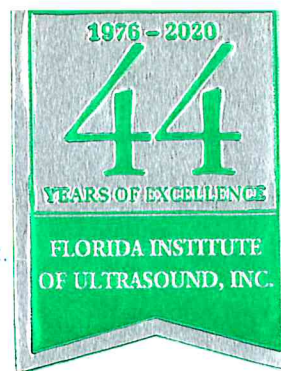




Established 1976

Florida Institute of Ultrasound Inc.



8800 University Parkway Suite A-4
Pensacola, FL 32514
Phone (850) 478-7611 Fax (850) 478-3727
email: info@fiupensacola.edu
www.fiupensacola.edu

Application for Enrollment

ACCREDITED BY: Accrediting Bureau of Health Education Schools (ABHES)

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: _____

College Education

LIST ALL COLLEGES ATTENDED (Use separate sheet if more than 2)
(SUBMIT OFFICIAL TRANSCRIPTS FOR ALL COLLEGES)

1. Name of Institute: _____

Address: _____ City: _____ State: _____

Dates of Attendance: _____

Major: _____ Degree Earned: _____

2. 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

- Official Transcripts from *ALL* colleges or universities, showing all classes taken.
- 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.castlebranch.com. **The PACKAGE CODE for FIU is LR28**. This is at the student's expense. The background check cost is normally \$55.25. If you lived in more than one county in the last 7 years, there will be an additional \$13 cost per county. For additional names, there will be an additional \$13 per county. If your place of employment uses a third party to verify, there could be additional charges paid directly to CastleBranch. Students must pass this background check to be accepted into the program. (No other background checks are acceptable). Once accepted into the program, if a student is arrested or charged while attending FIU and the charges would keep them from attending clinicals, the student will be terminated immediately from the program.

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)

_____ I would like to speak with Financial Aid about setting up an extended payment plan.

_____ VA Benefits List Chapter: _____

_____ Other (list) _____

Immunizations Required Before Acceptance

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

List dates here: _____ Hep B #1
_____ Hep B #2
_____ Hep B #3

- Varicella (Chicken Pox) 2 doses required
- Immunizations must be submitted on FIU Immunization Form and signed by your healthcare provider.

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 Monday – Thursday and 8:00 am - 4:00 pm Friday. Clinical hours are approximately 7:30 am – 4:30 pm Monday - Friday, subject to clinical assignment schedule.

_____ The local job market for Sonographers (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

_____ Official College Transcripts (**All Colleges**)

_____ Two Reference Letters

_____ Background check completed from
(www.castlebranch.com) (Contact
School for date if applying more than 2 months
in advance)

_____ FIU Immunization Form

_____ Hepatitis B 1, 2 & 3 or titer

_____ MMR 1 & 2 or titer

_____ Varicella 1 & 2 or titer

_____ TB Test

_____ Tdap Vaccine

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

Florida Institute of Ultrasound, Inc.
8800 University Parkway
Suite A-4
Pensacola, FL 32514

Fax: (850) 478-3727
Email: fiupensacola@gmail.com
Phone: (850) 478-7611