

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:

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

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:** _____