

**Application for Credentialing Examinations  
(Accredited Sonography Program Graduates)**

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

<b>First Name</b>	<b>Last Name</b>	
<b>Middle Name / Initial</b>	<b>Sonography Canada No. (if applicable)</b>	
<b>Address (Line 1)</b>	<b>Address (Line 2) (indicate Apt. / Unit #)</b>	
<b>P.O. Box or Rural Route (if applicable)</b>	<b>City</b>	
<b>Province</b>	<b>Postal Code</b>	<b>Country</b>
<b>Telephone Number</b>	<b>E-Mail Address</b>	

**2. PREREQUISITE INFORMATION**

**Have you or are you about to graduate from an Accreditation Canada (AC) accredited program in Diagnostic Medical Sonography?** ☐ Yes ☐ No

**NOTE:** Sonography Canada requires a letter from your program representative outlining your training status and eligibility to challenge the exam. Sonography Canada will request this letter directly from your program representative separate from this application. By signing this application you are agreeing to allow this information to be released to Sonography Canada.

**School Name:** \_\_\_\_\_ **Graduation date:** \_\_\_\_\_  
D / M / Y

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

**Has your program representative submitted your completed CCSA Candidate Summary(ies) to Sonography Canada?** ☐ Yes ☐ No

**3. EXAM(S) REQUESTED**

- **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	
<b>Core and Generalist Exams</b> <input type="checkbox"/> Core <input type="checkbox"/> Generalist <input type="checkbox"/> Core (French) <input type="checkbox"/> Generalist (French)	<input type="checkbox"/> Burnaby, BC	<input type="checkbox"/> Calgary, AB
	<input type="checkbox"/> Edmonton, AB	<input type="checkbox"/> Ottawa, ON
	<input type="checkbox"/> Toronto, ON	<input type="checkbox"/> Hamilton, ON
	<input type="checkbox"/> London, ON	<input type="checkbox"/> Halifax, NS
	<input type="checkbox"/> Sudbury, ON	<input type="checkbox"/> Moncton, NB
	<input type="checkbox"/> Windsor, ON	<input type="checkbox"/> Winnipeg, MB
	<input type="checkbox"/> St. John's, NL	<input type="checkbox"/> Other
	<b>Cardiac and/or Vascular Exams</b> <input type="checkbox"/> Cardiac <input type="checkbox"/> Vascular	<input type="checkbox"/> Burnaby, BC
<input type="checkbox"/> Edmonton, AB		<input type="checkbox"/> Toronto, ON
<input type="checkbox"/> Hamilton, ON		<input type="checkbox"/> Winnipeg, MB
All exam sites may be subject to change and availability. Site preferences will be assigned on a first come/first served basis.		

#### 4. PERMISSIONS

May we include your name on an online directory and/or published list of newly credentialed sonographers? ☐ Yes ☐ No

May we inform your education program of your examination results? ☐ Yes ☐ No

May we inform the College of Medical Radiation Technologists of Ontario (CMRTO) of your examination results? ☐ Yes ☐ No

#### 5. 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. (NOTE: All three components of the Generalist Examination are required for the CRGS® credential.)

Core Examination	<input type="checkbox"/>	\$200.00
Generalist Examination (All 3 Components)	<input type="checkbox"/>	\$500.00
Obstetrical / Gynaecology Component	<input type="checkbox"/>	\$200.00
Abdominal / Superficial Structures Component	<input type="checkbox"/>	\$200.00
Generalist Vascular Component	<input type="checkbox"/>	\$200.00
Cardiac Examination	<input type="checkbox"/>	\$500.00
Vascular Examination	<input type="checkbox"/>	\$500.00
Exam Application Processing Fee	Add this mandatory nonrefundable fee to the total	\$100.00
TOTAL FEES:		\$

**6. PAYMENT INFORMATION**

☐ **Cheque** (Payable to Sonography Canada; post-dated cheques will NOT be accepted)

☐ **Money Order**

☐ **MasterCard**      ☐ **VISA**

**Amount:**

\_\_\_\_\_

**Credit Card Number:**

**Expiry Date:**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_-

**Month / Year**

**Security Code:** \_\_\_\_\_

**Name as it Appears on Credit Card:**

**Signature of Cardholder:**

\_\_\_\_\_

\_\_\_\_\_

**7. ACCOMMODATION**

**Do you require special needs accommodation to write the exam(s)?**

☐ **Yes**

☐ **No**

**If yes, have you enclosed the Special Needs Accommodation Request Form and supporting documentation?**

☐ **Yes**

☐ **No**

**8. ACKNOWLEDGMENT AND STATEMENT OF AGREEMENT**

☐ I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

☐ I have been made aware of the credentialing requirements and I agree to abide by the rules and regulations of the exam process as outlined by Sonography Canada. I have read and understand all of the terms and conditions within the current Sonography Canada Examination Guide as made available on the Sonography Canada Website. I am fully compliant with, and I agree to abide by all of terms and conditions therein. I understand that Sonography Canada reserves the right to deny my application; revoke my eligibility as a candidate; or take such action against me in my capacity as a Registrant if the documentation I provide is found to be fraudulent or a misrepresentation of the facts.

☐ I acknowledge that Sonography Canada 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, Sonography Canada 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 Sonography Canada. I also consent to third parties disclosing my personal information to Sonography Canada, so that Sonography Canada can process my application and verify the accuracy of the information provided in this Application.

☐ I acknowledge that Sonography Canada provides a statistical report on graduate success to accredited sonography programs. Note: this report does NOT include individual student names.

☐ I have read and understand Sonography Canada's Privacy Policy and I consent to the collection, use and disclosure of my personal information for the purposes described in Sonography Canada's Privacy Policy.

☐ I agree to comply with the Code of Ethics for the profession of Diagnostic Medical Sonography as outlined in the SONOGRAPHY CANADA 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 SONOGRAPHY CANADA.



I acknowledge and agree that, while Sonography Canada takes reasonable steps to ensure the accuracy and completeness of its information, resources and reports, neither Sonography Canada 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 Sonography Canada 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 Sonography Canada or any of its directors, officers, agents or employees. By registering for and completing a Sonography Canada Credentialing Exam, I further agree that I shall not take any legal action or commence other proceedings against Sonography Canada or any of its directors, officers, agents and employees for anything done in good faith related to a Sonography Canada Credentialing Exam, including any errors, omissions, neglect or default in respect thereof. I also agree to indemnify and hold harmless Sonography Canada 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:** \_\_\_\_\_  
DAY / MONTH / YEAR

**Signature:** \_\_\_\_\_

**PLEASE ENSURE THAT YOUR APPLICATION IS SIGNED AND DATED. SEND ALL REQUIRED DOCUMENTATION AND PAYMENT TO SONOGRAPHY CANADA BY THE APPLICATION DEADLINE. LATE APPLICATIONS WILL NOT BE ACCEPTED. PLEASE ENSURE THE EMAIL AND MAILING ADDRESSES THAT YOU PROVIDE FOR COMMUNICATION ARE CURRENT AND RELIABLE.**

**EMAIL COMPLETED APPLICATION, FEE PAYMENT AND ALL REQUIRED DOCUMENTATION TO:**

[EXAMINFO@SONOGRAPHYCANADA.CA](mailto:EXAMINFO@SONOGRAPHYCANADA.CA)

**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_  
D / M / Y

Decision:      Approved \_\_\_\_\_

Rejected \_\_\_\_\_

If rejected, reason: \_\_\_\_\_