



Johns Hopkins Hospital School of Cardiac Sonography
1800 Orleans St
Sheikh Zayed Tower #4052
Baltimore, Maryland 21287
JHHEchoProgram@jh.edu

School of Cardiac Sonography Program Application

1. Type or print legibly.
2. Send all application materials to the above address or email.
3. Send check or money order for \$40.00 payable to Johns Hopkins Hospital.
4. Failure to answer any required section or failure to submit an application fee will be grounds for disqualification of the applicant.
5. Request all official post-high school transcripts to be sent to the above address or email.
6. Reference forms must be submitted in a sealed envelope with a signature across the seal.

Personal Data:

Name: _____
Last First Middle

Present
Address: _____
Street Address

_____ City State Zip Code

Permanent
Address: _____
Street Address

_____ City State Zip Code

Social Security Number: ____ - ____ - ____ Birthdate: _____

Contact:
Home: _____ Work: _____ Cell Phone: _____

E-mail: _____

Are you a US citizen? YES / NO If NO, do you possess a Green Card? YES / NO

Education: List colleges or schools attended with most recent first. If transcripts are under another name, please indicate that name: _____

*****Applicants must have a minimum of an associate degree before the end of June of the expected program start date.**

College/School & Location	Years Attended		Graduate		Degree/Diploma Awarded
	From	To	Yes	No	

Place a checkmark below to indicate the prerequisite courses completed or indicate the semester in which you are enrolled or plan to enroll in the course. You must complete all prerequisite course by the end of June of the expected program start date. Prerequisite coursework must be completed with a grade of C or better and cannot be more than five years old.

Course	Date Completed	Enrolled Semester
College Algebra or higher mathematics (Statistics does not qualify)		
Anatomy & Physiology I with lab		
Anatomy & Physiology II with lab		
Physics with lab		
Medical Terminology		
Public Speaking or Speech & Communication		

List below all professional certifications and/or licenses (e.g. RN, RT, RDMS, BLS etc.) with effective dates:

License/Certification	Number	Effective Date

Employment: Please list all employers for the past five years beginning from most recent:

Employer	Address	Position	Dates of Employment	Phone #

Describe any volunteer work that you may have done (may use additional page if necessary)

Statement of Intent: On a separate sheet of paper, in 200 words or less, state why you chose a career in the health care profession and outline your specific career goals in medical imaging.

Reference Forms: All applicants are required to submit two references in sealed envelopes with a signature across the seal. ONLY THE ATTACHED REFERENCE FORM WILL BE ACCEPTED.

Applicants must request a reference letter from a professor or instructor and a letter from your current employer. If the applicant does not have an employment history, an additional academic reference may be substituted.

Applicants certified in a clinical health care specialty must request a reference from the Program Director of your specialty training course and a letter from your current employer.

I hereby certify that the statements set forth in the above application are true and complete to the best of my knowledge. I understand that, if accepted, falsified statements on this application will be considered sufficient cause for dismissal from the program.

I also understand that admission into the Program implies my agreement to adhere to all hospital and Program policies and regulations.

If selected to the Program, I agree to submit to a background check and pre-employment physical, to include drug screening, administered by the occupational health department of The Johns Hopkins Hospital prior to the beginning of classes.

SIGNATURE: _____

DATE: _____

Please tell us how you heard about Johns Hopkins School of Cardiac Sonography Program. Thank you!

The Johns Hopkins School of Cardiac Sonography admits students of any race, color, sex, gender identity, sexual orientation, age, religion, disability, national or ethnic origin, veteran status, or any other status protected by federal, state or local law to all the rights, privileges, programs, benefits and activities generally according or made available to students at the School of Cardiac Sonography.



**Recommendation Form – School of Cardiac Sonography
Academic / Employer Reference**

Part 1: This part to be completed by the applicant

Name: _____
Last First Middle

Address: _____
Street Address City State Zip

I hereby authorize the release of an evaluation to assist in the admission process by Johns Hopkins Hospital School of Cardiac Sonography. I understand that such materials will be kept confidential, both from the public and me. I waive any right of access that I might have by law. I further understand that the School of Cardiac Sonography does not require that I sign this statement. I understand that the application will be reviewed without the waiver.

Signature: _____ Date: _____

Part 2: This part to be completed by the reviewer

Please make every attempt to complete this document in a timely fashion as it is an integral part of the applicant's packet. The application may be declined if this is not received by March 1st. Please complete the evaluation candidly and carefully. Your professional opinion is an important part of the selection process. Once the form has been completed, please return the form in a sealed envelope with your signature across the flap of the envelope to the student or mail it directly to:

The Johns Hopkins Hospital
School of Cardiac Sonography
1800 Orleans St
Sheikh Zayed Tower #4052
Baltimore, MD 21287
JHHEchoProgram@jh.edu

Name of Referrer: _____

Title of Referrer: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Telephone: _____ Email: _____

Please rate the applicant using the following scale

Criteria	Outstanding Top 5%	Above Average Top 25%	Average Top 50%	Below Average	No Opportunity to Observe
Ability to avoid and resolve conflict					
Ability to complete a task					
Academic ability					
Accepts constructive criticism and makes attempts to improve					
Attendance					
Attention to detail					
Coping skills in a stressful environment					
Judgment and maturity					
Leadership capability					
Morale booster vs morale depressor					
Motivation					
Oral communication					
Problem solving ability					
Quality of written expression					

Please add any remarks that you feel the admissions committee may find helpful. You may attach a separate paper if you choose.

What is your recommendation for the admission committee of the School of Cardiac Sonography?

- Strongest recommendation
- Recommend with confidence
- Recommended
- Recommend with reservation
- Not recommended

Signature of referrer: _____

Date: _____

Thank you for your time and thoughtfulness in assisting in this applicant's admission process!