



## 5. Race/ Ethnic/ Gender Designation

Information obtained from this survey is used to develop and identify school diversity statistics. Completion of this survey is voluntary and refusal to provide this information will not subject you to rejection of admission to our program.

**Instructions:** Please check appropriate category.

Race/ Ethnic designations as used by the Federal Government do not denote scientific definitions of anthropological origins. For the purposes of this survey, the applicant may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ ethnic group. The Race/ Ethnic/ Gender categories used for this survey are:

- Caucasian** (not of Hispanic origin) – a person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- African American** (not of Hispanic origin) – a person having origins in any of the Black racial groups of Africa
- Hispanic** – a person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin regardless of race
- Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaskan Native** – a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment
- Native Hawaiian or Pacific Islander** – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

**Gender:**         Male         Female

## 6. Background Check and Drug Testing

All Aurora St. Luke's Medical Center Imaging Programs have a clinical education component that must be completed to meet graduation requirements. Upon acceptance to the program all students must submit to criminal background checks and drug screening.

All license and registry agencies have eligibility standards for their applicants. These standards address the question of an applicant's conviction of a felony or misdemeanor. The student is responsible for ensuring their license / registry eligibility. If you have any questions regarding your eligibility, contact:

For Radiology: American Registry of Radiologic Technologist – [www.arrt.org](http://www.arrt.org)

For Sonography: American Registry of Diagnostic Medical Sonographers – [www.ardms.org](http://www.ardms.org)

**7. Transcripts**

High School and College Transcripts:

To verify completion of pre-requisites, **official sealed** academic transcripts must validate all educational information provided. Any discrepancies will terminate applicant’s eligibility.

Foreign Transcripts:

To verify completion of pre-requisites, all foreign diplomas and documents must include an official notarized translation in English and be evaluated by a foreign transcript evaluation agency prior to submission.

**TRANSCRIPTS MUST BE SENT DIRECTLY FROM THE EDUCATIONAL INSTITUTE, POSTMARKED BY THE APPLICATION DEADLINE TO THE ADDRESS BELOW. HAND CARRIED TRANSCRIPTS WILL NOT BE ACCEPTED.**

**Aurora Health Care  
Attn: Sonography Program Supervisor  
180 W. Grange Avenue  
Milwaukee, WI 53207**

**8. Educational Experience**

High School Attendance	Dates		GPA	MM/YY of Graduation
	From	To		

**If applicable, please provide the following information on your 24-month accredited Allied Health Program and certificate/license number.**

Name of Program	Type of Program	Year Completed	GPA	Registry / License #	Verified Office Use Only

**If applicable, please provide the following information on your post-secondary education.**

College / University Attendance (most recent first)	Dates		Degree Earned	Major	GPA	Verified Office Use Only
	From	To				

9. **Please provide pre-requisite information.**  
**To satisfy Anatomy & Physiology pre-requisite, students must have completed #A and #B, or #C (combination course).**  
**Courses must be at college level, unless otherwise stated.**  
**Minimum 3.0 GPA is required.**

Course	College	Date Completed	Grade Received	Verified Office Use Only
A. Human Anatomy with Lab				
B. Human Physiology with Lab				
C. Human Anatomy & Physiology with lab (combined course)				
General Pathophysiology				
General Physics				
Algebra (high school minimum level)				
Medical Ethics and Law				
Medical Terminology				
Basic Patient Care				
Communication				

10. **Please provide additional suggested course information. If currently enrolled, please identify your anticipated completion date(s). Courses must be a college level.**

Course	College	Date Completed	Grade Received	Verified Office Use Only
Biology				
Computer Science				

11. **Highest Degree Earned**

- Received Associate Degree
  Received Master's Degree  
 Received Bachelor's Degree
  Received Doctorate Degree

12. **Date of job shadowing experience:** \_\_\_\_\_

13. Are you currently employed in the field of health care delivery?

No

Yes

Describe your current/previous health care experience?

14. How did you hear about this program? (please check all that apply)

Friend

Aurora Employee

Advertisement

Job/ Career Fair

Website/ Internet

Other Educational Facility

Other (please identify)

15. Sign and date the application

**I certify to the best of my knowledge the information provided in this application is accurate and complete. I understand that if this information or any other information upon which my admission is based is discovered to be inaccurate or incomplete, the school may rescind my admission. If admitted, I agree to abide by the school's policies including, but not limited to, those contained in the Student Handbook and this application. I acknowledge that all submitted official transcripts will become property of the school and will not be forwarded to another institution or returned to me.**

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Applicant Signature

Date