

**CARDUP APPLICATION - Graduates of Accredited Ultrasound Programs
Clinical Skills Assessment Process Completed**

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 CSAP the fee will be:

- 1st Specialty Completed \$250.00 (incl. CARDUP fee)
- 2nd Specialty Completed \$125.00
- 3rd Specialty Completed \$125.00

Please check which specialty applies:

- Generalist
- Cardiac
- Vascular

This application is **Printable Version only** and must be accompanied by:

- 1. A Copy of your current ARDMS Card**
- 2. A Copy of your School Transcript/Certificate**
- 3. Original Watermarked Candidate Summary (responsibility of your instructor)**
- 4. Fees**

You will have **eighteen (18) months** from the date of your graduation to apply for CARDUP registration.

Payment by Visa or Master Card

Account #: _____ Exp. Date: _____

Cheque or Money Order payable to CARDUP

Please Fax 1-888-743-2952 or mail in your completed application and documents with your payment to:

**CARDUP
P.O. Box 119
Kemptville ON K0G 1J0**