



## School of Cardiac Sonography Program Application

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

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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.
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### Personal Data:

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address

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

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Birthdate: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you a US citizen? YES / NO

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

**Education:** List all post-high school education 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.*

School & Location	Years Attended		Degree Awarded
	From	To	

Complete the prerequisite course work table below. All prerequisite courses must be complete prior to the start of the program. A&P I and II, medical terminology, and physics cannot be more than five years old. Statistics does not satisfy the mathematics requirement. Prerequisite coursework must be completed with a grade of C or better.

Course	Course Name on Transcript	Year Taken / Enrolled Semester	Grade
College Algebra or higher mathematics			
Anatomy & Physiology I with lab (4 credits)			
Anatomy & Physiology II with lab (4 credits)			
Physics with lab (4 credits)			
Medical Terminology			
Communications (Speech, English, composition, etc)			

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)

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**Statement of Intent:** On a separate sheet of paper, 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.

**Acknowledgement:** 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!

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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.



**Johns Hopkins School of Cardiac Sonography**  
**Job Shadow Verification Form**

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

Facility: \_\_\_\_\_

Date of Observation: \_\_\_\_\_

Exams Observed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify the completed hours of job shadowing experience listed above for this student.

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Supervising Sonographer's Name

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Supervising Sonographer's Signature Date



## 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. 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**

<b>Criteria</b>	<b>Outstanding Top 5%</b>	<b>Above Average Top 25%</b>	<b>Average Top 50%</b>	<b>Below Average</b>	<b>No Opportunity to Observe</b>
Ability to avoid and resolve conflict					
Ability to complete a task					
Academic ability					
Accepts constructive criticism and makes attempts to improve					
Attendance & Punctuality					
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.

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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!