

**OKLAHOMA STATE UNIVERSITY**  
**Oklahoma City**  
**Cardiovascular Sonography Program Application Form**

**Application Form**

Social Security No. \_\_\_\_\_ Date: \_\_\_\_\_

Print Legal Name in Full \_\_\_\_\_  
Last Name
First Name
Middle Name
Maiden Name

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Telephone \_\_\_\_\_ 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 - including 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
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 ultrasound courses? \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Oklahoma State University - Oklahoma City in compliance with Title VI and VII of the Civil Rights Act of 1964, Executive Order 11246 amended, Title IX of the Education Amendments of 1972, American Disabilities Act of 1990, and other federal laws and regulations does not discriminate on the basis of race, color, national origin, sex, age, religion, disability or status as a veteran in any of its policies, practices or procedures. This includes but is not limited to admissions, employment, financial aid and educational services. This publication, issued by Oklahoma State University-Oklahoma City as authorized by Health Sciences Division, was printed by OSU-OKC

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 Group One 7 Year background check will be required of all who are accepted into 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 Cardiovascular Sonography 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 Signature \_\_\_\_\_

Have you done the following?

\_\_\_ Been admitted to OSU-OKC & submitted official transcripts to Admissions?

\_\_\_ Submitted documentation of your meeting with the OSU-OKC academic advisor?

\_\_\_ Submitted copies of your transcripts with your application to the Cardiovascular Sonography Dept?

\_\_\_ Taken the TEAS ATI Exam and submitted a copy of the results sheet to the Cardiovascular Sonography Dept with your application?

\_\_\_ Submitted a current (<3 months or within 90 days of application deadline) - National Group One - 7 Year background check to include Sex Offender Registry and Violent Offender Registry - through the OSU-OKC Clinical Hub link on the Cardiovascular Sonography webpage? (The department will download the results)

\_\_\_ Submitted your personal achievements letter or letters of recommendation (for tiebreaker purposes) with your application?

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.

**\*\*APPLICATION DEADLINE: Last weekday of May annually**

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