

ST ANTHONY SCHOOL of ECHOCARDIOGRAPHY APPLICATION

PERSONAL INFORMATION:

Name: First: _____ Middle: _____ Last: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Current Telephone Numbers: _____ - _____ - _____ other: _____ - _____ - _____

Social Security Number: XXX - XX - _____ Country of Citizenship: _____

E-Mail Address: _____

Professional Credentials (if applicable) _____

EDUCATION INFORMATION: Please mail all **official transcripts** and/or **CLEP score report** for program accepted exams.

This includes both high school/GED and college/post-secondary education.

High School: _____ City: _____ State: _____

Begin Date: _____ Graduation Date: _____ GPA: _____

College/University 1: _____ City: _____ State: _____

Begin Date: _____ End Date: _____ Major: _____

Degree Received: _____ GPA: _____

College/University 2: _____ City: _____ State: _____

Begin Date: _____ End Date: _____ Major: _____

Degree Received: _____ GPA: _____

College/University 3: _____ City: _____ State: _____

Begin Date: _____ End Date: _____ Major: _____

Degree Received: _____ GPA: _____

PROFESSIONAL LICENSING AND REGISTRATION:

Have you ever had a professional license suspended or revoked? _____ YES _____ NO

Have you ever been the subject of a professional board disciplinary action? _____ YES _____ NO

Have you ever been refused a professional practice license? _____ YES _____ NO

If YES to any of the above, please explain: _____

Complete this section if you are or have been professionally licensed or registered in any health science field.

LICENSE 1: Type of license: _____ State: _____

Effective Date: _____ License Number: _____

Is this license current? _____ YES _____ NO

LICENSE 2: Type of license: _____ State: _____

Effective Date: _____ License Number: _____

Is this license current? _____ YES _____ NO

EMPLOYMENT INFORMATION: begin with most recent job experience and include military experience.

EMPLOYER 1: Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Position Held: _____
Dates of Employment: From: _____ To: _____
Brief description of your job duties: _____

EMPLOYER 2: Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Position Held: _____
Dates of Employment: From: _____ To: _____
Brief description of your job duties: _____

EMPLOYER 3: Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____
Position Held: _____
Dates of Employment: From: _____ To: _____
Brief description of your job duties: _____

Would like to include information about any additional employment history? YES NO
Additional employment history may be written on paper and mailed with transcripts.

CITIZENSHIP/VISA NOTICE: Are you a U.S. citizen? YES NO
Are you a permanent resident of the United States? YES NO
Do you hold a valid visa? YES NO
If yes, list visa type: _____
Expiration date: _____

You must provide proof of your status and a copy of your documentation must be included with transcripts.

IF APPLICABLE: the following questions must be answered.

Check if you have been: Convicted of a felony
 Dismissed from college for disciplinary reasons

Please explain: _____

VOLUNTARY INFORMATION:

Birth Information: Date: _____ City: _____
 State: _____ Country: _____
Veteran Status: Branch of Service: _____
 Discharge Date: _____

The information provided on this Application for Admission is complete and I understand that falsification or omission of required information may result in denial of admission.

Signature: _____ Date: _____

GOAL ESSAY:

This essay will be used by the Admissions Committee to evaluate your interest, understanding, and special qualifications for the School of Echocardiography. Please write your personal goal essay using the following questions as a guide. Write in essay format keeping the length of this essay to less than 2 pages and enclose with transcripts.

1. How and why did you become interested in the field of Echocardiography?
2. What are your career objectives within this field?
3. What additional coursework do you have in progress or planned?
4. Describe any observational or training experience(s) you have had in this career field.
Tell us what procedures you observed and what you learned about the career from this experience(s).
5. Describe any personal qualities and/or experiences that make you a competitive candidate for this school.
6. How and why has your previous education and/or training prepared you for this career choice?

Mail additional requirements to:
St. Anthony School of Echocardiography
Franciscan Health Crown Point
1201 South Main Street
Crown Point, IN 46307

ATTN: Lori Hult