

Application for Core Exam Only
(Students Enrolled in Accredited Sonography Programs Only)

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

First Name

Last Name

Middle Name / Initial

Sonography Canada No. (if applicable)

Address (Line 1)

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

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

City

Province

Postal Code

Country

Telephone Number

E-Mail Address

2. PREREQUISITE INFORMATION

Are you currently enrolled in an Accreditation Canada (AC) accredited or registered program in Diagnostic Medical Sonography? School Name:

☐ **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.

3. PERMISSIONS

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

4. 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**

5. 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	
Core Exam Only <input type="checkbox"/> Core <input type="checkbox"/> Core (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

All exam sites may be subject to change and availability. Site preferences will be assigned on a first come/first served basis.

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
Exam Application Processing Fee	Add this mandatory nonrefundable fee to the total	\$125.00
PLEASE COMPLETE PAYMENT INFORMATION ON THE LAST PAGE OF THE APPLICATION	TOTAL FEES:	\$

7. 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:

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 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 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 THE COMPLETED APPLICATION, FEE PAYMENT AND THE REQUIRED SUPPORTING DOCUMENTATION TO SONOGRAPHY CANADA BY THE APPLICATION DEADLINE FOR THE EXAM DATE FOR WHICH YOU ARE APPLYING. LATE APPLICATIONS WILL NOT BE ACCEPTED. PLEASE ENSURE THE EMAIL AND ADDRESS THAT YOU PROVIDE FOR COMMUNICATION IS CURRENT AND RELIABLE

EMAIL OR FAX COMPLETED APPLICATION, FEE PAYMENT AND REQUIRED SUPPORTING DOCUMENTATION TO:

EMAIL COMPLETED APPLICATION, FEE PAYMENT AND REQUIRED SUPPORTING DOCUMENTATION TO:

EXAMINFO@SONOGRAPHYCANADA.CA

FOR OFFICE USE ONLY

Date received: _____
D / M / Y

Decision: Approved _____

Rejected _____

If rejected, reason: _____