



APPLICATION FOR ADMISSION ECHOCARDIOGRAPHY

Danville Area Community College
2000 East Main St, Danville, Illinois 61832
Telephone 217-443-3222 – www.dacc.edu

Please Print or Type Application

Name: _____ **Application Date:** _____

Address: _____

Home Telephone: _____ **Cell Phone:** _____

E-mail address: _____

Social Security or Student ID #: _____

Have you ever been convicted of a crime? Yes _____ **No** _____

If yes, please give a complete explanation on a separate sheet

Please check all that apply and give dates of program attendance and program location. Must provide copy of current license/certification, program/college transcripts from institutions other than DACC and a summary of any cardiology experience.

Radiologic Sciences	Completed at	To- From
__ Rad. __ Nuc. Med. __ Rad. Ther. __ Sono		
<input type="checkbox"/> Associate Degree	_____	_____
<input type="checkbox"/> Certificate	_____	_____
<input type="checkbox"/> B.S.	_____	_____

Nursing		
<input type="checkbox"/> Assoc. Degree	_____	_____
<input type="checkbox"/> BSN or Higher	_____	_____

Health Professions Degree		
<input type="checkbox"/> Respiratory Therapy	_____	_____
<input type="checkbox"/> Other (Specify)	_____	_____

Bachelor's Degree or Higher		
<input type="checkbox"/> Biology	_____	_____
<input type="checkbox"/> Chemistry	_____	_____
<input type="checkbox"/> Physics	_____	_____
<input type="checkbox"/> Other (Specify)	_____	_____

Cardiology Experience: _____

I understand that upon being admitted to the program, I must pass a physical examination and a drug screen approved by Danville Area Community College.

I understand that any false or misleading statements made by me on this application will prevent my acceptance into the program or may be cause for dismissal if accepted.

I understand that the clinical affiliates require background checks, and thus, students must undergo criminal background checks before entering the program. The appropriate form will be sent to me upon acceptance to the program. I also understand that if the results of the background check prevent me from participating at the clinical sites, I will not be able to enter the program.

I understand that if I have any questions relative to interpretation of any part of this application, I should contact the Program Director at [217-443-8552](tel:217-443-8552) or thoward@dacc.edu.

Date: _____ **Signature:** _____

Return to: Tamara L. Howard
Medical Imaging Director
Danville Area Community College
2000 East Main St.
Danville, Illinois 61832

Let us know how you've heard about our program (ex: Social media, Advisors, Friends, DACC classes... etc.) List all:
