

Application for Admission Consideration

Pediatric Echocardiography Concentration

Reviewed the admission policies of the program before applying.

Possess an Allied Health Associates degree or Baccalaureate Degree (or pending graduation)

Graduate (or pending graduate) of a formal training program in Adult Echocardiography with a cumulative grade of 2.75

Possess RDCS or RCS credentials OR have passed the SPI exam and pending AE specialty eligibility

Participated in a shadowing experience in a Pediatric Echocardiography lab

Submit application, 3 professional reference letters, documentation of shadowing, official transcripts, proof of active credentials by April 31st

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone# _____ Cell Phone # _____ Email: _____

Emergency Contact _____ Phone # _____

Have you ever been convicted in court of a misdemeanor or a felony? No ☐ Yes ☐

If yes, explain: _____

Education

High School: _____ City, State: _____

From: _____ To: _____ Current Status: ☐ Graduate ☐ Currently enrolled GPA: _____

College: _____ City, State: _____

From: _____ To: _____ Current Status: ☐ Graduate ☐ Currently enrolled GPA: _____

Degree Earned / Major: _____

Other: _____ City, State: _____

From: _____ To: _____ Current Status: ☐ Graduate ☐ Currently enrolled GPA: _____

Degree Earned / Major: _____

References

Please list three **professional** references & provide their letters of recommendation on additional paper.

Name: _____ Relationship: _____

Address _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Employment History

Company: _____ Job Title: _____

Dates Employed: From: _____ To: _____ Reason for Leaving _____

Responsibilities: _____

Company: _____ Job Title: _____

Dates Employed: From: _____ To: _____ Reason for Leaving _____

Responsibilities: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that the information I have provided on this application is true and complete to the best of my knowledge.

I hereby authorize investigation of all matters contained in this application and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event that I am accepted for admission into the Program.

I understand that program officials will rely upon professional opinion in admission consideration to enroll individuals whose personal characteristics match those of a health care professional.

I understand that enrollment is contingent upon the satisfactory completion of all required orientation procedures of West Virginia University Hospitals including but not limited to, a criminal background check and drug screening.

☐ *By checking this box and typing my name below, I am electronically signing this application. (required if submitting by email)

Signature _____ Date: _____