



8800 University Parkway Suite A-4  
Pensacola, FL 32514  
(850)478-7300 & (850)478-7611 Phone (850)478-3727 Fax  
email: fiupcola@aol.com  
www.fiuonline.net

## Application for Enrollment

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: \_\_\_\_\_  
(If different) (number) (street) (city) (state) (zip)

Phone: \_\_\_\_\_ Sex: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Who should the school contact in case of an emergency?

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Educational Background Information**  
**High School Education**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_  
(number) (street)

\_\_\_\_\_ (city) (state) (zip)

Dates of Attendance: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

**Most Recent College Attended**  
**(SUBMIT TRANSCRIPTS FOR ALL COLLEGES)**

Name of Institute: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

**Current Status**

Working: Yes No Still in school: Yes No Graduation Date: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer City: \_\_\_\_\_ State: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Your Position: \_\_\_\_\_

May we call you at your employment? \_\_\_\_\_

**Additional Information Required Before Acceptance**

- Transcripts from ALL colleges or universities, showing all classes taken. *(A student issued copy is acceptable)*
- Copy of registration in your field. *(If applicable)*

- Two letters of reference. These must be from a supervisor directly involved with your employment or from a college professor if you are currently in school. If you are not working or attending class, letters from close family friends will be accepted.
- Students must complete a background check at [www.certifiedbackground.com](http://www.certifiedbackground.com). The PACKAGE CODE for FIU is LR28. This is at the student's expense. The background check cost is normally \$45.25. 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. (No other background checks are acceptable). It is not necessary to send in the report from the background check. The school has access to your completed background check.

### **Immunizations Required Before Acceptance**

- A Tuberculosis Test (within the last year)
  - A titer (a blood test showing immunity) is acceptable for immunizations.
- MMR 1 & 2 required (Measles, Mumps, Rubella)
- Hepatitis B, 1, 2, & 3 required (Hep B series takes 7 months to complete)

List dates here: \_\_\_\_\_ Hep B #1

\_\_\_\_\_ Hep B #2

\_\_\_\_\_ Hep B #3

- Varicella (Chicken Pox) 2 doses or titer required

### **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 contact the school for information regarding splitting up the deposit payment.

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 5th month of school)

\_\_\_\_\_By Student Loan/Pell Grant (Go to [www.fiuonline.net](http://www.fiuonline.net), click on "Student Loans", then click on "FAFSA Online Application" and fill out a FAFSA to begin the process for Student Loans and/or Pell Grants. Once accepted into the program, you will receive an Award Letter outlining the aid you are able to receive)

\_\_\_\_\_VA Benefits      List Chapter:\_\_\_\_\_

\_\_\_\_\_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?

\_\_\_\_\_

Please initial below:

- \_\_\_\_\_HOURS OF ATTENDANCE DURING THE CLASSROOM PORTION ARE 8:00 AM-4:30 PM M-F, AND DURING CLINICALS APPROXIMATELY 7:30 AM-4:30 PM M-F, SUBJECT TO CLINICAL ASSIGNMENT SCHEDULE. SUNDAY SCANNING HOURS IF OFFERED ARE OPTIONAL.
- \_\_\_\_\_THE LOCAL JOB MARKET FOR SONOGRAPHER'S (any modality) IS VERY SATURATED. GRADUATES WILL MOST LIKELY NOT BE ABLE TO OBTAIN WORK IN THE FIELD IN THE PENSACOLA AND SURROUNDING AREAS. WE SUGGEST THAT YOU PLAN ON RELOCATING TO ANOTHER STATE/REGION IN ORDER TO GAIN EMPLOYMENT AS A SONOGRAPHER AFTER COMPLETION OF OUR PROGRAM.
- \_\_\_\_\_STUDENTS MAY HAVE TO TRAVEL OVER 100 MILES TO CLINICAL ROTATIONS.

- \_\_\_\_\_ STUDENTS MUST HAVE THEIR OWN TRANSPORTATION WHILE ATTENDING THE FLORIDA INSTITUTE OF ULTRASOUND.
- \_\_\_\_\_ THE FLORIDA INSTITUTE OF ULTRASOUND IS A DRUG AND ALCOHOL FREE 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

How did you hear about our school? \_\_\_\_\_

**Please check all enclosed items. Your application will not be reviewed until ALL items are received.**

- \_\_\_\_\_ Application
- \_\_\_\_\_ College Transcripts
- \_\_\_\_\_ Two Reference Letters
- \_\_\_\_\_ Background check completed (www.certifiedbackground.com, Package code LR28)
- \_\_\_\_\_ TB Test
- \_\_\_\_\_ MMR 1 & 2
- \_\_\_\_\_ Hepatitis B, 1, 2, & 3
- \_\_\_\_\_ Varicella

**Please mail, fax or email completed application and all additional required items to:**

Florida Institute of Ultrasound, Inc.  
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Suite A-4  
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