



# **ADSA Post Graduate Award**

## **Education Excellence Award**

### **Application Form**

**Please Print**

Name \_\_\_\_\_

E-Mail address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

ADSA # \_\_\_\_\_ ARDMS# \_\_\_\_\_ CARDUP# \_\_\_\_\_

The **ADSA Post Graduate Award** will recognize the efforts of one sonographer, who is currently an active ADSA member. A certificate and monetary award will be presented to the successful recipient.

#### **About The Award:**

**Application is open to** any active ADSA member who has successfully completed an additional ARDMS credential. The 2011 Award will be based on a random draw from applications received.

**Award will be presented at the fall ADSA/ASR Conference in Banff, AB on Oct 21-23<sup>rd</sup> 2011.**

I understand my name and the information from my transcript shall be released to the award selection committee. I understand the transcript I have submitted is otherwise, confidential and I give my permission for the transcript to be verified by CARDUP and/or ARDMS. I certify the statements herein are true, such that the transcript has not been altered or adjusted in anyway.

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

**Application Deadline: *June 30<sup>th</sup> 2011***

Qualifying applicants must send the completed application and a copy of your official CARDUP transcript to:

**Roxanne Blacquiere**  
**ADSA Vice-President**  
**c/o Diagnostic Imaging Administration**  
**ABC 87R-Special Services Bld, Basement**  
**Foothills Medical Centre,**  
**1403- 29<sup>th</sup> St., NW, Calgary, AB T2N 2T9**  
**Email : [Roxanne.Blacquiere@albertahealthservices.ca](mailto:Roxanne.Blacquiere@albertahealthservices.ca)**