

Application for Credentialing Examinations – External Candidate

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 AND REQUIRED DOCUMENTATION

Have you received approval from Sonography Canada to write the Exam(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate date of approval _____ Day Month Year
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3. PERMISSIONS

May we include your name on a published list of newly credentialed sonographers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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4. ACCOMMODATION

Do you require special needs accommodation to write the exam(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have you enclosed the Sonography Canada Special Needs Accommodation Request Form and supporting documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 and Generalist Exams <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
	Cardiac and/or Vascular Exams <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.		
For candidates who wish to write the Sonography Canada exam in English but are non-native English speakers, Sonography Canada recommends a minimum Test of English as a Foreign Language (TOEFL) score of 80 within the last two years. <input type="checkbox"/> TOEFL 80		

6. WRITTEN 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	\$125.00
	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 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 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

In submitting this application, you are granting us permission to contact you by email regarding all exam correspondence.

Date: _____ **Signature:** _____
Day / Month / Year

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 COMPLETED APPLICATION, FEE PAYMENT AND ALL REQUIRED DOCUMENTATION TO:
EXAMINFO@SONOGRAPHYCANADA.CA

FOR OFFICE USE ONLY

Date received: _____ Decision: Approved _____
D / M / Y Rejected _____

If rejected, reason: _____