

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

**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 Sonography Canada No. (if applicable)

\_\_\_\_\_

Cell Phone Number E-Mail Address

**2. PREREQUISITE INFORMATION**

Are you currently enrolled in a Canadian Medical Association (CMA) accredited or registered program in Diagnostic Medical Sonography?	<input type="checkbox"/> Yes <input type="checkbox"/> No  Expected Graduation date: <u>   </u> / <u>   </u> / <u>   </u> <span style="margin-left: 150px;">d/m/y</span>
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**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. 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 Exam Only</b> <b>June 10, 2016</b> <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
	<b>All exam sites may be subject to change and availability. Site preferences will be assigned on a first come/first served basis.</b>	

**4. PERMISSIONS**

May we inform your education program 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**

**\$200.00**

**Exam Application Processing Fee**

**Add this mandatory nonrefundable fee to the total**

**\$100.00**

**PLEASE COMPLETE PAYMENT INFORMATION ON THE LAST PAGE OF THE APPLICATION**

**TOTAL FEES:**

**\$**

**6. 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

<b>7. ACKNOWLEDGMENT AND STATEMENT OF AGREEMENT</b>	
<input type="checkbox"/>	I hereby certify that the information contained herein is true and accurate to the best of my knowledge.
<input type="checkbox"/>	I understand 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 (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 Sonography Canada Credentialing Exam), as made available on the Sonography Canada website, and 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 action against me as a Registrant if the documentation I provide is found to be fraudulent or a misrepresentation of the facts.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I acknowledge that Sonography Canada provides a statistical report on graduate success to CMA accredited sonography programs. Note: this report does NOT include individual student names or scores.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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:** \_\_\_\_\_ **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 OR FAX COMPLETED APPLICATION, FEE PAYMENT AND REQUIRED SUPPORTING DOCUMENTATION TO:**

**FORWARD APPLICATION BY EMAIL OR FAX TO:**  
[EXAMINFO@SONOGRAPHYCANADA.CA](mailto:EXAMINFO@SONOGRAPHYCANADA.CA)  
**FAX NO. 1-888-743-2952**

FOR OFFICE USE ONLY

Date received: \_\_\_\_\_ Decision: Approved \_\_\_\_\_  
D / M / Y Rejected \_\_\_\_\_

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

<b>PAYMENT INFORMATION</b>	
<input type="checkbox"/> Cheque (Payable to Sonography Canada; post-dated cheques will NOT be accepted)	<input type="checkbox"/> Money Order
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	Amount: _____
Credit Card Number: _____ - _____ - _____	Expiry Date: _____ / _____ Month / Year
Name as it Appears on Credit Card: _____	Signature of Cardholder: _____