



Cardiovascular Sonography Program

Name _____
Last First Middle All other last names used

Address _____

City _____ State _____ Zip _____

(Please check the location where you are most likely to be reached between the hours of 8 a.m. - 5 p.m.)

Telephone ☐ Home (____) _____ Cell (____) _____

Business (____) _____

Email Address _____

Social Security Number _____

Have you ever applied for admission to one of Winchester Medical Center's educational programs?

If yes, which one and when? _____

How did you become aware of this program?

Self _____ VHS Website _____ Employee _____ Counselor _____ Other _____

In case of emergency, notify _____ Relationship _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

EDUCATION Applicants **MUST** have completed the required prerequisites for the Cardiovascular Sonography program to be eligible. The list of prerequisites can be found at the following link:
www.valleyhealthlink.com/CVsonography

Have you completed all of these prerequisites? If not, what do you have left to complete and what is your plan to complete them?

College transcripts are required (unofficial transcripts permitted) and can be mailed to Valley Health Heart & Vascular Administration, Attn: CV Sonography Program, 1840 Amherst St., Winchester, VA 22601

PREVIOUS EMPLOYMENT

Please list the last 3 areas of employment. Begin with your current or most recent employment (include military service)

1. Place of employment _____
Address _____ City _____ State _____ Zip _____
Employed from _____ to _____ Supervisor's name _____ Phone(____) _____
Position held _____ Reason for leaving _____
2. Place of employment _____
Address _____ City _____ State _____ Zip _____
Employed from _____ to _____ Supervisor's name _____ Phone(____) _____
Position held _____ Reason for leaving _____
3. Place of employment _____
Address _____ City _____ State _____ Zip _____
Employed from _____ to _____ Supervisor's name _____ Phone(____) _____
Position held _____ Reason for leaving _____

May we contact the employers listed above for references purposes? _____ Yes _____ No

Please indicate by the appropriate number(s) any we should not contact and why _____

Have you ever been discharged or asked to resign from a job? _____ Yes _____ No

If yes, please explain _____

Have you ever been convicted of a felony? _____ Yes _____ No

Are you applying for Cardiac or Vascular Sonography training? _____. If you have no preference, please let us know here. _____

Describe any course work, skills, or volunteer experience you have had that is relevant to this application.

Why do you want to enter this program? What are your goals?

By my signature below, I certify that I have read this application. I have not withheld any requested information and the responses on this application are true to the best of my knowledge. I understand that any falsification or misrepresentation may be cause for rejection of this application.

Signature of Applicant

Date

Email your completed application to
pcook@valleyhealthlink.com