



Enrollment Agreement for Cardiac Cross Training Courses

Contact Information:

Last Name: _____ First Name: _____

Middle Initial: _____ Social Security Number: _____ - _____ - _____

Address: _____

City _____ State _____ Zip _____

Home Phone _____ Mobile/Cell _____

Email Address _____

Sonography Background:

_____ **Formal Training Program**

Major _____ Year Graduated _____

Name of Program _____

Length of Program _____ City _____ State _____

_____ **On-the-job-training**

Major _____ Year Completed _____

Name of Clinic _____

Length _____ City _____ State _____

_____ **Registries/Credentials**

Abdomen _____ Obstetrics/Gynecology _____

Adult Cardiac _____ Pediatric Cardiac _____

Vascular _____ Breast _____

Other _____

Registry Number: _____



Hepatitis B. Status:

Which of the following best describes the status regarding your Hepatitis B Series of injection that the health department recommends for all health care workers? Please initial the answer that fits your status.

_____ I have started or will start the Hepatitis B vaccine prior to registering for any of the Institute of Medical Ultrasound’s clinical training courses. I will notify the Institute of Medical Ultrasound upon initiation and completion of the series.

_____ I have previously received the Hepatitis B vaccine series of injections and can provide documents or titer results.

_____ I have decided **NOT** to receive the Hepatitis B vaccine even though I understand that my clinical training and future profession may expose me to blood or other infectious materials; however, by not receiving the vaccine it will seriously limit the Institute’s ability to assign me to a clinical training facility and that limiting my assignment to a clinical training facility may negatively impact my ability to graduate from the program.

Course Selection:

Please designate your choices by initialing each course for which you are enrolling in the “select” column and then initialing the total cost.

Cardiac Sonography Courses	TYPE	Schedule is: (10 wks unless specified)	Cost	Select by initialing your choice
DMSC 231 Cardiac Sonography*	Theory	Tu 4-5 p.m.	\$ 900	
DMSC 241 Cardiac Sonography II*	Theory	Tu 5:30-6:30 p.m.	\$ 900	
DMSC 251 Cardiac Sonography III*	Theory	Tu 7:-8 p.m.	\$ 900	
XTCL 100 Cardiac Scan Lab	Lab	By Appointment	\$ 950	
XTCC 100 Cardiac XT Clinic I	Clinic	100 hours	\$1000	
XTCC 160 Cardiac XT Clinic II	Clinic	160 hours	\$1200	
XTCC 240 Cardiac XT Clinic III	Clinic	240 hours	\$1600	
XTCC 320 Cardiac XT Clinic IV	Clinic	320 hours	\$2000	
<u>TUITION IS DUE WITH SIGNING OF ENROLLMENT AGREEMENT.</u>				
Total Cost				

*****Textbook (s) may be required. ** **Class times are subject to change*****



INSTITUTE OF
MEDICAL ULTRASOUND

Selection of Term:

_____ Fall Term: October 2, 2008 _____ Winter Term: January 8, 2008

_____ Spring Term: April 2, 2008 _____ Summer Term: July 8, 2008

Agreement:

The student and Institute of Medical Ultrasound school enter into an agreement under which the student will pay tuition and other fees that may apply (example: books) as indicated above as well as adhere to Institute of Medical Ultrasound's protocol and procedures as set forth in the student catalog. Institute of Medical Ultrasound will instruct the student in the curriculum listed above in accordance with the education laws and the commissioner's regulations.

NOTE: This Enrollment agreement may be cancelled within 3 business days of the signature from the student. The cancellation must be in writing and signed by the purchaser, which is the student.

Student's Signature: _____ Date: _____

Agreement Acceptance by School Faculty:

Enrolling School Personnel
Printed Name & Title: _____

Enrolling School Personnel
Signature: _____ Date: _____

Executive or Program
Director Signature: _____ Date: _____

Submittal:

Sign and submit the agreement via fax or mail; however the original is required.

Institute of Medical Ultrasound
817 W. Peachtree St, Ste 207
Atlanta, GA 30308, 404-881-1916-Office
404-881-1897-Fax

You may make payment payable to Institute of Medical Ultrasound via check or money order which must accompany signed agreement or you may use our secured PayPal account found on our website: www.imultrasound.com under tuition and fees payment. If you have any questions or concerns, please contact the school or email Sherie Kirksey at skirksey@imultrasound.com

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Phone: 404.881.1916 fax: 404.881.1897