

B. EDUCATION

List colleges or schools attended with most recent first: If transcripts are under another name please Indicate _____.

| College/School & Location | Years Attended | | Graduate | | Degree and/or Diploma |
|---------------------------|----------------|----|----------|---|-----------------------|
| | From | To | Y | N | |
| | | | | | |
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List below all professional certifications and/or licenses (e.g., RN, R.T., R.D.M.S., etc.) with effective dates:

| License/Certification | Number | Effective Date |
|-----------------------|--------|----------------|
| | | |
| | | |
| | | |

C. Employment

Please list all employers for the past five (5) years beginning from most recent:

| Employer | Address | Position | Dates of Employment | Phone # |
|----------|---------|----------|---------------------|---------|
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D. Describe any volunteer work that you may have done (may use additional page if necessary)

E. STATEMENT OF INTENT

On a separate sheet of paper, in 200 words or less, state why you chose a career in the health care profession and outline your specific career goals in medical imaging.

F. LETTERS OF REFERENCE

All applicants to the program are required to submit at least two letters of reference.

Applicants must request a reference letter from a professor or instructor of one of your prerequisite science courses and a letter from your current employer.

Applicants certified in a clinical health care specialty must request a reference from the Program Director of your specialty training course and a letter from your current employer.



I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge. I understand that, if accepted, falsified statements on this application shall be considered sufficient cause for dismissal from the program.

I also understand that admission into the Echocardiography Program constitutes adherence to all hospital and school policies and regulations.

If selected for the Echocardiography Program, I agree to have a medical examination at The Johns Hopkins Hospital during admission / enrollment.

I understand that I will be required to undergo a criminal background check and drug testing upon acceptance into the program.

SIGNATURE: _____ DATE: _____

The Johns Hopkins School of cardiac sonography admits students of any race, color, sex, disability, and national or ethnic origin to all of the rights, privileges, program benefits and activities generally accorded or made available to students at the Medical Imaging School.

In the space below, please tell us how you heard about The Johns Hopkins Hospital Schools of Medical Imaging. Thank You!