

## 2015 Annual Report

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

Program Name	Mt. San Jacinto College Diagnostic Medical Sonography Program
City / State	Menifee, CA
Program Number	110226
Institutional accrediting agency or authorizing organization	ACCJC
Person preparing this report	Tracy Francis
Date submitted	1/17/2017

- Email report and all attachments to: [howard@intersocietal.org](mailto:howard@intersocietal.org)
- Name this file as: Program Name AR2015.xls
- Submit a CV for all personnel that have changed since last report except Dean and CEO

**If any information has changed, please edit and highlight**

### Program Information

Program name	MSJC Diagnostic Medical Sonography	Phone number	951-639-5565
Address line 1	Menifee Valley Campus	Fax number	951-672-6954
Address line 2	28237 La Piedra	Website	<a href="http://www.msjc.edu/alliedhealth">www.msjc.edu/alliedhealth</a>
City / State / Zip	Menifee, CA 92584		

### Program Director #1

Name & credentials	Tracy Francis, BA, RDMS, RVT (AB)(OB)(V)	Phone number	951 639-5565
Date of appointment	8/15/16	Fax number	951 654-9712
Change since last report yes / no?	Yes	Email	<a href="mailto:tfrancis@msjc.edu">tfrancis@msjc.edu</a>

### Concentration Coordinator (if applicable)

Name & credentials		Phone number	
Date of appointment		Fax number	
Changes since last report yes / no?		Email	

### Concentration Coordinator #2 (if applicable)

Name & credentials		Phone number	
Date of appointment		Fax number	
Changes since last report yes / no?		Email	

### 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	<a href="mailto:rschultz@msjc.edu">rschultz@msjc.edu</a>
Date of appointment			

### Dean

Name & credentials	Joyce Johnson	Phone number	951 639-5350
Address line 1	28237 La Piedra	Fax number	951 301-7258
Address line 2	Menifee, CA 92584	Email	<a href="mailto:jjohnso@msjc.edu">jjohnso@msjc.edu</a>
Date of appointment			

### Clinical Coordinator #1

Name & credentials	Deanna Williams-Maxon, Med, RDMS (AB)(C)	Phone number	951-639-5191
Date of appointment	8/15/16	Fax number	951-654-9712
Change since last report yes / no?	Yes	Email	<a href="mailto:dewilliams@msjc.edu">dewilliams@msjc.edu</a>

### Clinical Coordinator #2 (if applicable)

Name & credentials	Debi Moffat, AS, RDMS (AB)(OB)
Date of appointment	8/1/10
Change since last report yes / no?	

Phone number	951-639-5565
Fax number	951-654-9712
Email	<a href="mailto:dmoffat@msjc.edu">dmoffat@msjc.edu</a>

**Medical Advisor #1**

Name & credentials	Jeanne Stryker, MD
Date of appointment	Jul-13
Change since last report yes / no?	

Phone number	858-232-0924
Fax number	
Email	<a href="mailto:jeannestryker@gmail.com">jeannestryker@gmail.com</a>

**Medical Advisor #2**

Name & credentials	
Date of appointment	
Change since last report yes / no?	

Phone number	
Fax number	
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 this program offered?	1							



