



## APPLICATION FOR ADMISSION

### DATE OF APPLICATION

### APPLICATION DATES AND DEADLINES

CURE recommends that applicants submit admission materials at least one month prior to the quarter start date in order to be considered for acceptance into the student's program of choice. Applications will be accepted if received in the Admission's office, postmarked within 2 weeks of start date. Submission of application does not guarantee acceptance into the program or term of choice. Enrollment and financial aid process must be complete in order to confirm start in preferred term.

CURE has ongoing enrollment for annual class starts however, the date in which you complete the admissions process will determine your start date.

### REQUIRED APPLICATION MATERIALS

- 1) Completed Online Application
- 2) Completed Written Application
- 3) Official High School and College Transcripts - Official Transcripts sent directly from the Institution(s) sealed and stamped.
- 4) Immunization Records including MMR, Hepatitis B, and others as required by CURE and NYSDOH.
- 5) Tuberculosis (TB) Skin Test
- 6) Meningococcal Declination Form or verification of Meningococcal Vaccine
- 7) Statement of Good Physical Health from Physician within 12 months from time of enrollment.
- 8) Confirmed Negative Toxicology Screening within 24 hours of enrollment
- 9) \$100 Registration Fee
- 10) Enrollment Agreement

**Once application is submitted and reviewed you will be required to be interviewed by the program director as a condition of the enrollment process.**

**APPLICANT INFORMATION**

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Name  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Former Name(s) \_\_\_\_\_

Address  
Street and Number \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**EDUCATION**

High School Graduate?  Yes  No GED?  Yes  No

School Name and Address: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Please list all higher education, including any previous sonography coursework.  
(Please be sure to include official transcripts with the application in an envelope sealed by the indicated College or University.)

Institution	Dates Attended	Degree(s) Awarded
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*If additional space is needed, please attach a separate sheet of paper.*

*Please list any extracurricular activities you are or have been involved in.*

**WORK EXPERIENCE or RESUME**

Please list all employers and job responsibilities for the past 10 years.  
*(A personal resume may be submitted as a substitute for this section of the application form.)*

**Job Title** \_\_\_\_\_ **Dates of Employment** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Primary Responsibilities** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Dates of Employment** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Primary Responsibilities** \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Dates of Employment** \_\_\_\_\_

**Employer**

**Primary Responsibilities**

*If additional space is needed, please attach a separate sheet of paper or resume.*

**PROFESSIONAL LICENSE**

*Professional Licensure(s)/Credential(s) (A copy of most current card(s) must be submitted):*

**License** \_\_\_\_\_ **Credential Identification Number** \_\_\_\_\_

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**HONORS/AWARDS**

*Please list any honors/awards you have received.*

**EXTRACURRICULAR ACTIVITIES**

**ADDITIONAL INFORMATION**

*Please provide any additional information you feel is pertinent to this application.*

**500 WORD ESSAY TYPED AND DOUBLE SPACE IS REQUIRED**

**Please take your time to answer the following questions thoughtfully and thoroughly Use the questions below to create your essay.**

Which of your qualities best demonstrates why you would be a good fit for this program?  
How will that contribute to your success?

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Many people have an experience or event that lead them to want to pursue a career in the medical field. At what point did you make that decision? Be as detailed as possible.

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How do you handle challenges when they are presented to you? Do you work harder to persevere or give up?

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What is most appealing to you about a career in ultrasound?

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**ADDITIONAL INFORMATION**

Do you have a medical condition requiring special attention or medication  Yes  No  
If yes, please explain. \_\_\_\_\_

Have you ever been arrested or convicted of a felony?  Yes  No  
If so, please provide detailed explanation:

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Are you a US citizen or a permanent resident with a green card       Yes       No

- I acknowledge that all transcripts or transcript translations and evaluations must be submitted securely in sealed envelopes provided by the appropriate institution or individual.
- I acknowledge that official transcripts are required in order to be considered for the program
- I understand that all documents will be retained permanently by the school regardless of my admission status.
- I understand that any falsified or inaccurate representation of my background will result in disqualification of my eligibility for admission.
- I certify that the above information is complete and accurate. I am aware that this information will be verified.
- To the best of my knowledge, I will meet all minimum requirements, including physical requirements, prior to the start of class.

Student Signature

Date

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In compliance with federal law, including the provisions of Title IX of the Education Amendment of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, The CURE Center for Ultrasound Research & Education does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, and sexual orientation consistent with CURE nondiscriminatory policy.

#### CHECKLIST

My application submission includes the following documentation:

- Application forms
- Official transcripts for all post-secondary coursework in sealed envelope(s)
- Immunization and medical records/forms and statement of good health signed by a medical doctor.

#### MAIL APPLICATION TO

Center for Ultrasound Research & Education

Attention: Admissions 333 Westchester Avenue, Suite 101W White Plains, NY 10604