



# APPLICATION

***Cohort #3 - January, 2020 to July, 2021***

## **Admission Policies & Procedures**

Completed application packets must be returned to the department no later than August 31, 2019.

Every applicant who has submitted a completed application, and meets the program admission requirements, will be scheduled for a phone interview to conclude the application process. The interviews will be conducted at designated times between September 1-30, 2019.

Enrollment will be based on submission of a completed application and the results of the phone interview. The top 4-5 top applicants will be selected for admission into the program.



**Community  
Regional  
Medical  
Center**

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**2823 Fresno Street  
Fresno, CA 93721**

**Community Regional Medical Center  
Advanced Cardiac Sonography Program**

# **APPLICATION CHECK-OFF LIST**

**A completed application MUST include the following:**

- Application for Admission
- Copy of College Diploma/s  
*B.A. / B.S. degree or higher*
- Official Transcripts  
*From ALL colleges and universities attended*
- Copy of ARDMS or CCI Card
- Copy of Curriculum Vitae
- Two Letters of Reference
- “Understanding Program Regulations” Form
- Copy of IELTS or TOEFL (iBT) TEST RESULTS  
*From foreign applicants or applicants in the U.S. who grew up in a foreign country*
- Non-refundable Application Fee (\$50.00)  
*Money Orders Only, Payable to “ACSP”*

**Completed applications should be mailed to:**

**Community Regional Medical Center  
Trauma Critical Care Building  
3rd Floor, Ultrasound Department  
2823 Fresno Street  
Fresno, California 93721**

**Applications must be received in our office  
no later than August 31, 2019**



Community Regional Medical Center  
2823 Fresno St.  
Fresno, CA 93721

**Advanced Cardiac Sonography Program**  
**APPLICATION FOR ADMISSION**

*For Office Use Only*  
**COMPLETE APPLICATION  
RECEIVED ON:**  
Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Initials: \_\_\_\_\_

**PLEASE PRINT**

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

Former Name/s: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: *(if different from above)* \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_\_

Are you an American citizen? \_\_\_\_\_ If not, do you have a valid Green Card? \_\_\_\_\_

Have you, at any point in your education, completed the following courses (on a college level)?

- |                             |                           |
|-----------------------------|---------------------------|
| _____ Anatomy (with lab)    | _____ English             |
| _____ Physiology (with lab) | _____ Communications      |
| _____ Physics               | _____ Medical Terminology |
| _____ Algebra (or higher)   |                           |

Please list the BA, BS, or Masters Degrees You Have Earned:

1. Type: \_\_\_\_\_  
College/University: \_\_\_\_\_
2. Type: \_\_\_\_\_  
College/University: \_\_\_\_\_
3. Type: \_\_\_\_\_  
College/University: \_\_\_\_\_

Are you a credentialed sonographer in Adult Echocardiography (RDCS or RCS)? \_\_\_\_\_

Please list your clinical experience in an echocardiography lab (minimum of three years):

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Do you currently reside in, or did you grow up in a country other than the United States? \_\_\_Yes \_\_\_No

If "YES", what country? \_\_\_\_\_

If "YES", what is the primary language of that country? \_\_\_\_\_

If accepted into the Advanced Cardiac Sonography Program, are you able to complete the required onsite clinical internship (in Fresno, CA) of 120 hours? \_\_\_\_\_

I hereby certify that all statements in this application are complete and true.

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ Signature: \_\_\_\_\_

**COMMUNITY REGIONAL MEDICAL CENTER  
ADVANCED CARDIAC SONOGRAPHY PROGRAM  
*Cohort #3 – January, 2020 to July, 2021***

## UNDERSTANDING PROGRAM REGULATIONS

Name: *(Please Print)* \_\_\_\_\_

- I understand CRMC reserves the right to revise enrollment requirements, program prerequisites and/or selection procedures at **ANYTIME**.
- I understand it is my responsibility to meet enrollment requirements, program prerequisites, to follow proper application procedures and to keep informed on revisions regarding the program.
- I understand that if I submit an application packet that is incomplete, or does not meet enrollment requirements, program prerequisites/application requirements, it will be returned to me with an explanation of why it was returned and the date of submission of my application becomes null and void.
- I understand that after my application is accepted and verified, it is my responsibility to notify the Program Director at CRMC.
- I understand that if I am admitted into the program, failure to notify the Program Director with a "Confirmation of Acceptance" in the allotted time prescribed constitutes grounds to assign my position to an alternate. My name will also be removed from the enrollment list.
- I understand that if I am admitted into the program and I must decline acceptance, my slot will go to the next student on the enrollment list.
- I understand that if I fail to successfully complete the first course level of the Advanced Cardiac Sonography Program and wish to re-enter, I will be considered a new applicant and all new program fees will be applied.
- I understand that CRMC is not a Federal Student Aid (FSA) eligible educational institution. I understand that I will not be able to take advantage of any FSA grant, loan, work study, or G.I. Bill programs. I understand that I will not be issued a yearly IRS Form 1098-T for obtaining education-related tax credits and that I will not qualify for the deferment of my previous student loans (if any).

