



Canadian Association of Registered Diagnostic Ultrasound Professionals
 Association Canadienne des Professionnels Autorisés en Échographie Diagnostique

CARDUP ACPAED

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**Application submission
 deadline for Exams
 held in February 2012
 is January 6, 2012.**

Application for CARDUP Examinations

1. PERSONAL AND CONTACT INFORMATION (PLEASE PRINT OR TYPE LEGIBLY.)

 First Name

 Last Name

 Middle Name / Initial

 Date of Birth (date / month / year)

 Address (Line 1)

 Address (Line 2) (indicate Apt. / Unit #)

 P.O. Box or Rural Route (if applicable)

 City

 Province

 Postal Code

 Country

(_____) _____
 Home Telephone Number

 CSDMS / CARDUP No. (if applicable)

(_____) _____
 Work Telephone Number

 E-Mail Address

(_____) _____
 Cell Phone Number

2. PREREQUISITE INFORMATION AND REQUIRED DOCUMENTATION

Have you or are you about to graduate from a Canadian Medical Association (CMA) accredited program in Diagnostic Medical Sonography? Yes No

If yes, have you enclosed Copy of your graduation degree / diploma / certificate

and / or Copy of your most recent Official Transcript

and / or Letter from your Program Representative outlining your training status and eligibility to write the exam.

| | |
|--|--|
| Indicate Degree / Diploma / Certificate obtained or about to complete: _____ | Indicate graduation date or proposed date of graduation from your ultrasound training program: _____ |
|--|--|

For which ultrasound credential(s) have you completed or almost completed your education? Generalist Cardiac Vascular

Have you completed your CARDUP Clinical Skills Assessment (CCSA) for the credential(s) indicated in the previous question? Yes No

Has your program representative submitted your completed CCSA Candidate Summary(ies) to CARDUP? Yes No

| 3. EXAM(S) REQUESTED | | |
|--|------------------------------------|---|
| <ul style="list-style-type: none"> ▪ Indicate the exam(s) for which you are applying by checking the appropriate box(es). ▪ Choose the Exam Centre where you wish to write the exam. | | |
| Exam Date | Exam Centre | |
| Generalist Exam <input type="checkbox"/> Core – February 11, 2012 <input type="checkbox"/> Generalist – February 11, 2012 | <input type="checkbox"/> Michener | <input type="checkbox"/> Mohawk |
| | <input type="checkbox"/> Dalhousie | <input type="checkbox"/> NAIT <input type="checkbox"/> SAIT |
| | <input type="checkbox"/> Winnipeg | <input type="checkbox"/> CONA |
| Cardiac Exam <input type="checkbox"/> Cardiac – February 12, 2012 | <input type="checkbox"/> Michener | <input type="checkbox"/> Mohawk |
| | <input type="checkbox"/> Dalhousie | <input type="checkbox"/> NAIT <input type="checkbox"/> SAIT |
| | <input type="checkbox"/> Winnipeg | <input type="checkbox"/> CONA |

| 4. Practice Exam | |
|---|--|
| Have you reviewed the CARDUP website practice exam? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| 5. Method of Correspondence for Processing this Application Form | |
|---|--|
| Please indicate your preferred method of correspondence to receive your Authorization to Write or Refusal form? | <input type="checkbox"/> Mail <input type="checkbox"/> Email |

| 6. EXAM FEES | | |
|--|--|------------------|
| Indicate the exams you are applying for, the associated fees, and then indicate the total amount of the fees enclosed with this application. | | |
| Core Examination | <input type="checkbox"/> | \$200.00 |
| Generalist Examination | | |
| Abdominal Component | <input type="checkbox"/> | \$100.00 |
| Obstetrical / Gynaecology Component | <input type="checkbox"/> | \$100.00 |
| Musculoskeletal / Vascular / Superficial Structures Component | <input type="checkbox"/> | \$100.00 |
| Cardiac Examination | <input type="checkbox"/> | \$250.00 |
| Exam Application Processing Fee | Add this mandatory nonrefundable fee to the total | \$ 100.00 |
| TOTAL FEES: | | \$ |

| 7. METHOD OF PAYMENT | |
|---|--------------------------------------|
| <input type="checkbox"/> Cheque (Payable to CARDUP; post-dated cheques will NOT be accepted) | <input type="checkbox"/> Money Order |

| | |
|---|--------------------------------|
| <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA | Expiry Date: _____ |
| Account Number: _____ | Signature of Cardholder: _____ |

