# School of Diagnostic Ultrasound

# **Program Application**

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

Yale
NewHaven
Health
Yale New Haven Hospital

A. Personal Da	ata						
ull Name:	Last	First	Middle		Maiden		
ermanent Ad	dress:						
	Street		City	State	Zip		
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	Street		City	State	Ζιρ		
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learest Kin: _	Name		Relationship				
	Address			Phone Num	iber		
B. Education							
School	Name & Location		Years Attended	Graduated (Y/N)	Certificate, Degree or Diploma Received		
High School			From// To//				
College			From// To//				
Allied Health			From//				

## C. Employment

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

#### **D.** References

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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
f yes, please explain:	
Please be advised that having a criminal background may prevent you credentialing organization will consider, for determination of eligibility, a have any concerns, you may contact the credentialing organization dire	ny felony or misdemeanor conviction on a case by case basis. If you
Contact information listed below.	
The information submitted on this application is true to the best of n dismissal. Permission is granted to check with previous educators an	
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

#### Please mail the completed application to the program director at:

YNHH School of Diagnostic Ultrasound 55 Park Street Floor 3R – Suite 340 New Haven, CT 06510 203-688-8227 Fax: 203-200-2170 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