ARDMS ONLINE APPLICATION MAIL-IN PAYMENT FORM

Please submit this form with your Application Summary and include any additional required documentation. Your application will not be processed until payment is received. Please print clearly.

Name of Applicant: First Name _____ / Last Name _____

(The name listed above must match the name submitted on the application.)

ARDMS Number (required): _____ Documents Due Date: ____/____/____

Address: _____

_____

City: _____ State: _____ Zip: _____

Country: _____ E-mail _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Summary of Order:

Examination	Number Applied For	Cost Per Exam (in USD)		Total
Sonography Principles & Instrumentation Examination		*$250	=	$
General Specialty Examinations (AB, BR, OB/GYN, AE, VT)		*$275 Each	=	$
Physicians' Vascular Interpretation (PVI) Examination		*$660	=	$
Total				$

Note: Each ARDMS examination includes a $100 USD non-refundable processing fee.
* Fees subject to change.

Initial Legal Review Fee (if applicable):	$150 USD (non-refundable)	=	$150 (if applicable)

Note: The initial legal review fee is assessed if you answered "yes" to any of the disciplinary or violation questions and the fee will be reflected in the online application summary. Payment of this fee is required before your application will be processed.

Total Amount to be Paid: $

Method of Payment:

❍ Check or Money Order – Check/money order must be made payable in US Dollars (USD) and made out to ARDMS.

Third Party Check (drawn on an account other than your own): Provide Name, Address and Contact Information for the Third Party:

_____

_____

Indicate the Card Type: ❍ Visa ❍ MasterCard ❍ Discover ❍ American Express

Credit Card Number: _____ Credit Card Expiration Date (month/year): ____/____

Name (as it appears on the credit card): _____

I authorize the American Registry for Diagnostic Medical Sonography (ARDMS) to charge my credit card the dollar amount indicated in the "**Total Amount to be Paid**" section noted above.

Signature of Cardholder: _____ Date: ____/____/____

Please submit this form with your Application Summary to:
ARDMS, Attn: Accounting – Application Payments/Documents
Inteleos Inc., PO BOX 411511, Boston, MA 02241-1511