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_

<p><i>For Office Use Only</i> <b>COMPLETE APPLICATION RECEIVED ON:</b></p> <p>Date: _____ Program Director: _____</p>
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# Community Regional Medical Center Advanced Cardiac Sonography **PROGRAM COSTS**

## **TUITION AND FEES**

Application Fee	\$50.00
Tuition	\$8,000.00
<b>TOTAL TUITION AND FEES</b>	<b>\$8,050.00</b>

## **ADDITIONAL EXPENSES\***

Books	\$600.00
Materials	\$50.00
<b>TOTAL ADDITIONAL EXPENSES</b>	<b>\$650.00</b>

**TOTAL PROGRAM EXPENSE\*** **\$8,700.00**

*\*Estimates – Prices Subject to Change*

*These fees do not include travel and lodging fees which are the sole responsibility of the student. These fees will vary depending on the place of residence of each student. There are three weeks (Mon-Friday) required residencies during this program.*

## Advanced Cardiac Sonography Program

# ADVANCED CARDIAC CLASS SCHEDULE

*Cohort #3 - January 6, 2020 to July 1, 2021*

COURSE LEVEL - Number of Weeks Title of Course	Course Number	Start Date	End Date	Times	Day(s)	Lecture Hours	Lab Hours	Clinical Internship Hours
<b>1st COURSE LEVEL - 5 weeks</b>								
Physics and Instrumentation	ACS 001	1/6/2020	2/7/2020	online	online	15		
Adv. Card. Hemodynamics & Patho.	ACS 002	1/6/2020	2/7/2020	online	online	15	5	
Clinical Internship (Synchronous)	ACS CL	2/3/2020	2/7/2020	8am-5pm	M-F			40
<b>Course Level Break - 2/8/2020 to 2/16/20</b>								
<b>2nd COURSE LEVEL - 5 weeks</b>								
Congenital Cardiovascular Disease	ACS 003	2/17/2020	3/20/2020	online	online	15	5	
Image Critique and Analysis 1A	ACS IC	2/17/2020	3/20/2020	online	online		5	
<b>Course Level Break - 3/21/2020 to 3/29/2020</b>								
<b>3rd COURSE LEVEL - 5 weeks</b>								
Acquired Cardiovascular Disease	ACS 004	3/30/2020	5/1/2020	online	online	15	5	
Instructional Techniques	ACS 005	3/30/2020	5/1/2020	online	online	15	5	
Image Critique and Analysis 1B	ACS IC	3/30/2020	5/1/2020	online	online		5	
Clinical Internship (Asynchronous)	ACS CL	TBD	TBD	TBD	TBD			40
<b>Course Level Break - 5/2/2020 to 5/10/2020</b>								
<b>4th COURSE LEVEL - 5 weeks</b>								
IAC Accreditation Preparedness	ACS 006	5/11/2020	6/12/2020	online	online	15	5	
Cardiovascular Pharmacology	ACS 007	5/11/2020	6/12/2020	online	online	15		
Image Critique and Analysis 1C	ACS IC	5/11/2020	6/12/2020	online	online		5	
<b>Course Level Break - 6/13/2020 to 6/21/2020</b>								
<b>5th COURSE LEVEL - 5 weeks</b>								
Med/Surg Treat. of Cardiovas. Disease	ACS 008	6/22/2020	7/24/2020	online	online	15	5	
Image Critique and Analysis 1D	ACS IC	6/22/2020	7/24/2020	online	online		5	
<b>Course Level Break - 7/25/2020 to 8/2/2020</b>								
<b>6th COURSE LEVEL - 5 weeks</b>								
Clinical Trials and IRB Methodology	ACS 009	8/3/2020	9/4/2020	online	online	15	5	
Image Critique and Analysis 1E	ACS IC	8/3/2020	9/4/2020	online	online		5	
Clinical Internship (Synchronous)	ACS CL	8/31/2020	9/4/2020	8am-5pm	M-F			40
<b>Course Level Break - 9/5/2020 to 9/13/2020</b>								
<b>7th COURSE LEVEL - 5 weeks</b>								
Research Methods and Biostatistics	ACS 010	9/14/2020	10/16/2020	online	online	15	5	
Image Critique and Analysis 2A	ACS IC	9/14/2020	10/16/2020	online	online		5	
Clinical Internship (Asynchronous)	ACS-CL	TBD	TBD	TBD	TBD			40