8. ACCOMMODATION

Do you require special needs accommodation to write the exam(s)? Yes No

If yes, have you enclosed the CARDUP Special Needs Accommodation Request Form and supporting documentation? Yes No

9. ACKNOWLEDGMENT AND STATEMENT OF AGREEMENT

| | |
|--------------------------|---|
| <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 understand the credentialing requirements and I agree to abide by the rules and regulations of the exam process as outlined by CARDUP. I have read and understand all of the terms and conditions within the current CARDUP Examination Guide (including the application process, withdrawal and refund process, appeal policy, limits of liability and the contents and spirit of the Rules and Regulations for the CARDUP Credentialing Exam), as made available on the CARDUP website, and I am fully compliant with, and I agree to abide by all of terms and conditions therein. I understand that CARDUP reserves the right to deny my application, revoke my eligibility as a candidate or take action against me as a Registrant if the documentation I provide is found to be fraudulent or a misrepresentation of the facts. |
| <input type="checkbox"/> | I acknowledge that CARDUP may disclose to third parties my personal information contained herein (in whole or in part) for the purpose of verifying the accuracy thereof and for no other purpose. I consent to such disclosure provided that before disclosing any of my personal information to any third party for such purpose, CARDUP enters into an agreement with the third party pursuant to which it is required to use that information solely for the purpose of verifying the accuracy thereof and to maintain privacy measures at least as stringent as those of CARDUP. I also consent to third parties disclosing my personal information to CARDUP, so that CARDUP can process my application and verify the accuracy of the information provided in this Application. |
| <input type="checkbox"/> | I acknowledge that CARDUP provides a statistical report on graduate success to CMA accredited ultrasound programs. Note: this report does NOT include individual student names or scores. |
| <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 described in CARDUP's Privacy Policy. |
| <input type="checkbox"/> | I agree to comply with the Code of Ethics for the profession of Diagnostic Medical Ultrasound as outlined in the CARDUP Examination Guide, and to comply with all other rules, regulations and policies pertaining to this Application and to the standards and renewal of any credential I may receive through CARDUP. |
| <input type="checkbox"/> | I acknowledge and agree that, while CARDUP takes reasonable steps to ensure the accuracy and completeness of its information, resources and reports, neither CARDUP nor any of its directors, officers, agents or employees shall be responsible for damages or losses in the event of any errors or omissions contained therein, nor shall CARDUP be liable for any damages or losses whatsoever (including without limitation damages of a personal, professional or financial nature) incurred by me as a result of any decision pertaining to this Application made by or on behalf of CARDUP or any of its directors, officers, agents or employees. By registering for and completing a CARDUP Credentialing Exam, I further agree that I shall not take any legal action or commence other proceedings against CARDUP or any of its directors, officers, agents and employees for anything done in good faith related to a CARDUP Credentialing Exam, including any errors, omissions, neglect or default in respect thereof. I also agree to indemnify and hold harmless CARDUP and each of its directors, officers, agents and employees (the Indemnified Parties) absolutely and forever, from and against any and all claims, actions, damages, suits, liabilities, obligations, costs, fees, charges, and other expenses whatsoever, including reasonable legal fees and costs (collectively the "Claim"), that may be asserted against any Indemnified Party in connection with the information provided to an Indemnified |

Date: _____ Signature: _____

PLEASE ENSURE THAT YOUR APPLICATION IS SIGNED AND DATED. SEND THE COMPLETED APPLICATION, FEE PAYMENT AND THE REQUIRED SUPPORTING DOCUMENTATION TO CARDUP BY THE APPLICATION DEADLINE FOR THE EXAM DATE FOR WHICH YOU ARE APPLYING (SEE PAGE 1 OF THIS APPLICATION FOR THE MAILING ADDRESS). LATE APPLICATIONS WILL NOT BE ACCEPTED. PLEASE ENSURE THE ADDRESS THAT YOU PROVIDE FOR COMMUNICATION IS CURRENT AND RELIABLE.

| | | |
|----------------------------|-----------------|----------------|
| FOR CARDUP OFFICE USE ONLY | | |
| Date received: _____ | Decision: _____ | Approved _____ |
| | | Rejected _____ |
| If rejected, reason: _____ | | |