



8800 University Parkway Suite A-4, Pensacola, FL 32514

Phone 850-478-7611 Fax 850-478-3727 FIUpcola@gmail.com

Application for Enrollment

(Internet Application)

Accredited by: Accrediting Bureau of Health Education Schools

Classes begin every three months, please check the class you would like to attend:

January _____ April _____ July _____ October _____

Name: _____

(last) (first) (middle) (maiden)

Address: _____

(number) (street) (city) (state) (zip)

Permanent Address: _____

(number) (street) (city) (state) (zip)

Home Phone: _____ Other Phones: _____

DOB: _____ Sex: _____ Social Security #: _____ Email: _____

Who should the school contact in case of an emergency?

Name: _____ Relationship: _____

Address: _____ Phone: _____

Educational Background Information

Patient Care Education

Name of Institute: _____

Address: _____ City, State _____

Approximate Dates of Attendance: _____ Degree Earned: _____

Are you registered in your field? _____ If yes, when?: _____ Registry #: _____

High School Education

Name of School: _____

Address: _____ City, State _____

Dates of Attendance: _____ Year Graduated: _____

Undergraduate or Junior College (List All)

Name of Institute: _____

Address: _____ City, State _____

Dates of Attendance: _____ Major: _____

Degree Earned: _____

Name of Institute: _____

Address: _____ City, State _____

Dates of Attendance: _____ Major: _____

Degree Earned: _____

Current Status:

Still in school:_____ Graduation Date:_____ Working:_____

Name of Employer:_____

Employer City, State:_____ Phone Number:_____

Length of Employment:_____ Your Position:_____

May we call you at your employment:_____

Additional Information Required

- Transcripts from college or university *(A student issued copy is acceptable)*
- Copy of registration in your field. *(If applicable)*
- Two letters of reference. This must be from a supervisor directly involved with your work, or from a college professor if you are currently in school.
- Students must complete a background check at www.certifiedbackground.com This is at the student's expense. The background check cost is normally \$38, if you lived in more than one county in the last 7 years, there will be an additional \$13 cost per county. Students must pass this background check in order to be accepted into the program.
- Students must also complete a 10 panel drug screen during the first month of class. The cost is \$48, which the student is required to pay at the time of the test.

Upon acceptance the following additional items will be needed:

A TUBERCULOSIS TEST (within the last year)

Proof of MMR immunizations-two doses required

Hepatitis B Series (3 doses required)

A STATEMENT OF HEALTH SIGNED BY YOU (form will be provided by school)

*STUDENTS MUST HAVE THEIR OWN TRANSPORTATION WHILE ATTENDING
THE FLORIDA INSTITUTE OF ULTRASOUND.*

Tuition and Payments

A **\$1,500** refundable deposit will be due within 30 days of acceptance into the program to hold your seat in the class, this deposit will be applied towards your tuition. This amount may be divided into 2 payments, and extended for 30 days if necessary.

Please indicate how the remainder of your tuition will be paid: (choose one)

_____ In Full on First Day of Class

_____ In-School Payment Plan (must be paid in full by 6th month of school)

_____ By Student Loan *Student loans are available on a first come first served basis, while funds are available, and are awarded after acceptance into the school. You may apply online by filling out the FAFSA at www.fafsa.gov. The school code is 016483. A Student Aid Report will be mailed to you approximately 2-3 weeks once completed online.

_____ Other (list) _____

Please answer the following questions:

Have you been found by any school or court authority to have disrupted or interfered with the orderly conduct, processes, function, or programs of any educational institution?

NO _____ YES _____ If yes, please explain: _____

Are you currently charged or have been convicted or found guilty (even if adjudication withheld) of violating any federal or state law or municipal ordinance other than traffic offenses or minor offenses involving a fine of \$25 or more?

NO _____ YES _____

If yes, please explain: _____

Upon graduation from Florida Institute of Ultrasound, what city or state would you like to work in? _____

How did you hear about our school?

I CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE AND I UNDERSTAND THAT TO MAKE FALSE OR FRAUDULENT STATEMENTS WITHIN THIS APPLICATION OR RESIDENCE AFFIDAVIT MAY RESULT IN DISCIPLINARY ACTION, DENIAL OF ADMISSION, AND INVALIDATION OF CERTIFICATE EARNED. IF ADMITTED, I HEREBY AGREE TO ABIDE BY THE POLICIES OF THE SCHOOL, AND THE RULES AND REGULATIONS. SHOULD ANY OF THE INFORMATION I HAVE GIVEN CHANGE PRIOR TO MY ENTRY TO THE SCHOOL, I SHALL IMMEDIATELY NOTIFY THE SCHOOL.

SIGNATURE OF APPLICANT

DATE SIGNED

THE FLORIDA INSTITUTE OF ULTRASOUND IS A DRUG AND ALCOHOL FREE SCHOOL.

Please mail or fax this completed application to:

Florida Institute of Ultrasound, Inc.

8800 University Parkway

Suite A-4

Pensacola, FL 32514

FAX 850-478-3727