Cleveland Clinic
School of Diagnostic Imaging

School of Diagnostic Imaging
25900 Science Park Drive Building 2
Beachwood, Ohio 44122
Mail Code AC239

SCHOOL OF DIAGNOSTIC IMAGING
DIAGNOSTIC MEDICAL SONOGRAPHY PROGRAM
APPLICATION FOR ADMISSION

PERSONAL DATA

Last Name _____ First _____ Middle _____

Maiden _____

Address _____ City _____ State _____ Zip _____

Home Phone Number _____ Cell Phone Number _____

E-Mail Address (Required) _____

GENERAL

How did you become aware of the Diagnostic Medical Sonography Program offered at the School of Diagnostic Imaging?

- ☐ Former Student
- ☐ Friend/Relative/Co-Worker
- ☐ Internet
- ☐ Other, please explain. _____
- ☐ Lakeland Community College
- ☐ Cuyahoga Community College
- ☐ Lorain County Community College
- ☐ Kent State University
- ☐ Brochure

IMPORTANT INFORMATION

If you have a record of criminal conviction of a crime, including a felony, alcohol and/or drug related violations, a gross misdemeanor or misdemeanors with the sole exception of speeding and parking violations, criminal proceedings where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered, or a criminal proceeding where the individual enters a plea of guilt or nolo contendere, military court-martial that involves: substance abuse, sex-related infractions or patient-related infractions, or have pending litigation, these conditions may prevent an applicant from becoming registered. These applicants are encouraged to schedule a meeting with the program director and to contact the American Registry of Diagnostic Medical Sonography at (301) 738-8401 or at www.ardms.org to determine examination eligibility.

FOR SCHOOL OF DIAGNOSTIC IMAGING USE ONLY

Current College Degree: _____ Date Application Submitted: _____

- ☐ High School Transcripts
- ☐ Medical Terminology
- ☐ Anatomy & Physiology I
- ☐ Anatomy & Physiology II
- ☐ Math
- ☐ Physics
- ☐ Communications
- ☐ College Transcripts
- ☐ Application Fee Paid
- ☐ Entered into Grad Pro
- ☐ Observation Information Sent
- ☐ Acceptance Fee Paid

Date of Observation: _____

Date of Interview: _____

Date Application Complete: _____ Response Deadline: _____

Initials: _____

EDUCATION

SCHOOLS ATTENDED	NAME AND CITY/STATE OF SCHOOL	YEAR GRADUATED	DEGREE AWARDED
High School(s)			
College(s)			

PROGRAM PREREQUISITIES & APPLICATION CHECKLIST

All prerequisite courses must be college-level and completed with a "C" grade or better: See program officials for specific prerequisite requirements.

- ☐ Medical Terminology
- ☐ Anatomy & Physiology I
- ☐ Anatomy & Physiology II
- ☐ Math
- ☐ Physics
- ☐ Communications

☐ **$20.00 Non-Refundable Application Fee – Check or Debit/Credit only. Call 216-692-7512 to process payment.**

☐ **Send Official High School and College Transcripts:**
School of Diagnostic Imaging
25900 Science Park Drive Building 2
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EMPLOYMENT HISTORY

DATES FROM - TO	NAME OF COMPANY/INSTITUTION	CITY AND STATE	POSITION

AGREEMENT

PLEASE READ CAREFULLY - APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all my answers and statements herein are complete and true. I understand that any falsification or omission may cause my application to be rejected, or my enrollment to be terminated. I realize that failure to successfully complete a physical examination may cause my application to be rejected or my enrollment to be terminated. I agree that nothing in this application for the School of Diagnostic Imaging, or said to me, or contained in the written materials given to me, is intended to be an offer or promise or agreement by the School of Diagnostic Imaging or the Cleveland Clinic to enroll me for any specified period of time.

Signature of Applicant: _____ **Date**: _____

Cleveland Clinic is committed to providing a working and learning environment in which all individuals are treated with respect and dignity. It is the policy of Cleveland Clinic to ensure that the working and learning environment is free from discrimination or harassment on the basis of race, color, religion, gender, sexual orientation, gender identity, pregnancy, marital status, age, national origin, disability, military status, citizenship, genetic information, or any other characteristic protected by federal, state, or local law. Cleveland Clinic prohibits any such discrimination, harassment, and/or retaliation. In addition, Cleveland Clinic shall provide reasonable accommodations to any qualified student with a disability in order for the student to have equal access to their program. Students needing a reasonable accommodation in order to apply to or participate in the program should contact the program director as early as possible.