



Petition into Diagnostic Medical Sonography & Vascular (DMS)

PETITION PERIOD: February 1-5, 2021 for Summer 2021

DMS PETITIONING REQUIREMENTS

In order to be eligible to petition the program for entry, you **must** apply to the college, meet all program-specific eligibility requirements, and attend a health sciences petition meeting specific to the program you plan to petition.

Required Courses – completed with a grade of “C” or better

- General A&P
- Written Communication OR English Composition 1
- Survey of Physics (or Radiography Physics)
- Intermediate Algebra (or upper-level college mathematics course)
- Medical Terminology

Admissions Testing: Spatial Ability Testing – Information regarding the Revised Minnesota Paper Form Board Test (RMPFBT) scheduling and administration is found at [BTC's Admission Testing Page](#). Any score is accepted for entry, but additional points for entry are granted if a score of 35.0 or greater is attained. If multiple attempts have been made, you may submit your highest test score.

Patient Care Training: Documentation of successful completion of patient care training must be completed before petitioning.

- The following are **acceptable** training programs: Radiography, Physical Therapy Assistant, Paramedic, Respiratory Therapist Assistant, Registered Nurse, Occupational Therapist Assistant, Licensed Practical Nurse, Nursing Assistant, etc.
- Though not a complete list, the following **do not** satisfy the patient training requirement: Surgical Technician, Chiropractic Radiographer, Dental Assistant, Dental Hygienist, EKG Technician, Health Unit Coordinator, EMT (First Responder), EEG Technician, Medical Assistant, Sleep Study Technician, Clinical Lab Technician, Laboratory Technician, Phlebotomy Assistant, etc.

PETITION PROCESS

After meeting the minimum requirements, you are now eligible to petition. It is your responsibility to submit a completed petition packet and all required petitioning documents during the designated petition period in order to be considered for entry into the clinical program.

As program entry is granted to only a designated number of students, the petition packets are awarded points. Note: There are additional factors (i.e. previous, related work experience) that may be considered and awarded extra points for competitive entry – these are outlined below. More information will be available at the required petition information meetings. *Please note: Continuous enrollment is not required in order to maintain a current application.*



DMS PETITION APPLICATION

Only students who have **completed the application process** and **meet all program-ready requirements** are eligible to petition. Petition forms and work experience forms **must be submitted/received no later than 4:00 p.m. on the last petition day**. Information regarding submitting the petition application is included at the end of this packet.

Read, complete all sections, and submit all required documents. **Failure to do so will result in an invalid petition.**

STUDENT INFORMATION

Student Name	BTC Student ID Number	Date of DMS Petition Meeting Attended

Please read and initial the following statements:

- I have verified that Blackhawk Technical College (BTC) has my current mailing address on file.
- I understand that in the case of a tie, the "Date of Pre-Clinical Admission" (as date-stamped by BTC Admissions) will be the deciding factor.
- I understand that if I am selected and choose not to begin the core clinical courses, I must petition again.
- I understand that if I am selected as an "alternate" I may be contacted as late as one month prior to the start of the core courses. If I choose not to begin the core clinical courses at that time, I understand that I must petition again.
- I understand a background check and drug screen will be conducted and the results may prevent my placement at a clinical site and interfere with my ability to complete the program.
- I understand that program requirements for future petition periods may have different selection criteria and I must meet those new requirements if I am not selected in this current petition period or thereafter.
- I understand that a petition meeting must be attended every year that I petition. Failure to attend a petition meeting every year before petitioning will result in my application being considered incomplete and void.
- I understand that while I may take the required, program-specific test (i.e. RMPFBT) as many times as I choose, I may submit the highest score I received for consideration.
- I understand my BTC transcripts on file will be used to verify my petition information.
- I understand that transcripts from other colleges cannot be considered unless submitted to BTC under the Credit for Prior Learning process. Any relevant transfer coursework **must** be documented on the BTC transcript at the time of submission to be considered valid.
- I understand that an incomplete petition will be considered invalid.

Student Signature	Date



I. COLLEGE COURSEWORK (____/130 points)

For each course, indicate where the course was completed and points based on what grade was achieved. Award the following points per grade achieved: A = 10 points, AB (A-/B+) = 8 points, B = 5 points, BC (B-/C+) = 3 points, C = 0 points, P (Pass in Pass/Fail Courses) = 0 points. **Note: The Credit for Prior Learning process must be complete in order for courses taken at other institutions to be considered for petitioning.**

Required Pre-Requisite Courses – these courses must be completed in order to petition:

Course	Location	Awarded Points
College Level Algebra, Statistics, or Higher Level Math* +		
College-Level Physics or Radiography Physics* +		
General A&P* +		
Written Communication OR English Composition 1		
Medical Terminology		

Additional Points for Additional Courses – these courses are not required for petitioning:

Course	Location	Awarded Points
Intro to Sociology		
Intro to Psychology		
Advanced A&P +		
Speech		
General Pathophysiology		

- * Points are doubled for science and math courses.
- + Courses must be completed in the last five years.

