



# School of Diagnostic Ultrasound Program Application

General or Echo or Vascular or Pedi Echo (please circle one)

## 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. EMPLOYEMENT**

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

**D. REFERENCES**

List 2 references of someone who has viewed you in an evaluation position, such as a supervisor, manager, program director, etc.

Name and Title	Address and Phone Number
Reference #1 _____	_____
Reference #2 _____	_____

**E. HEALTH**

What is the condition of your general health? Check one of the following:

- Excellent     
  Good     
  Fair     
  Poor

Explain any major illnesses or surgery you have had in the past 5 years.

\_\_\_\_\_

\_\_\_\_\_

**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

[http://www.ardms.org/apply/discipline\\_ada\\_appeal\\_process\\_information/pre\\_application\\_criminal/](http://www.ardms.org/apply/discipline_ada_appeal_process_information/pre_application_criminal/)

**American Registry of Radiologic Technologists**  
1255 Northland Drive St. Paul, MN 55120  
651-687-0048

<https://www.arrrt.org/pdfs/Ethics/Ethics-Review-Pre-Application.pdf>

**Cardiovascular Credentialing**  
1500 Sunday Drive, Suite 102  
Raleigh, NC 27607

<http://www.cci-online.org/content/pre-application-criminal-matters>

Please mail the completed application to the program director at:

**YNHH School of Diagnostic Ultrasound**  
20 York Street, CB 612  
New Haven, CT 06510  
203-688-8227  
Fax: 203-200-2170