Sonography Canada Échographie Canada™

PO Box 119, Kemptville, ON K0G 1J0
Ph: 1-877-488-0788 Fax: 1-888-743-2952

Application submission deadline for Exams held in February 2014 is January 5, 2014

Application to Re-write CARDUP Examinations – External Candidate

1. Personal and Contact Information (Please print or type legibly.)

First Name _____ Last Name _____

Middle Name / Initial _____ Date of Birth (date / month / year) _____

Address (Line 1) _____ Address (Line 2) (indicate Apt. / Unit #) _____

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

Province _____ Postal Code _____ Country _____

(_____) _____
Home Telephone Number

CSDMS / CARDUP No. (if applicable) _____

(_____) _____
Work Telephone Number

E-Mail Address _____

(_____) _____
Cell Phone Number

2. Prerequisite Information

Have you received approval from CARDUP to write the Exam(s)?	☐ Yes ☐ No

3. Exam(s) Requested

- Choose the examination / date combination(s) for which you are applying by checking the appropriate box(es) .
- From the available Exam Centres for your chosen exam / date combination choose the location where you wish to write the exam by checking the appropriate box(es).

Examination and Date	Exam Centre Available	
Core and Generalist Exams February 7, 2014 □ Core □ Generalist □ Core (French) □ Generalist (French)	□ Moncton, NB	
Core and Generalist Exams February 8, 2014 □ Core	□ Sudbury, ON	□ Toronto, ON
	□ St. John's, NL	□ Edmonton, AB

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□ Generalist □ Core (French) □ Generalist (French)	□ Burnaby, BC	□ Windsor, ON
	□ Hamilton, ON (Core Only)	□ Calgary, AB
Cardiac Exam **February 7, 2014** □ Cardiac	□ Burnaby, BC	□ Calgary, AB
	□ Edmonton, AB	
Cardiac Exam **February 8, 2014** □ Cardiac	□ Hamilton, ON	

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

4. 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	☐	**$ 200.00**
Generalist Examination (All 3 Components)	☐	**$400.00**
Obstetrical / Gynaecology Component	☐	135.00
Abdominal Component / MSK / Superficial Structures	☐	135.00
Vascular Component	☐	135.00
Cardiac Examination	☐	**$250.00**
	Total Fees:	**$**

5. Method of Payment

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

☐ Money Order

☐ MasterCard ☐ VISA

Expiry Date: _____

Account Number: _____

Signature of Cardholder: _____

6. Special Needs Accommodation

Do you require special needs accommodation to write the exam(s)? ☐ Yes ☐ No

If yes, have you enclosed the CARDUP Special Needs Accommodation Request Form and supporting documentation? ☐ Yes ☐ No

7. ACKNOWLEDGMENT AND STATEMENT OF AGREEMENT	
☐	I hereby certify that the information contained herein is true and accurate to the best of my knowledge.
☐	I understand the credentialing requirements and I agree to abide by the rules and regulations of the exam process as outlined by CARDUP. I have read and understand all of the terms and conditions within the current CARDUP Examination Guide (including the application process, withdrawal and refund process, appeal policy, limits of liability and the contents and spirit of the Rules and Regulations for the CARDUP Credentialing Exam), as made available on the CARDUP website, and I am fully compliant with, and I agree to abide by all of terms and conditions therein. I understand that CARDUP reserves the right to deny my application, revoke my eligibility as a candidate or take action against me as a Registrant if the documentation I provide is found to be fraudulent or a misrepresentation of the facts.
☐	I acknowledge that CARDUP 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, CARDUP 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 CARDUP. I also consent to third parties disclosing my personal information to CARDUP, so that CARDUP can process my application and verify the accuracy of the information provided in this Application.
☐	I have read and understand CARDUP's Privacy Policy and I consent to the collection, use and disclosure of my personal information for the purposes described in CARDUP's Privacy Policy.
☐	I agree to comply with the Code of Ethics for the profession of Diagnostic Medical Ultrasound as outlined in the CARDUP 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 CARDUP.
☐	I acknowledge and agree that, while CARDUP takes reasonable steps to ensure the accuracy and completeness of its information, resources and reports, neither CARDUP 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 CARDUP 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 CARDUP or any of its directors, officers, agents or employees. By registering for and completing a CARDUP Credentialing Exam, I further agree that I shall not take any legal action or commence other proceedings against CARDUP or any of its directors, officers, agents and employees for anything done in good faith related to a CARDUP Credentialing Exam, including any errors, omissions, neglect or default in respect thereof. I also agree to indemnify and hold harmless CARDUP 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 Party by me hereunder and any error, omission or inaccuracy in respect thereof.

Date: _____ Signature: _____

PLEASE ENSURE THAT YOUR APPLICATION IS SIGNED AND DATED. SEND THE COMPLETED APPLICATION, FEE PAYMENT AND THE REQUIRED SUPPORTING DOCUMENTATION TO CARDUP BY THE APPLICATION DEADLINE FOR THE EXAM DATE FOR WHICH YOU ARE APPLYING (SEE PAGE 1 OF THIS APPLICATION FOR THE MAILING ADDRESS). LATE APPLICATIONS WILL NOT BE ACCEPTED. PLEASE ENSURE THE ADDRESS THAT YOU PROVIDE FOR COMMUNICATION IS CURRENT AND RELIABLE.

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

IF SENDING BY MAIL:	**IF SENDING BY COURIER:**
CARDUP **P.O. BOX 119** **KEMPTVILLE, ON K0G 1J0**	**CARDUP** **595 COUNTY RD # 44** **EAST GEN BUILDING** **KEMPTVILLE, ON K0G 1J0**

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Date received: _____ Decision: Approved _____ Rejected _____

If rejected, reason: _____