



## Existing Program Report

**Date Submitted:**

03/08/2022

**Institution**

North Central Missouri College

**Institution Program Title**

A03170031701001010045 - AAS - Diagnostic Medical Sonography - 510910

**Implementation Date:**

**New Site Information**

**Added Site(s):**

Savannah, 601 N US 71 Hwy, Savannah, MO, 64485

**Selected Site(s):**

**Options**

**Current Options:**

**Options Added:**

**Mode of Delivery**

Classroom

Hybrid

**Assurances**

I certify that the program is clearly within the institution's CBHE-approved mission. The proposed new program must be consistent with the institutional mission, as well as the principal planning priorities of the public institution, as set forth in the public institution's approved plan or plan update.

I certify that the program will be offered within the proposing institution's main campus or CBHE-approved off-site location.

I certify that the program will not unnecessarily duplicate an existing program of another Missouri institution in accordance with 6 CSR 10-4.010, subsection (9)(C) Submission of Academic Information, Data and New Programs.

I certify that the program will build upon existing programs and faculty expertise.

I certify that the program can be launched with minimal expense and falls within the institution's current operating budget.

I certify that the institution has conducted research on the feasibility of the proposal and it is likely the program will be successful. Institutions' decision to implement a program shall be based upon demand and/or need for the program in terms of meeting present and future needs of the locale, state, and nation based upon societal needs, and/or student needs.

**Contact Information**

**First and Last Name:** TRISTAN

LONDRE

**Email:** [tlondre@mail.ncmissouri.edu](mailto:tlondre@mail.ncmissouri.edu)

**Phone:** 660-359-3948