Diagnostic Medical Sonography Clinical Application Directions

In order to complete your applications you must submit the following to your Academic Advisor at Concordia University by December 15th:

1. Completed applications: one for St Luke’s (Echo & General) and one for CUW (General only)
2. A 300 word essay that describes why you want to be a sonographer and any experience you have in the medical field (please customize the essay for each site as needed)
3. 2 letters of recommendation
4. Proof (on facility letterhead/copy of certificate) of Certified Nursing Assistant training/license
5. Proof of at least 100 hours employed as a CNA (the HR department or your Supervisor at your workplace should be able to supply this – see document in Aurora’s application packet)
6. Verification of Shadowing Hours (8 hours: 4 in General Sonography and 4 in Echocardiography)**
7. If already completed: copy of CPR certification (this will need to be completed before entering clinicals – if not already completed, Academic Advisor will send information for Spring Semester)

The Director/Advisor of the Diagnostic Medical Sonography program at CUW will attach the following:

1. Copy of your high school transcript*
2. Copy of your CUW transcript
3. Copy of any other college transcripts that have been received by the CUW Registrar*

*It is the responsibility of the Student to make sure that all high school transcripts and non-CUW transcripts have been sent to the CUW Registrar’s office.

**Students are required to shadow a sonographer for a total of 8 hours prior to their interview. If they are interested in shadowing at one of the affiliated hospitals, the student will contact the Director of the DMS program directly. If you shadow at a different location, you must provide a document indicating the number of hours, sonographer’s signature and location. (We prefer this to be completed upon applying)

All materials will be forwarded to each Diagnostic Medical Sonography School Program Director at the affiliated hospitals by the Academic Advisor at CUW. If you are missing any documents or do not have the required GPA/Grades, your application will not be forwarded.

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CUW-Stuenkel 103
Clinical Application for the CUW Diagnostic Medical Sonography Program

**Please print clearly**

Name: ____________________________________________________________

(LAST) (FIRST) (MIDDLE) (MAIDEN NAME)

Permanent Address: ______________________________________________________

(NUMBER) (STREET) (CITY) (STATE) (ZIP)

Home Phone: ___________________________ Cell Phone:________________________

Social Security Number: ___________________________ Date of Birth:________________

Email: ___________________________@________________________ Gender: M_____ F_____ US Citizen Y_____ N____

In Case of Emergency:
Name: ___________________________________________ Telephone:________________________ Relationship:________________________

As an Equal Opportunity Employer, The Organization does not discriminate against qualified applicants in hiring or in promoting qualified employees because of age, race, creed, color, religion, marital status, sex, national origin, ancestry, citizenship, sexual orientation, handicap, disability, arrest and/or conviction record, membership in the National Guard or any other reserve component of the military forces of the United States or Wisconsin, or other protected status, as required by law.

Educational History
List below information concerning schools attended. Start with high school then list all post-secondary:

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<tr>
<th>Name of School</th>
<th>City &amp; State</th>
<th>From</th>
<th>To</th>
<th>Type of Course or Major</th>
<th>Graduate?</th>
<th>Degree Received?</th>
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High School GPA:__________ College or Technical School GPA:__________

Where there any periods of time when you were not in school or working? Yes_____ No______

Dates:_____________________________________Reason:____________________________________

Have you ever been convicted of a felony or misdemeanor? Yes_____ No_____ if yes, explain:____________________________________

____________________________________

Please Note: You will undergo a background check to be admitted to the program.

Do you have health insurance? Yes_______ No_______

Please Note: Students are REQUIRED to have health insurance coverage prior to enrollment.
# Employment History

List below information concerning past employers, beginning with the most recent:

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<th>Employer</th>
<th>City &amp; State &amp; Telephone</th>
<th>From</th>
<th>To</th>
<th>Position/Duties</th>
<th>Reason for Leaving?</th>
<th>Supervisor’s Name</th>
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Have you ever been fired, discharged or asked to resign? Yes_______ No_______
If yes, please explain (include position)________________________________________________________________________
______________________________________________________________________________________________
________________________________________________________________________________________________

## Certification

- I certify that the information given herein and any resume or other information I provide to the organization as part of the admission process is complete and accurate to the best of my knowledge. In the event I am accepted into the program, I understand that any false or misleading information given in my application, resume or any other information I provide to the organization as part of the admission process or the withholding of information deemed pertinent by the organization will result in dismissal and rejection of me as an applicant or termination as a student.

- I also grant permission for the authorities of the organization to investigate my criminal /civil / ordinance history record, employment references, credentials, qualifications, and any statement I have made in this application, resume or during the application process and release the organization and all previous employers, schools, and organizations I have identified (and all persons connected with it or them) from any and all liability resulting from such investigation.

- I am aware that the organization has a restricted smoking policy and that I will be required to comply with this policy.

- I understand that as part of my application to the organization noted on page 1 of the application, information that is obtained as part of this application and process may be disseminated as appropriate to other related entities.

Signed:__________________________________________________________ Date:___________________________