

School of Diagnostic Ultrasound

Program Application

Please circle one: **General / Echo / Vascular / Pedi Echo**

A. Personal Data

Full Name: _____
 Last First Middle Maiden

Permanent Address: _____
 Street City State Zip

Mailing Address: _____
 Street City State Zip

Phone Number: _____
 Home Business E-Mail

Social Security Number: _____ - _____ - _____

Nearest Kin: _____
 Name Relationship

_____ Address Phone Number

B. Education

School	Name & Location	Years Attended	Graduated (Y/N)	Certificate, Degree or Diploma Received
High School		From ____/____/____ To ____/____/____		
College		From ____/____/____ To ____/____/____		
Allied Health Program		From ____/____/____ To ____/____/____		

C. Employment

Name & Address	Type of Business	Period of Employment	Position Held	Reason for Leaving
		From ____/____/____ To ____/____/____		
		From ____/____/____ To ____/____/____		
		From ____/____/____ To ____/____/____		
		From ____/____/____ To ____/____/____		

D. References

List two references of someone who has viewed you in an evaluation position, such as a supervisor, manager, program director, etc.

Reference 1 _____
Name Title

Address Phone

Reference 2 _____
Name Title

Address Phone

F. Miscellaneous

Have you ever been convicted of a felony or misdemeanor? *Select one:* Yes No

If yes, please explain: _____

Please be advised that having a criminal background may prevent you from taking the credentialing exam or obtaining employment. Each credentialing organization will consider, for determination of eligibility, any felony or misdemeanor conviction on a case by case basis. If you have any concerns, you may contact the credentialing organization directly.

Contact information listed below.

The information submitted on this application is true to the best of my knowledge. False statements will be grounds for rejection or dismissal. Permission is granted to check with previous educators and/or employers.

Applicant signature

Date

Credentialing Organization's Contact Information:

American Registry for Diagnostic Medical Sonography

51 Monroe Street, Plaza East One Rockville, Maryland 20850
301-738-8401
www.ardms.org/apply

American Registry of Radiologic Technologists

1255 Northland Drive St. Paul, MN 55120
651-687-0048
www.arrt.org/pdfs/Ethics/Ethics-Review-Pre-Application.pdf

Cardiovascular Credentialing

1500 Sunday Drive, Suite 102
Raleigh, NC 27607
www.cci-online.org/content/pre-application-criminal-matters

Program Accredited by the Commission on Accreditation of Allied Health Programs (CAAHEP) through recommendation by the Joint Review Committee on Education in Diagnostic Medical Sonography.

Commission of Accreditation of Allied Health Programs (CAAHEP)

25400 US Highway 19 North, Suite 158
Clearwater, FL 33763
727-210-2350
www.caahep.org

Joint Review Commission on Education in Diagnostic Medical Sonography (JRC-DMS)

6021 University Boulevard, Suite 500
Ellicott City, MD 21043
443-973-3251
www.jrcdms.org

Please mail the completed application to the program director at:

YNHH School of Diagnostic Ultrasound
20 York Street, CB 203
New Haven, CT 06510
203-688-8227 Fax: 203-200-2170