

ARDMS APPLICATION SUBMISSION CHECKLIST

This document is for first-time applicants only. Please make sure each document under the prerequisite or requirement selected is included with your application. Incomplete applications will be returned less the processing fee per examination.

SPI Examination Requirement

- transcript reflecting successful completion of a graded general, medical or sonographic college, post secondary or higher education physics class (with a grade of C or above) or
- CME certificate denoting successful completion of a general, medical or sonographic physics seminar, physics review course or physics correspondence course, signed by the program director, denoting a minimum award of 12 ARDMS-accepted CME credits.

Prerequisite

1

- official school transcript from two-year allied health education program **and**
- copy of education program certificate, credential or license **and**
- original letter from supervising physician and/or supervising sonographer/technologist or educational program director indicating a minimum of 12 months of full-time clinical/vascular experience including exact dates of ultrasound experience/successful completion of sonography program **and**
- original signed and completed clinical verification form for each appropriate specialty area(s).

Prerequisite

2

- copy of diploma from ultrasound/vascular program or an official transcript **and**
- original letter signed by program director and/or medical director indicating date of graduation and successful completion of the program **and**
- The CV form is not required if the application is submitted and received in the ARDMS office within one year after successful completion of the program. Otherwise an original signed and completed clinical verification form for each appropriate specialty area(s) must be submitted.

Prerequisite

3A

- copy of Bachelor's degree or an official transcript **and**
- original letter from supervising sonographer/technologist or education program director indicating a minimum of 12 months of full-time clinical/vascular experience including dates of ultrasound or vascular experience/successful completion of sonography program **and**
- original signed and completed clinical verification form for each appropriate specialty area(s).

Prerequisite

3B

- copy of Bachelor's degree or an official transcript **and**
- original letter from education program director verifying length of ultrasound or vascular experience. If program is not complete at the time of application, a letter signed by the program director stating graduation date and completion of appropriate clinical ultrasound experience is needed **and**
- The CV form is not required if the application is submitted and received in the ARDMS office within one year prior to successful completion of the program, provided that the applicant has completed 12 months of full time clinical experience within the program at the time that the application is submitted. Otherwise an original signed and completed clinical verification form for each appropriate specialty area(s) must be submitted.

CV forms are located on pages 31-35.

Prerequisite

4A1

- Copy of medical school diploma, **and**
- Original letter from residency/fellowship program director verifying dates of attendance and completion of a minimum of 800 studies in the area in which you are applying, **and**
- Original signed and completed clinical verification (CV) form for each appropriate specialty area(s).

Prerequisite

4A2

- copy of medical school diploma **and**
- original letter from supervising sonographer/technologist or education program director indicating a minimum of 12 months of full-time clinical/vascular experience including exact dates of ultrasound experience/successful completion of sonography program. If you are the supervising physician, you may write your own letter **and**
- original signed and completed clinical verification form for each appropriate specialty area(s).

Prerequisite

4B1

- Original credential report or official notarized copy of the evaluation converting the foreign medical degree must indicate that this medical degree is equivalent to a doctor of medicine degree in the U.S. or Canada. A listing of organizations that produce individualized, written reports describing each certificate, diploma or degree earned, and specifying its U.S. or Canadian equivalent can be found at www.ARDMS.org/ForeignTranscripts. If the applicant has taken and passed all three parts of and earned the Educational Commission for Foreign Medical Graduates (ECFMG®) certification, a copy of the ECFMG® certificate may be submitted with a copy of a current, valid MD or DO license from the U.S. or Canada in lieu of the evaluation, **and**
- Original letter from residency/fellowship program director verifying dates of attendance and completion of a minimum of 800 studies in the area in which you are applying, **and**
- Original signed and completed clinical verification (CV) form for each appropriate specialty area(s).

Prerequisite

4B2

- original credential report or official notarized copy of the evaluation converting the foreign medical degree must indicate that this medical degree is equivalent to a doctor of medicine degree in the U.S. or Canada or a copy of the ECFMG certificate with a copy of an active MD or DO license from the U.S. or Canada **and**
- original letter from supervising sonographer/technologist or education program director indicating a minimum of 12 months of full-time clinical/vascular experience including exact dates of ultrasound experience/successful completion of sonography program. If you are the supervising physician, you may write your own letter **and**
- original signed and completed clinical verification form for each appropriate specialty area(s).

Prerequisite

5

- copy of Active certification identification card or copy of license **and**
- original signed and completed clinical verification form for each appropriate specialty area(s).