



2936 N. McVay Drive • Mobile, AL 36606
Phone: 251-433-1600 • Fax: 251-433-1605

Thank you for your interest in the Cardiac and Vascular Institute of Ultrasound. Enclosed is the enrollment application. Please be sure to indicate the specific program for which you are applying. Admission is based on a composite entrance score. You may apply for any quarter throughout the year, but applications must be submitted at least two weeks before the start of the desired quarter. Enrollment will close once all available positions for a given quarter are filled.

The application process is designed to evaluate whether the applicant demonstrates the academic ability, professionalism, and personal qualities necessary to succeed in the program. It also serves to help the applicant determine whether a career in cardiovascular ultrasound is the right fit.

To apply, please complete the following steps:

- Submit a completed and signed Application for Admission form.
- Request an official copy of your transcript be sent directly to CVIU.
- VA-funded students must ensure that all prior transcripts, including military records, are submitted.
- Submit your ACT or SAT scores (required for all prerequisites, including Prerequisite 1).
- Take the CVIU “Learning Ability” test during your visit to the school.

Within one week of receiving your complete application, a CVIU representative will notify you by email confirming receipt and will schedule your interview.

Following the interview, you will receive a letter within two weeks informing you of your admission status or providing an explanation if your application is not approved.

Please submit your completed application by mail, fax, or email to:

Cardiac and Vascular Institute of Ultrasound
Attn: Admissions
2936 N. McVay Drive
Mobile, AL 36606

Fax: (251) 433-1605

Email: admissions@ultrasound.edu

Please review the CVIU entrance requirements carefully and ensure that you meet the qualifications under one of the three prerequisite options offered.

**Cardiac and Vascular Institute of Ultrasound
Application for Admission**

Program Applying For:

- Cardiac Program (one-year)
- Vascular Program (one-year)
- Cardiovascular Program (eighteen-month)

Prerequisite Option:

- Prerequisite 1
- Prerequisite 2
- Prerequisite 3

Please review the CVIU entrance requirements carefully and ensure that you meet **ALL** of the qualifications under one of the three prerequisite options offered.

Desired Start Quarter/Year:

- Winter of 20_____
- Spring of 20_____
- Summer of 20_____
- Fall of 20_____

Please print clearly and legibly:

Full name: _____ Last name: _____ Middle Initial: _____

Social Security Number: _____ Date of birth: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number (including area code): _____

Email address: _____

Emergency Contact:

Full name (Last, First, Middle Initial): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number (including area code): _____

Relation to applicant: _____

For Office Use Only

Date Received: _____

Official Transcripts Received

In person interview Phone interview

Date/Time: _____

Learning Ability Test: _____

ACT/SAT Score: _____

Prerequisites: _____

Clinicals: _____

Notes: _____

Education:

High school: _____ City/State: _____

Diploma GED Graduation or completion Month/Year: _____

Postsecondary Education History:

Please list all colleges, universities, or technical schools you have attended:

| Institution Name | City, State | Graduation Date or Last Date Attended (MM/DD/YYYY) | Type of Degree Awarded or "None" | Field of Study or Major |
|------------------|-------------|--|----------------------------------|-------------------------|
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Please provide a brief summary of your work experience and/or college education over the past few years: _____

Please provide a brief overview of your experiences and/or research that have inspired your interest in pursuing a career in cardiac and/or vascular ultrasound: _____

How did you hear about CVIU? _____
(If you hear about CVIU from a graduate, family member, etc. please list their name above)

Have you viewed the CVIU Catalog online? Yes No

If no, please review the catalog at: <https://www.ultrasound.edu/assets/uploads/CVIU-Catalog-Spring-2025.pdf>

Have you received Federal Student Aid from any college or university in the past year? Yes No

Have you ever been convicted of a felony offense? Yes No

If yes, please include an explanation upon submission of this application.

I certify that the information provided above is accurate and complete. I understand that withholding or providing false information may disqualify me from acceptance and could be grounds for dismissal.

Signature: _____ Date: _____

Please note: Typed signatures are not accepted. All signatures must be either a handwritten (wet) signature or a verified digital signature.



ATTESTATION OF HIGH SCHOOL GRADUATION OR EQUIVALENCY

I, _____, have applied for admissions as a student of the Cardiac and Vascular Institute of Ultrasound (CVIU).

I understand that one requirements for admission to CVIU is graduation from a high school or its equivalency.

I hereby certify that:

_____ I graduated from _____
Initial Name of High School

City: _____ State: _____ Graduation date: _____

_____ I earned a GED at _____
Initial Name of Testing Facility

City: _____ State: _____ Graduation date: _____

If for any reason, this attestation of high school graduation or GED completion is found to be false or untrue, I understand that I will not have met an admission requirement of the Cardiac and Vascular Institute of Ultrasound and I will not be considered a regular student and thus, will be subject to immediate dismissal from the Cardiac and Vascular Institute of Ultrasound

Furthermore, I understand that if this attestation is found to be false or untrue, all Title IV financial aid and any state or institutional financial aid that was distributed on my behalf must be refunded to the appropriate source, and I will be responsible for payment to the Cardiac and Vascular Institute of Ultrasound for any and all money refunded.

By my signature below, I attest that the information provided above is true and correct to the best of my knowledge.

Student Signature: _____ Date: _____

Please note: Typed signatures are not accepted. All signatures must be either a handwritten (wet) signature or a verified digital signature.