Santa Barbara City College

Diagnostic Medical Sonography Program

721 Cliff Drive, Santa Barbara, CA 93109-2394 (805) 965-0581 x2366

APPLICATION

For office use

Applicant Name

First Middle Last

- **If you have changed your name, please list all the names you have previously used:**

First Middle Last

Mailing Address

Number Street Apt. #

City State Zip Code

Phone Numbers

Home

Work

Cell

Other

eMail Address:

Emergency Contact

Gender

☐ Female

☐ Male

Date of Birth

_____|_____|_____

Social Security Number

_____|____|_____

Ethnic Group

☐ African-American, non-Hispanic ☐ Filipino

☐ American Indian or Alaskan Native ☐ Hispanic

☐ Asian or Pacific Islander ☐ White, Non-Hispanic ☐ Other: _____

Certificates and Licenses: Include the certification or license type (e.g., CRT, ARRT, RN, the institution issuing the certificate or license, the date of issue or most recent renewal date, **and attach copies.**

	Type	Issued by	Issue Date
1			
2			
3			

(continued on reverse)

Education: List in chronological order all educational institutions attended after high school, **including** allied health programs.

	School and Location Location not required for local schools (SBCC, UCSB, Alan Hancock, VCCC, etc); otherwise indicate the city, state (or province), and nation if not U.S.A. Please check the boxes to the right to show at which school you met each prerequisite.	Medical Terminology	Anatomy	Physiology	Degree
1		☐	☐	☐	☐
2		☐	☐	☐	☐
3		☐	☐	☐	☐
4		☐	☐	☐	☐

Work Experience: List in chronological order all prior **medically-related** work within the past 5 yrs. (Use additional paper if more than four employers.)

	Employer and Location Indicate the city, state (or province), and nation if not U.S.A.	Start & end date (Mo. / Year)	Type of work
1			
2			
3			
4			

How did you become interested in the SBCC DMS Program? (mark all that apply)

☐ Friend/relative ☐ Internet ☐ Career Day/Class presentation

☐ High School counselor ☐ Flyers/brochures ☐ Health Technologies Office

☐ College counselor ☐ Newspaper ☐ Other

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

I certify under penalty of perjury that all information herein is correct.

Signature_____ Date_____