



**Diagnostic Cardiovascular Sonography
Information Session Post-Test**

*****Answer Sheet to be added to application*****

Applicant: _____

(Print Legibly)

Date: _____

1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.