II. PREVIOUS DEGREE (____/15 points)

Indicate the highest, previous degree obtained below. Award the following points for the highest degree level achieved: Masters = 15pts, Bachelors = 10pts, Associate = 5pts, and Certificate = 0pts.

Institution Granting Degree	Year Obtained	Degree Level

III. PROGRAM ADMISSION TESTING (____/75 points)

Test Score: _____

Award the following points for your RMPFBT score: 0-34.9 = 0pts, 35-44.9 = 25pts, 45-54.9 = 50pts, 55-64 = 75pts. If multiple attempts have been made, you may submit your highest test score.



IV. WORK EXPERIENCE (____/40 points)

Indicate if you have any related work experience within the last five years. Include a completed **Verification of Occupational Experience Form (top portion only)** (located at the end of this packet) when submitting your packet. Only the final candidates will be audited.

Position Title/Location	Type of Position	Time in Position
	<input type="checkbox"/> No customer/patient interaction (0pts)	<input type="checkbox"/> 0-1 year (5pts)
	<input type="checkbox"/> Customer care/service (10pts)	<input type="checkbox"/> 1-5 years (10pts)
	<input type="checkbox"/> Direct patient care (20pts)	<input type="checkbox"/> 5+ years (20pts)

V. PATIENT CARE TRAINING (____/20 points)

Indicate your patient care training and if you are a radiographer.

Institution Granting Training	Year	<input type="checkbox"/> 0-1 year of training (0pts)
		<input type="checkbox"/> 1-2 years of training (5pts)
		<input type="checkbox"/> 2+ years of training (10pts)
		<input type="checkbox"/> I am a radiographer (20pts)

VI. BTC DISTRICT RESIDENT (____/10 points)

If you are a resident of the Blackhawk District (i.e. live in Rock or Green Counties in Wisconsin), you will receive 10pts. If not, you will receive 0pts. *District residence is verified by BTC by the address on file. District residency is not a requirement.*

FOR OFFICE USE ONLY Final Ranking Process	DMS Petition Meeting Attended: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	College Coursework	____/130 points
	Previous Degree	____/15 points
	Program Admission Testing	____/75 points
	Work Experience	____/40 points
	Patient Care Training	____/20 points
	District Resident	____/10 points
	Total Points	____/290 points

SUBMITTING THE PETITION PACKET

Once completed, petition packets must be submitted:

- Dropped-off at the Health Sciences Reception Desk (Room 2304 or Room 1200) at Central Campus
- Mailed (and received by deadline) via US mail to: Blackhawk Technical College, Attention: Health Sciences (Room 2304), 6004 S County Rd G, Janesville, WI 53547-5009
- Faxed to (608) 743-4578

Students will be notified by US mail within two months of the petition deadline regarding the status of their petition packet. Letters will be sent to the address on record in the college computer system.



Verification of Occupational Experience

Diagnostic Medical Sonography & Vascular Technology (DMS)

Please carefully read the following instructions: The top half is to be completed by the applicant only and then returned with the petition packet. If the applicant is selected, then the bottom half may be completed by the employer and returned to the address listed.

The Diagnostic Medical Sonography / Vascular Technology (DMS) Program requires that all relevant work experience pertaining to the program application be verified.

TO BE COMPLETED BY DMS APPLICANT:

DMS Applicant Name		BTC Student ID Number	
Street Address	City	State	Zip Code
Business Name		Position Held	
Street Address	City	State	Zip Code
Contact Person		Phone Number (with Area Code)	
Employment Began (MM/DD/YYYY)	Employment Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	If part-time, list average weekly hours:	
Last Day Employed (MM/DD/YYYY)		Total Hours:	

I authorize my employer/former employer to release the following information to Blackhawk Technical College:

Applicant Signature	Date
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After petition review, **if the applicant is selected**, this form will be sent to the applicant's employer for verification of employment. Employers should complete the section below and return the form for review:

TO BE COMPLETED BY EMPLOYER:

The above named person was employed as a(n) _____ for the period(s) and hours listed above.
job title/classification

Employer Signature	Employer Title	Date
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Please return the completed form to: Blackhawk Technical College, Attention: Health Sciences – DMS (Room 2304), 6004 S County Rd G, PO Box 5009, Janesville, WI 53547-5009, Fax: (608) 743-4578.