



Florida Institute of Ultrasound, Inc. Application Checklist

Name: _____

Classes begin every three months; please check the class you would like to attend:

JANUARY _____ APRIL _____ JULY _____ OCTOBER _____

Please submit the following documents to apply to the program.

_____ Application

_____ Official Transcripts from *ALL* Colleges/Universities you attended.

_____ Reference Letters (2)

_____ Immunization Records (**FIU Immunization Record form must be completed and signed by your healthcare provider**)

Hepatitis B

Measles Mumps Rubella (MMR)

Varicella (Chicken Pox)

TB Test (To be done the week before class starts)

Tdap (Tetanus, Diphtheria, Pertussis)

_____ Background Check (Background checks must be current for the full year of attendance. If applying to the program more than 2 months in advance, please contact the school to determine the date to request the background check.)

Application documents can be mailed to 8800 University Pkwy, Suite A-4, Pensacola, FL 32514, faxed to (850) 478-3727 or emailed to

fiupensacola@gmail.com.