



## **Diagnostic Cardiovascular Technology Adult Echocardiography Registration Packet**

### **What You Need to Do Next:**

To register for Cardiovascular Technology Adult Echocardiography and secure your spot, email all required documents as a complete packet to **SHSCE@Kilgore.edu** by the registration deadline **February 19, 2026**.

### **Important Notes:**

- You are required to be a ARDMS Credentialed Sonographer and Employed by a hospital or clinic in order to take this course.
- You are not officially registered until we have received all required documents.
- This is a high-demand course and registration is on a first-come, first-served basis.
- To avoid delays, please ensure your packet is complete when submitted.
- If you are emailing your documents, please download a PDF scanner app such CamScanner, Genius Scan, etc. to email a clear legible copies of your documents. To bring your registration documents in person our office is located on the Kilgore Campus
  - Torrence Health Sciences Education Center; Office 106 or 109C  
1610 S. Henderson Blvd. Kilgore, Tx 75662

### **Step 1- Submit Required Documents:**

Please email or deliver clear copies of the following:

- Copy of Certification card or ARDMS ID Number (To verify active status in registry)
- Copy of Driver's License
- Employer Verification Form
- Please utilize checklist included in this packet to verify you have all required documents
- Send Registration Form and all required documents in one email

### **Step 2 - Textbooks & Tuition Payment:**

- After you have turned in all documents and your ARDMS registry has been verified, you will receive an email titled "Registration Complete".
- **At that time, tuition payment is due within 3 business days, if your employer is covering your tuition please let us know.**
- Textbooks for this course are included in tuition and you will be notified via email when they are ready to be picked up.
  - Echocardiography; The Notebook 8 ; \$115.00 & The Workbook 8; \$55.00 By: Susan King Hewitt
  - Basic to Advanced Clinical Echocardiography: A Self-Assessment Tool for the Cardiac Sonographer; 1st Edition

**Class Schedule:**

- Hybrid
- Duration: 6 Months
  - March 2, 2026 - September 18, 2026
- Clinical with Preapproved Employer: 5 Months (Approx 15 hours/week)
- Lecture and Coursework will be completed online via Blackboard
- Labs - On Kilgore Campus
  - Thursdays; 6:00p - 9:00p

**Lab Location:**

- Torrence Health Sciences Education Center, Building G87
  - 1610 S. Henderson Blvd. Kilgore, Tx 7566 Longview, Tx 75601

**Required Supplies:**

- Textbooks and Workbook
- Laptop or Tablet
- Scrubs; to be worn in Lab

If you have any questions, please contact **Kristen Cage** at [kcage@kilgore.edu](mailto:kcage@kilgore.edu) or 903-983-8645



## Kilgore College - Employer Verification Diagnostic Cardiovascular Technology Adult Echocardiography

Kilgore College is required to verify the student's current employment status, as the employer will be accommodating the completion of required supervised clinical hours at the employee's place of employment. This verification is required for program registration and does not alter the employee's job classification, compensation, or employment status.

Student Name: \_\_\_\_\_

Course Dates: March 2 – September 18, 2026

Clinical Requirement: 288 supervised clinical hours

Clinical Start: April 2026 (one month after course start date)

Facility Name: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor / Preceptor Name & Credentials: \_\_\_\_\_

Phone / Email: \_\_\_\_\_

Completion of this form by an authorized employer representative confirms that:  
The individual listed is currently employed by the organization;

The organization approves the employee's participation in supervised clinical training totaling 288 clinical hours in Adult Echocardiography; and

The organization acknowledges that a designated supervisor and/or preceptor will be responsible for completing and submitting the required Clinical Verification (CV) Form to document the employee's clinical experience in accordance with credentialing-style (e.g., ARDMS) documentation standards.

Employer Attestation:

By signing below, I attest that the above-named employee is currently employed at this facility, will be permitted to complete 288 supervised clinical hours in Adult Echocardiography during the dates listed above, and that the employer or designated preceptor is responsible for completing the Clinical Verification (CV) Form consistent with ARDMS-style documentation standards.

Supervisor / Preceptor Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# WORKFORCE DEVELOPMENT

## COMMUNITY EDUCATION

### Kilgore College WDCE Course Registration Form

*Please Note: This is a fillable PDF form and should not be completed by hand. For best results, view and complete the form on a computer or smartphone using a PDF reader.*

Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

In order to help us protect your Social Security number, the college computer system will convert your SS# into your student ID# for your record.

Student ID #: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business or Cell Phone ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

US Citizen: \_\_\_\_\_ If no, what country? \_\_\_\_\_

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following question:

1. Please select the racial category or categories with which you most closely identify.

\_\_\_\_\_

\_\_\_\_\_

Course Name

\_\_\_\_\_

Start Date

Are you currently employed as a Sonographer? \_\_\_\_\_

Where? \_\_\_\_\_

License ID \_\_\_\_\_

Licensing Agency \_\_\_\_\_



# **Diagnostic Cardiovascular Technology - Adult Echocardiography Registration Checklist**

- ☐ Copy of Driver's License
- ☐ Copy of ARDMS Certification Card or ID Number (To Verify  
Active status in Online Registry)
- ☐ Employer Verification Form
- ☐ Workforce Development Registration Form

**Submit ALL documents in one email to [SHSCE@kilgore.edu](mailto:SHSCE@kilgore.edu)**