



APPLICATION

The application period for
ACSP – Cohort #3
(January, 2020 to July, 2021)
has concluded. Therefore, the
application which follows is
no longer valid.

Applications for
ACSP - Cohort #4
(January, 2022 to July, 2023)
will be available in January, 2021.

**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):

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> COMPLETE APPLICATION RECEIVED ON:</p> <p>Date: _____ Program Director: _____</p>

Community Regional Medical Center Advanced Cardiac Sonography **PROGRAM COSTS**

TUITION AND FEES

Application Fee	\$50.00
Tuition	\$8,000.00
TOTAL TUITION AND FEES	\$8,050.00

ADDITIONAL EXPENSES*

Books	\$600.00
Materials	\$50.00
TOTAL ADDITIONAL EXPENSES	\$650.00

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
1st COURSE LEVEL - 5 weeks								
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
Course Level Break - 2/8/2020 to 2/16/20								
2nd COURSE LEVEL - 5 weeks								
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	
Course Level Break - 3/21/2020 to 3/29/2020								
3rd COURSE LEVEL - 5 weeks								
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
Course Level Break - 5/2/2020 to 5/10/2020								
4th COURSE LEVEL - 5 weeks								
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	
Course Level Break - 6/13/2020 to 6/21/2020								
5th COURSE LEVEL - 5 weeks								
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	
Course Level Break - 7/25/2020 to 8/2/2020								
6th COURSE LEVEL - 5 weeks								
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
Course Level Break - 9/5/2020 to 9/13/2020								
7th COURSE LEVEL - 5 weeks								
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

