2015 Annual Report E-mail completed report to JRC-DMS no later than: December 15, 2016

Program Name	Mt. San Jacinto College Diagnostic M	Mt. San Jacinto College Diagnostic Medical Sonography Program						
City / State	Menifee, CA	Menifee, CA						
Program Number	110226							
Institutional accrediting ag	ency or ACCJC							
authorizing organization								
Person preparing this repo		Tracy Francis						
Date submitted	1/17/2017	1/17/2017						
•	hments to: howard@intersocietal.org							
- Name this file as: Program								
 Submit a CV for all perso 	onnel that have changed since last report excep							
	If any information has cha	anged, please edit and high	hlight					
Program Information		5	054 000 5505					
	iagnostic Medical Sonography	Phone number	951-639-5565 951-672-6954					
	Valley Campus	Fax number						
Address line 2 28237 La		Website	www.msjc.edu/alliedhealth					
City / State / Zip Menifee,	CA 92584							
Program Director #1								
Name & credentials	Tracy Francis, BA, RDMS, RVT (AB)(OB)(V/	Phone number	951 639-5565					
	8/15/16	Fax number	951 654-9712					
Change since last report y		Email	tfrancis@msjc.edu					
onange since last report y		Emai	thancis@msjc.cou					
Concentration Coordinat	or (if applicable)							
Name & credentials		Phone number						
Date of appointment		Fax number						
Changes since last report	yes / no?	Email						
Concentration Coordinat	or #2 (if applicable)	Phone number						
Date of appointment		Fax number						
Changes since last report	ves / no?	Email						
Changes since last report		Emai						
Chief Executive Officer (or comparable)							
Name & credentials	Roger Schultz, Ph.D.	Phone number	951-487-3002					
Address line 1	1499 State St.	Fax number	951-654-9212					
Address line 2	San Jacinto, CA	Email	rschultz@msjc.edu					
Date of appointment								
_								
Dean		5						
Name & credentials	Joyce Johnson	Phone number	951 639-5350					
Address line 1	28237 La Piedra	Fax number	<u>951 301-7258</u>					
Address line 2	Menifee, CA 92584	Email	jajohnso@msjc.edu					
Date of appointment								
Clinical Coordinator #1								
	Deanna Williams-Maxon, Med, RDMS (AB)(Phone number	951-639-5191					
	8/15/16	Fax number	951-654-9712					
Change since last report y		Email	dewilliams@msjc.edu					

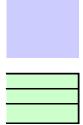
Clinical Coordinator #2 (if applicable)

Name & credentials Debi Moffat, AS, RDMS (AB)(OB)		Phone number	951-639-5565		
Date of appointment	8/1/10	Fax number	951-654-9712		
Change since last report yes / no?		Email	dmoffat@msjc.edu		
Medical Advisor #1					
Name & credentials	Jeanne Stryker, MD	Phone number	858-232-0924		
Date of appointment	Jul-13	Fax number			
Change since last report yes / no?		Email	jeannestryker@gmail.com		
Medical Advisor #2					
Name & credentials		Phone number			
Date of appointment		Fax number			
Change since last report yes / no?		Email			

Program Design (fill in all columns offered by the program)

Accredited concentrations	General	Vascular	Cardiac	Ped. Cardiac	G + V	G + C	V + C	G+V+C
Length of program (in months)	21.5							
Total students admitted (2015)	10							
How many times per year is	1							
this program offered?	Γ							























G+V+C+PC

