

# **MEDICAL SONOGRAPHY**

## **ADMISSIONS TEST (TEAS) Application**

*For the Cohort Starting **August 2026***

**The TEAS will be offered on the Person County campus on following dates & times:**

<b>Friday, January 23<sup>rd</sup> : 9:00 am</b>	<b>Saturday, February 21<sup>st</sup> : 1:00 pm</b>
<b>Wednesday, February 4<sup>th</sup> : 9:00 am</b>	<b>Monday, February 23<sup>rd</sup> : 9:00 am</b>
<b>Friday, February 13<sup>th</sup> : 1:00 pm</b>	<b>Monday, February 23<sup>rd</sup> : 1:00 pm</b>
<b>Wednesday, February 18<sup>th</sup> : 1:00 pm</b>	<b>Friday, February 27<sup>th</sup> : 9:00 am</b>

### **Application to Test**

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Requested Test Date:** \_\_\_\_\_ **Requested Test Time:** \_\_\_\_\_

**Please complete this section and confirm eligibility prior to submitting application to test.**

- ☐ I have applied to PCC.
- ☐ My official transcripts support that I have shown proficiency in math, reading, and writing by placing into ENG 111 and MAT152 or 171 without the co-requisite course **OR** I have taken these courses and passed with a "C" or better.
- ☐ I understand that if I have earned a "D" or "F" in any required course for the Sonography program, the course must be successfully repeated with a grade of "C" or better prior to entering the program.
- ☐ I am prepared to take the Admissions Test (TEAS), understand that I can only take the test three times in a 6-month period, and must have at least a two-week remediation period between attempts.
- ☐ I understand that the highest overall TEAS score within the 6-month period before the application deadline will be used for consideration.
- ☐ I understand that the \$70 testing fee is non-refundable and will need to be paid with a debit/credit card at the time of testing.
- ☐ I understand that if I qualify for testing accommodations based on a disability, I must request accommodations with the PCC Accessibility Services in the PCC Student Development Office prior to scheduling the TEAS and I will notify the Director of the PCC Sonography program.
- ☐ I understand that I will not be allowed to take the TEAS without TWO forms of identification (one of which MUST be a government-issued photo ID).

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_