

IUD Application Instructions

Please read these instructions carefully.

This Application is for the One Year Program ONLY. If you are interested in any of our short term cross-training or CME courses please check the requirements on our website and then email Micah Gill (mgill@iudmed.com) for an application.

Reading AND following the instructions is part of the evaluation process.

- 1) Complete following application in its entirety.
- 2) If you want to apply as a distance student you must also complete the Clinical Site Preference Form which is included.
- 3) Send completed application and copies of your unofficial transcripts in PDF format via email to (mgill@iudmed.com), via fax 251-621-6669, or via us mail (One Timber Way Ste 102 Spanish Fort, AL 36527) to Micah Gill. **If you mail or fax, please call and confirm we received your packet.**
- 4) Once we have received your application and transcripts you will be notified via email of any pre-requisite class you still need as well as the other items needed to complete your file.

Other important information

Every school uses the terms resident and distance applicant differently. For the purposes of IUD we define each as follows:

Resident Student – An applicant who lives within 90-100 miles of the IUD facility located in Spanish Fort, Alabama.

Distance Students – A distance applicant for the purposes of the 1 Year General Sonography Program is any applicant who lives outside of the above mentioned geographic perimeter. Distance applicant are responsible for finding and making initial contact with a clinical site in their area to use for the 1 Year distance program. Distance applicant will not be accepted into the 1 Year program until they have secured a clinical site. **Additionally, IUD will not begin contacting clinical sites on behalf of the applicant until they meet the two following conditions**

- 1) Applicant must have completed at least 4 of the 8 pre-requisite classes required
- 2) Applicant must currently have at least a 2.5 GPA

*****NOTE***** Mississippi and Louisiana applicants. Due to high interest in our program from applicants in Mississippi and Louisiana, IUD has several permanent distance site in these states. Before MS and LA applicants begin contacting clinical sites in their states, please contact Melissa Frego (mfrego@iudmed.com) to see if we have any sites near you.

If you have any questions regarding any of this information you can contact Micah Gill at mgill@iudmed.com or by phone at 251-621-8668 ext 3.



Institute of Ultrasound Diagnostics
One Timber Way
Suite 102
Spanish Fort, AL 36527
(251) 621-8668 or (800) 473-2485
Fax (251) 621-6669
www.iudmed.com

One Year General Sonography Program Application for Admission

Complete this application in its entirety and return to the Admissions Office by one of the following, by email to mgill@iudmed.com, by US Mail to the address above, or by fax (251) 621-6669.

Name: _____ Date of Birth: _____

Preferred Name: _____ Maiden (if applicable): _____

Address (No PO Box): _____

City: _____ State: _____ Zip: _____

Primary contact number: _____ Other number: _____

Age: _____ Sex: _____

Email address: _____

Start Date: January Year: _____ Program Resident (within 90 miles of IUD)
 April Distance (Clinical site required)
 July
 October

Do you have Previous Ultrasound experience? Yes No

If yes, how much? _____. Type? Hands on Observation Only

I, _____, have applied for admission as a student at the Institute of Ultrasound Diagnostics, Inc.

I understand that one requirement for admission to The Institute of Ultrasound Diagnostics, Inc. is graduation from a high school or its equivalency.

I hereby certify that:

____ I graduated from _____
Initial Name of High School
____ City, State _____ Date of Graduation

OR

____ I earned a GED at _____
Initial Name of Testing Facility
____ City, State _____ Date of Graduation

If for any reason, this attestation of high school graduation or GED completion is found to be false or untrue, I understand that I will not have met an admission requirement of The Institute of Ultrasound Diagnostics, Inc. and I will not be considered a regular student and thus, will be subject to immediate dismissal from The Institute of Ultrasound Diagnostics, Inc.

Furthermore, I understand that if this attestation is found to be false or untrue, any Title IV financial aid (N/A) and any state or institutional financial aid that was distributed on my behalf must be refunded to the appropriate source, and that I will be responsible for payment to The Institute of Ultrasound Diagnostics, Inc. for any and all money refunded.

By my signature below, I attest that the information provided above is true and correct to the best of my knowledge.

Student Signature: _____ Date: _____

Junior College/College/ Postsecondary/Military Education

List all universities, colleges, and postsecondary community, junior and Technical colleges previously attended. You must report all institutions attended and request official transcripts from each. Please continue on a separate sheet of paper if more room is required.

Name of School	City/ State	Did you Graduate?	Award/Degree Earned	Attendance Dates	Overall GPA

Do you have any Medical or Allied Health Training (X-ray/CT/Mammo/Nursing)? Yes No

If yes,
Name of Institution: _____

Address: _____

Dates of Attendance: _____

Major: _____ Degree/Certificate: _____

X-Ray/CT Registry#: _____ LPN/RN License #: _____

Are you registered in any other fields or specialties? _____ (If so, please list them) _____

Are you currently, In school: Working: Not Working:

Employer: _____

Position: _____ Length of Employment: _____

Immediate Supervisor with Title: _____

May we contact your employer? Yes No

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Are you a Citizen of the United States of America? Yes No Country:

If No, Do you have authorized Visa? (Must provide copy front and back) Yes No

Have you ever been convicted of a felony? Yes No

If Yes, please explain: _____

Do you have high speed internet access in your home? Yes No

How did you hear about our School (if from an individual, please tell us the name, if on the internet please list the website)? _____

I, the undersigned, affirm that all of the information contained in the application is true to the best of my knowledge and that any false information could cause my application to be denied.

Applicant Signature

Date

Return this application to the Admissions Office by one of the following, by email to mgill@judmed.com, by US Mail to the address on the top of the first page, or by fax (251) 621-6669

Clinical Site Preference Form

Distance Applicants ONLY

Instructions: The One Year Program requires a great deal of clinical exposure. To qualify for and complete the One Year Program as a **distance student**, you must have a viable clinical site located near you or you must be willing to relocate to an area where a clinical site is available. If you are applying as a distance student, please fill in the information below.

NOTE: IUD will not pursue a clinical site on your behalf until you have completed at least 4 of the required pre-requisite courses.

Anticipated/Desired Start Date: _____.

- 1) In which City, State do you plan on completing your clinical requirements?

- 2) If the above listed city is not a major city in your state, please list the closest major city and the distance from you.

- 3) Please list, in order of preference, the top hospitals/clinics (Name, city, state)(Up to 5) in your area you would like to use for your clinical site during the One Year Program.

1) _____

2) _____

3) _____

4) _____

5) _____

- 4) If we do not have a particular clinical site in your area or are unable to secure a clinical site in your area, are you willing to relocate to an area where we do have clinical sites in order to be accepted into the One Year Program.