



Canadian Association of Registered Diagnostic Ultrasound Professionals
Association Canadienne des Professionnels Autorisés en Échographie Diagnostique
CARDUP ACPAED
 PO Box 119, Kemptville, Ontario K0G 1J0
 Tel: 613-258-6318 Toll Free Tel: 1-877-488-0788 email: info@cardup.org
 Fax: 613-258-0899 Toll Free Fax: 1-888-743-2952 website: www.cardup.org

Graduates from either CMA Accredited Ultrasound Programs or Programs with CMA Accreditation "in waiting status" offering Cardiac and Vascular Curriculum. (1st Credential)

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone # (h): _____ Home E-mail: _____

Employer's name: _____

Employer's address: _____

City: _____ Province: _____ Postal Code: _____

Phone # (w): _____ Work E-Mail: _____

Upon submission of completed CCSA, the fee will be:

- 1st Specialty Credential \$250.00
- 2nd Specialty Credential \$125.00

Please check which specialty applies:

- Cardiac Vascular

*****This application *Will Not Be Processed* without the following documents enclosed. You must apply for CARDUP registration within **eighteen (18) months** of your graduation date.*****

- 1. A Copy of your current ARDMS and / or CCI Card. (Cardiac or Vascular)**
- 2. A Copy of your School Transcript or Graduation Diploma or Certificate**
- 3. Original Watermarked Candidate Summary from the CCSA (if not previously submitted by your Program Representative on your behalf).**
- 4. Fee Payment.**

Payment by:

- Visa Master Card

Account #: _____ **Exp. Date:** _____

Signature: _____

- Cheque or Money Order payable to CARDUP**

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|--------------------------|--|
| <input type="checkbox"/> | I hereby certify that the information contained herein is true and accurate to the best of my knowledge. |
| <input type="checkbox"/> | I have read and understand CARDUP's Privacy Policy and I consent to the collection, use and disclosure of my personal information for the purposes of processing this Application. |

Signature of Applicant: _____ **Date of Application:** _____

Please Fax 1-888-743-2952 or mail in your completed application and documents with your payment to the address listed above.