



# CARDIOVASCULAR TECHNOLOGY PROGRAM APPLICATION (Year: \_\_\_\_\_ )

Student Name (printed): \_\_\_\_\_

Student ID: \_\_\_\_\_

**READ CAREFULLY. ALL APPLICATIONS MUST BE COMPLETED WITH BLACK INK ONLY!**

**Minimum requirements to submit an application to the Cardiovascular Technology (CVT) Program at Polk State College:**

- *All applications must be verified and endorsed by an academic advisor (incomplete applications will not be accepted).*
- *All transcripts must be verified and viewable in the College Genesis System by the completion of spring term (for advisors & program director).*
- *All applications must be in the Program Director's Office no later than the application Deadline of April 30 of each admission cycle. If the deadline day falls on a weekend, applications are due the Friday prior to April 30.*
- *All prerequisites must be completed by the end of spring term for the application to be considered for submission. Students can be enrolled in spring term courses and still apply to the program. Once final spring term grades have posted, the appropriate points will be assigned to the application acceptance process.*
- *Copies of Healthcare Provider CPR and active, relevant medical certifications or licensure must be included with the application to receive points for application acceptance process (Relevant certifications include RT, RN, LPN, RRT, EMT, CNA, CMA, CL Tech, EKG Tech, Pharmacy Tech, Phlebotomy Tech).*

**Advisors please initial or check off each requirement verifying completion:**

- \_\_\_\_\_ Appropriate Polk State College admission documents and transcripts on file in the Registrar's office.
- \_\_\_\_\_ An overall cumulative grade point average (GPA) 2.5 or higher (**All required courses completed with a "C" or higher**).
- \_\_\_\_\_ ENC1101 English Composition completed.
- \_\_\_\_\_ MAC1105 College Algebra **OR** MGF1106 Topics in Math completed.
- \_\_\_\_\_ BSC2085C Human Anatomy and Physiology I completed.
- \_\_\_\_\_ BSC2086C Human Anatomy and Physiology II completed.
- \_\_\_\_\_ HSC1531 Medical Terminology completed.
- \_\_\_\_\_ Application stamped with an Official College Date Stamp.
- \_\_\_\_\_ A Degree Audit must be attached to the end of the application.

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**For Official Use Only**

**ACADEMIC ADVISOR:**

I have reviewed this application and verify that it is complete.

Signature: \_\_\_\_\_

College Date Stamp: \_\_\_\_\_

**PROGRAM DIRECTOR:**

I have reviewed this application and verified that it is complete.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MAY 2018

**STUDENT INFORMATION**

**Name:** \_\_\_\_\_

**Preferred to be called:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

Have you previously been enrolled in an Allied Health program at Polk State College or any other college that prepares graduates to sit for licensure or certification?

\_\_\_\_\_ Yes, at Polk State College

\_\_\_\_\_ Yes, at another school

\_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you hold any current allied health professional license or certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate which professional licensure or certificate and current identification number:

\_\_\_\_\_

\_\_\_\_\_

**HEALTHCARE EMPLOYMENT**

Most Recent  
Employer: \_\_\_\_\_

Date Employed  
From: \_\_\_\_\_

Date Employed  
To: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Job Position: \_\_\_\_\_

Job  
Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Employment History**

Most Recent  
Employer: \_\_\_\_\_

Date Employed  
From: \_\_\_\_\_

Date Employed  
To: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Job Position: \_\_\_\_\_

Job  
Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**LICENSURE INQUIRY/INFORMATION**

Regional and National regulations provide that the denial of a license/credential may occur if an individual is habitually intemperate, addicted to, or is found to be in illegal possession or involved in the sale of distribution of habit forming drugs, and/or is unfit or incompetent by reason of gross negligence, physical or mental condition or other like causes which could result in behavior that interferes in his/her practice as a health professional.

An application for a license/credential includes the following questions:

(A "YES" answer to any question could result in the denial of a license/credential. If you answer "YES" to any question, you must meet with the Program Director prior to the submittal of the program application)

- Yes       No      Have you ever been convicted of or entered a no contest or guilty plea (regardless of adjudication) to an offense other than a minor traffic violation?
  
- Yes       No      Have you ever been denied or is there now any proceeding to deny your application for a license to practice a health profession in Florida or any other jurisdiction?
  
- Yes       No      Have you ever had a disciplinary action taken against your license to practice a health profession by the licensing authority in Florida or any other jurisdiction?
  
- Yes       No      Have you ever surrendered a license to practice in a health profession in Florida or any other jurisdiction while any such disciplinary charges were pending against you?

I certify that I have read and understand the standards indicated above regarding licensure/certification as a health professional in the State of Florida or any other jurisdiction.

I understand that it is my sole responsibility to complete any pre-screening process, pertaining to criminal matters as they may apply to the credentialing process for the invasive cardiovascular profession both regionally and nationally, prior to enrollment in the Cardiovascular Technology Program. Any offense that denies eligibility for appropriate professional credentialing may also deny acceptance into the Cardiovascular Technology Program.

\_\_\_\_\_  
***Applicant's Signature***

\_\_\_\_\_  
***Date***

**THIS CERTIFICATION IS TO BE COMPLETED BY ALL APPLICANTS**

- I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.
- I understand that all transcripts must be evaluated and posted by Polk State Registrar's Office (and viewable within the College Genesis System) by the end of spring term.
- I understand that discovery of any falsification of this information will result in denial of admission or prompt dismissal from the program.

Polk State College is hereby authorized during the selection process and/or during my tenure as a student, if admitted, to make any investigation that is deemed necessary concerning the above information with regard to my suitability to practice as an allied health professional.

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***Applicant's Signature***

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***Date***

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***Applicant's Printed Name***