

IUD Application Instructions

Please READ these instructions carefully and complete all applicable items when submitting your application. Failure to follow instructions may cause your application to be discarded.

- 1) Complete ALL pages of the application and attach unofficial transcripts.
- 2) If you want to apply as a distance student you must also complete the Clinical Site Preference Form.
- 3) Send completed application and copies of your unofficial transcripts via email in PDF FORMAT ONLY to mgill@iudmed.com.

Applicants are highly encouraged to send application by email, however you may send your information via fax to 251-621-6669, or via US mail to Micah Gill 1 Timber Way Ste 102 Spanish Fort, AL 36527. If you choose to send by fax or regular mail you are encouraged to contact Micah Gill to ensure your information was received.

- 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

For each school, the terms local and distance student mean different things. For the purposes of IUD we define each as follows:

LOCAL Students – A Local student for the purposes of the 1 Year General Sonography Program is any student who lives in or around the following geographic perimeter: Foley, AL up to Atmore, AL over to Lucedale, MS and down to Gulfport, MS. If you live inside or just outside that perimeter you will be considered a local student and be required (if accepted) to rotate between our local clinical sites within that perimeter.

Distance Students – A distance student for the purposes of the 1 Year General Sonography Program is any student who lives outside of the above mentioned geographic perimeter. Distance students will not be accepted into the 1 Year program until they have secured a clinical site. To find out if we have clinical site near you, please make sure to complete the clinical site preference form.

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.

**One Year General Sonography Program
 Application for Admission**

Complete ALL pages of this application and return to the Admissions Office
 by email: mgill@iudmed.com

Personal Information

Full Name: _____ Maiden: _____

Mailing Address : _____
 (No PO Box): _____

City/State/Zip Code: _____

Main Phone Number: _____ Other contact: _____

Date of Birth: _____ / _____ / _____ Age: _____ Sex: _____

Email Address: _____ Last 4 of Social Security #: _____

1 Year Program Start Date (Mark Year, Quarter, and Location)

Year: _____ Clinical Location: LOCAL (Within 90 Miles of IUD)
 DISTANCE (approved clinical site required)

Quarter: JANUARY APRIL
 JULY OCTOBER

Previous Medical or Allied Health Training (NOT REQUIRED FOR ENTRY INTO PROGRAM)

Do you have any Medical or Allied Health Training? YES NO

If Yes, Check all that apply and list registry/license # next to the specialty if applicable.

	<u>registry/license #</u>		<u>registry/license #</u>
X-ray	<input type="checkbox"/> _____	Nursing (RN/LPN)	<input type="checkbox"/> _____
CT	<input type="checkbox"/> _____	Cert Nursing Asst.	<input type="checkbox"/> _____
Mamography	<input type="checkbox"/> _____	Other (list)	<input type="checkbox"/> _____

Name of Institution and Dates attended: _____.

Do you have previous Ultrasound experience? YES NO

If yes, how much? _____ Hands on Observation only

Educational Information

Attestation of High School Graduation or Equivalency

I, _____ (Print name), 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 _____ (initial) I graduated from: _____

-OR-

City State Grad Date

I hereby certify that _____ (initial) earned a GED at: _____

City State Grad Date

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.

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

Applicant's Signature

Date

Junior College/College/ Postsecondary/Military Education

Please list below all colleges, universities, and postsecondary community, junior, and technical colleges previously attended. Any schools listed below, will require submission of OFFICIAL transcripts to complete your application.

Please continue on a separate sheet of paper if more space is required.

Name of School And Location	Dates Attended	Did you Graduate?	Cert/Diploma/Degree Awarded?	Overall GPA?

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Employment/ Current Information

Are you currently, In School Working Not Working

Employer: _____

Position: _____ Length of Employment: _____

Immediate Supervisor with Title: _____

May we contact your employer? YES NO

Background Information

Are you a Citizen of the United States of America? YES NO

If No, are you a permanent resident?
(Must provide a copy of visa, both 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 in your home? YES NO

How did you hear about our School? (mark all that apply)

- Former Student (Please list) _____
- Hospital Employee (Please list) _____
- Radiology Today (or other Magazine)
- CAAHEP Website
- Internet Search (please list site) _____
- Other (please list) _____

I, the undersigned, affirm that all of the information contained in this application is true to the best of my knowledge and that any false information provided may cause my application to be denied or or my enrollment to be terminated.

Applicant Signature

Date

IUD Clinical Site Preference Form

Distance Applicants ONLY

Instructions: The One Year Program requires a great deal of clinical exposure. To qualify and complete the One Year Program as a **distance student**, you must have a viable clinical site to use located near you or you must be willing to relocate to an available clinical site.

If you are applying as a distance student it is YOUR responsibility to identify hospital and/or clinics in your area that perform Abdomen and OB/GYN ultrasounds. Once you have done that, please complete the information below.

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.

A) _____

B) _____

C) _____

D) _____

E) _____

- 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 and complete the One Year Program?