

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