCHASE THE NLN NEX EXAM:

6. Log in to your student account at <https://nln.assess.com>
7. Click **STORE**:
8. Check to be sure you selected the correct exam and ensure it says **Onsite**.
9. Click **Learn More**.
10. Click **Add to Cart**.
11. Click **View Cart**.
12. The NLN has a strict NO REFUND policy. Please make sure you have chosen the correct exam before completing your checkout. Once a purchase is made, it is final. **NO REFUNDS**.
13. Click **Proceed to Checkout**.
14. Click **Confirm Purchase**.
15. Enter your **credit card information**.
16. Click **Proceed to Checkout**.
17. You will receive a "**Payment successful**" message indicating that you've made your purchase. You will also receive an email confirmation and a printable receipt.
18. Click "**Go to Purchases**" to view your exam. You will also receive an **email confirmation** along with a printable receipt.
19. Print one copy of your receipt to include with your application.
20. The exam must be paid for **AND** scheduled by **MARCH 1ST** for the Spring administration, **SEPTEMBER 14TH** for the Fall administration, and **JULY 1ST** for the Summer administration (Respiratory Care).
21. Continue with instructions to reserve your seat in the LSUE Testing Center.

Proof of purchase of the NLN NEX exam and an email confirmation from the LSUE Testing Center of the scheduled test are required at the time of application submission.



**SPRING 2026 DMS PROGRAM APPLICATION FORM
(FA26-SU27 DMS Class)**

**HOW TO SCHEDULE WITH THE LSUE TESTING CENTER
(SEATING IS LIMITED SO SCHEDULE EARLY FOR MORE OPTIONS.)**

Go to the LSUE Testing Center Website at <https://www.lsue.edu/testing-center/> to schedule and pay for the proctoring of the NLN NEX Exam.

Under **"TESTING"** choose **"SCHEDULE AN EXAM"**

22. Choose a group: select **"LSUE Student"**
23. Choose a group: select **"NEX (Nursing Entrance Exam)"**
24. Choose an exam: select **"NEX (\$15.00)"**
25. Choose a date: Choose the same date that you purchased (**check NEX receipt**)
26. Choose a time: Choose the same time that you purchased (**check NEX receipt**)
27. Name, Email, LSUE Student ID Number, Phone Number
28. Agree to the Exam Guideline Acknowledgement
29. **ADD TO CART**
30. **CHECK OUT** to complete the registration process. Make sure you receive an email confirmation of your appointment.
31. **Print one copy of your receipt to include with your application.**

*You must create an account with NLN and **purchase the exam BEFORE scheduling** with the Testing Center.

If you do not schedule your exam for the same day and time that you purchased, your registration will be deleted, and fees will be forfeited.



**SPRING 2026 DMS PROGRAM APPLICATION FORM
(FA26-SU27 DMS Class)**

APPLICATION CHECKLIST

All program applications must be submitted to LSUE Health Sciences, T-104, by **March 1st**. Incomplete applications will not be considered for selection.

Completed applications must include the following:

- ☐ A completed program application form
- ☐ Documentation of your healthcare degree (if applicable)
- ☐ Transcript Release Form
- ☐ Orientation Summary
- ☐ Proof of purchase for the NLN NEX exam
- ☐ Proof of your scheduled exam from the LSUE Testing Center

****Important Notes:****

- If you are not currently enrolled at LSUE, you must apply for general admission to the university.
- If you are currently enrolled at a university other than LSUE, you must send a copy of your transcripts immediately after your final grades are posted.