



**CENTER FOR ULTRASOUND RESEARCH & EDUCATION**  
271 NORTH AVENUE, SUITE 1111, NEW ROCHELLE, NY 10801  
Phone: 1 (914) 207-8850 Fax: 1 (914) 207-8853  
Toll Free: 1 (855) THE CURE  
[www.cureultrasound.com](http://www.cureultrasound.com)

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## 2011-2012 APPLICATION FOR ADMISSION

DATE OF APPLICATION \_\_\_\_\_

### APPLICATION DATES AND DEADLINES

CURE recommends that applicants submit admission materials at least one month prior to the quarter start date in order to be considered for acceptance into the student's program of choice. Applications will be accepted if received in the Admission's office if postmarked by the dates listed below.

#### 2011-2012

PROGRAM	QUARTER	ENROLLMENT	LAST DAY TO APPLY	TUITION DEADLINE
ALL	WINTER	Ongoing	27-Dec-10	3-Jan-11
ALL	SPRING	Ongoing	21-Mar-11	28-Mar-11
ALL	SUMMER	Ongoing	20-Jun-11	27-Jun-11
ALL	FALL	Ongoing	19-Sep-11	26-Sep-11

### ENROLLMENT REQUIREMENTS

**Complete application materials includes the following:**

- 1) Completed Online Application (*Including required essays*).
- 2) Completed Written Application
- 3) Official Transcripts sent directly from the Institution(s).
- 4) Verification of 30 hours of hospital internship/volunteer work or equivalent.
- 5) Two Professional References (*teacher, guidance counselor, employer, etc.*)
- 6) One Personal Reference (*an individual who has known you greater than one year.*)

**NOTE: Any applications or documentation received with a postmark date after the Application Deadlines will be processed only on an availability basis.**

What quarter are you seeking admission for?

Winter-January     Spring-April     Summer-July     Fall-October

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**APPLICANT INFORMATION**

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle

Former Name(s) \_\_\_\_\_

Address \_\_\_\_\_  
Street and Number Apt. No.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

**REQUISITES**

Please check the courses you have completed with a grade of "C" or better. Please note that you are not required to have completed all of these courses. For a review of the required courses, please refer to the Requirements page at [www.cureultrasound.com](http://www.cureultrasound.com) or review your catalog.

- Anatomy and Physiology I
- Anatomy and Physiology II
- Algebra
- Statistics
- English
- Speech
- Creative Writing
- Communications
- General Physics
- Other \_\_\_\_\_

**EDUCATION**

High School Graduate?  Yes  No GED?  Yes  No

School Name and Address: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

**EDUCATION (Continued)**

Please list all education, including any previous sonography coursework.

*(Please be sure to include official transcripts with the application in an envelope sealed by the indicated College or University.)*

<u>Institution</u>	<u>Dates Attended</u>	<u>Degree(s) Awarded</u>
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*If additional space is needed, please attach a separate sheet of paper.*

**WORK EXPERIENCE**

Please list all employers and job responsibilities for the past 10 years.

*(A personal resume may be submitted as a substitute for this section of the application form.)*

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
Employer \_\_\_\_\_  
Primary Responsibilities \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
Employer \_\_\_\_\_  
Primary Responsibilities \_\_\_\_\_

Job Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
Employer \_\_\_\_\_  
Primary Responsibilities \_\_\_\_\_

*If additional space is needed, please attach a separate sheet of paper or resume.*

**PROFESSIONAL LICENSE**

*Professional Licensure(s)/Credential(s) (A copy of most current card(s) must be submitted):*

<u>License</u>	<u>Credential Identification Number</u>
<u>License</u>	<u>Credential Identification Number</u>

**HONORS/AWARDS**

*Please list any honors/awards you have received.*

**EXTRACURRICULAR ACTIVITIES**

*Please list any extracurricular activities you are or have been involved in.*

**ADDITIONAL INFORMATION**

*Please provide any additional information you feel is pertinent to this application.*

**REFERENCES**

Each applicant is required to submit three (3) reference forms. Two (2) references should be from educational and/or work experiences. The third may be anyone, other than a family member, who has known the applicant for at least one year.

*If you do not have the required references, this will not exclude you from the Application Process. You will, however, be required to meet with CURE representatives for an Admissions interview.*

References must use the standard form provided with the application. Personally written letters of reference will be accepted in addition to, but not as a substitute for the standard forms. The forms must be mailed along with the application to the Program Director in envelopes sealed by the reference. Please list all individuals who will be used as references for your admission into the program.

_____	_____	_____
<b>Name</b>	<b>Relationship to applicant</b>	<b>Length of relationship</b>
_____	_____	_____
<b>Name</b>	<b>Relationship to applicant</b>	<b>Length of relationship</b>
_____	_____	_____
<b>Name</b>	<b>Relationship to applicant</b>	<b>Length of relationship</b>

**ADDITIONAL INFORMATION**

Do you have a medical condition requiring special attention or medication?  
If yes, please explain.  Yes  No

Have you ever been arrested or convicted of a felony?  
If yes, please provide detailed in the space provided.  Yes  No

Are you a US citizen?  Yes  No

**SIGNATURE**

I acknowledge that all transcripts or transcript translations and references have been submitted securely in sealed envelopes provided by the appropriate institution or individual.

I understand that all documents will be retained permanently by the school regardless of my admission status.

I understand that any falsified or inaccurate representation of my background will result in disqualification of my eligibility for admission.

I certify that the above information is complete and accurate. I am aware that this information will be verified.

To the best of my knowledge, I will meet all minimum requirements, including physical requirements, prior to the start of class.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*In compliance with federal law, including the provisions of Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, CURE, Center for Ultrasound Research & Education does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, and sexual orientation consistent with CURE nondiscriminatory policy.*

**CHECKLIST**

My application submission includes the following documentation:

\_\_\_\_\_ Application forms

\_\_\_\_\_ Verification of hospital volunteer/internship or equivalent

\_\_\_\_\_ Official transcripts for all post-secondary coursework in sealed envelope(s)

\_\_\_\_\_ Three (3) references in sealed envelopes

**MAIL TO**

Completed application and supporting documentation must be sent to:

Center for Ultrasound Research & Education  
Attention: Admissions  
271 North Avenue, Suite 1111  
New Rochelle, NY 10801