



# School of Cardiac Ultrasound

## Application

(MUST BE RECEIVED BY JUNE 1)

### Personal Information

Name:				Date:	
Last	First	Middle	Maiden		
Present Address:				City	State Zip Code
Permanent Address:				City	State Zip Code
Home Phone	Cell Phone	Work Phone	Email Address		
Social Security Number:					

### Education

	Name and Location	Years Attended	Major	Degree Date	GPA
High School					
College or University					
Graduate and Post Graduate					
Medical Training					
Ultrasound Training					

Other pertinent information relating to professional background or experience:

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### References: (Persons not related to you whom you have known at least one year)

Name	Address	Occupation	Years Known

### Required Documentation:

- Two letters of recommendation
- Copies of all college transcripts

**Submit completed application and required documentation by June 1st to:** Arizona Heart Foundation  
 Director, School of Cardiac Ultrasound  
 1910 E. Thomas Road, Suite 220  
 Phoenix, AZ 85016  
 FAX: 602-265-8885/Email: kodonnell@azheartfoundation.org

### Applicants accepted to the School of Cardiac Ultrasound will be required to provide the following as part of the registration process:

<ul style="list-style-type: none"> <li>• Proof of current vaccinations for Varicella, TB (or PPD), Tetanus, MMR, Hep B, and Flu</li> </ul>	<ul style="list-style-type: none"> <li>• Drug Panel 134 urine drug screen</li> </ul>
<ul style="list-style-type: none"> <li>• Background check report or AZ Dept. of Public Safety fingerprint clearance card</li> </ul>	<ul style="list-style-type: none"> <li>• Valid CPR "C" card</li> </ul>