OKLAHOMA STATE UNIVERSITY
Oklahoma City
Cardiovascular Sonography Program Application

Application Form

SSN _____ Date: _____

Print Legal Name in Full _____
Last Name First Name Middle Name Maiden Name

HomeTelephone _____ Cell Phone _____

WorkTelephone _____ E-Mail _____

Present Address _____
Number & Street (or R.D.) City State Zip code

Is English your Native Language? ____Yes____No If no, Have you taken the Test of English as a Foreign Language? _____Yes____No

The following information is for demographic purposes only and will not be used in selection of the class. (Optional)

Date of Birth _____ Place of birth _____ Are you a U.S. citizen? Yes_____No_____

High School of graduation: School Name _____ City _____ State _____

Date of High School Graduation _____ GED Certificate: Yes_____No_____Date of GED_____

⎦ American Indian ☐ Caucasian ☐ Single ☐ Divorced ☐ Male
⎦ Asian ☐ Hispanic ☐ Married ☐ Widowed ☐ Female
⎦ African American

Give information below concerning college, university or other schools attended: **List all Schools (incl. OSU-OKC)**. Attach separate page if needed.

Name of Institution	City & State	Date From - To	Degree Received

Work Experience:

Employer	Location	Date From - To	Description of Work

Have you previously made an application to the Cardiovascular Sonography program? (circle one) Yes No If yes, When? _____

When do you desire to begin the major area Cardiovascular Sonography courses? _____

How did you hear about this program? _____

_____

Because a person can find it difficult, if not impossible, to be placed in clinicals under certain conditions, you will be required to answer the following questions:

1. Have you ever been arrested or convicted of any offense, including a deferred sentence? Yes_____No _____

2. Have you ever been convicted of a felony or do you have felony charges pending? Yes_____No _____

3. Have you ever been court committed for mental incompetence? Yes_____No _____

4. Have you ever habitually indulged in or been addicted to drugs or alcohol? Yes_____No _____

5. Have you ever had disciplinary action taken against another health-related license? Yes_____No _____

For any "Yes" answers above, please attach an explanation letter to this application.

****Falsifying any records pertinent to this application can lead to ineligibility or immediate dismissal from the Cardiovascular Sonography Program.**

A national background check will be required of all who apply to the Cardiovascular Sonography Program as a clinical facility requirement. Any negative information obtained in the criminal history may result in denial of admission to the program due to inability to secure clinical placement.

I have read the above document, have had the opportunity to ask any questions that I may have, and agree to the above stipulations:

Required Legal Signature: _____

Have you done the following?

___Been admitted to OSU-OKC as a student & submitted **official** transcripts to Admissions?
___Submitted the documentation form of your meeting with the OSU-OKC academic advisor?
___Submitted copies of your transcripts with your application to the Cardiovascular Sonography Dept?
___Taken a current TEAS ATI Exam in-person. All results must be emailed from the testing center or ATI TEAS directly to OSU-OKC at the following email address: okc.healthsciences@okstate.edu. Scores submitted by students will not be accepted.
___Submitted a current (<3 months or within 90 days of application deadline) National 7-year background check to include Sex Offender Registry and Violent Offender Registry - through the OSU-OKC link on the Cardiovascular Sonography webpage?
*NOTE: Only background checks conducted through **Investigative Concepts** will be accepted; background checks from other providers will not be accepted. The dept will download the results directly. Results submitted by students will not be accepted.*
___Submitted your personal achievements letter and/or letters of recommendation with your application?
___All application packets must be emailed to: okc.healthsciences@okstate.edu.

NOTE Admission to the Cardiovascular Sonography program may be denied to any student with a history of being dismissed or administratively withdrawn from another professional program, career tech, etc. Discovery of non-disclosure of this information after program admission will result in immediate program dismissal.

Eligibility for Clinical Placement: By submitting this application, you acknowledge that in addition to reviewing standard application materials, the program will also take into consideration other relevant factors, including each applicant's ability to meet all clinical placement requirements. While submission of supporting documentation is not required at the time of application, any pertinent documentation that is on file with the university may be reviewed. Applicants will also be asked if they are able to provide and maintain up-to-date documentation. This includes proof of immunizations, American Heart Association BLS CPR certification, a valid driver's license and REAL ID, a Social Security card, health insurance card, vehicle information, and any current applicable immigration documents. Completion of orientation, signed acknowledgment forms from the student handbook, and submission of all required onboarding materials are also mandatory. Applicants who do not meet clinical site eligibility criteria will not be eligible for program admission.

APPLICATION DEADLINE: Last Weekday of May - annually

NOTE: all required portions of the application must be submitted WITH the application form.