

Have you ever been convicted of a felony or misdemeanor?

Yes No If yes, explain: _____

Please Note, you will undergo a background check to be admitted to the program

Please read the Technical standards section of the Admission Prerequisites. In your opinion, do you have any physical restrictions that would present your completing this course?

Yes No If yes, explain: _____

To seek exceptions to the Technical standards or reasonable accommodations, you should initiate a request from the program director.

Additional Information

Application to the program requires the submission of the following items:

- Completed application form
- \$25 non-refundable application fee
- Official high school, college and/or technical school transcripts. You must submit high school transcripts even if you have post-secondary education.
- Two letters of recommendation from persons who are familiar with you academically or professionally.
- A brief autobiography (300 words) including a statement regarding the reasons for choosing sonography as a career
- Proof of registration/licensure in allied health (for those seeking entry under standard 1)
- Proof of patient care experience (for those seeking entry under standard 2 or 3)

Send all materials to: Wheaton Franciscan Healthcare- St. Francis
School of Diagnostic Medical Sonography
3237 South 16th Street
Milwaukee, Wisconsin 53215

All application materials become the property of WFH-St. Francis. The school reserves the right to refuse the forwarding or copying of these materials.

St. Francis Hospital is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, sex, ancestry, age or disability. No question on this application is intended to secure information to be used for such discrimination

I certify that all the information given on this application is correct to the best of my knowledge.

Signed: _____ Date: _____