



SCHOOL OF PERFUSION TECHNOLOGY

APPLICATION FOR ADMISSION

Please be sure the following items are included in your envelope and mail to the address below :

- Completed application.
- Passport application photograph (2 inches by 2 inches) for identification purposes.
- A \$150.00 non-refundable application fee payable to the **Texas Heart Institute School of Perfusion Technology**.
- Color** copy of a Certified Birth Certificate or Valid U.S. Passport as proof of citizenship.

The following items will need to be provided by the appropriate third parties and sent directly to us.

- Official transcripts* from all schools attended, sent directly from the school to **Texas Heart Institute School of Perfusion Technology**. We accept both physical and official electronic transcripts, which can be sent to dzamora@texasheart.org.

*All international transcripts are to be translated by the World Education Service (WES) and sent from WES directly to the **Texas Heart Institute School of Perfusion Technology**.

- Three letters of reference (to be sent directly from the person writing on your behalf to the **Texas Heart Institute School of Perfusion Technology**).

Application Deadline: April 1st for July admission, October 1st for January admission.

All application material **MUST BE RECEIVED** in the school's office by the application deadline. Incomplete application will not be considered.

Applicants eligible for admission will be interviewed upon invitation by the school. Mail application and supporting material to:

Texas Heart Institute
School of Perfusion Technology
Attention: David Zamora
PO Box 20345 MC 1-224
Houston Texas 77225

Further information about the School of Perfusion Technology is online at www.texasheart.org/perfusion. You may also contact us by phone 832-355-4026 or e-mail dzamora@texasheart.org (please include "Perfusion School Inquiry" in subject line).

Prerequisite Memo

(Please type or print.)

Summary of Course Requirements

Class No.	Class	Hours	Grade	School
8 hours Chemistry with lab				
8 hours Biology with lab				
6 hours Human Anatomy and Physiology with lab				
3 hours Physics				
3 hours Algebra				
3 hours Statistics				

Cumulative Grade Point Average

School	GPA

School of Perfusion Technology
Applicant Request for Letter of Recommendation
(Please type or print.)

To the Applicant:

Complete the top portion and give this form to one of your present or former instructors or employers who will be providing a letter of recommendation for you. Academic, employment, and character references should be included; however, if you are unable to obtain a letter from each category, more than one from the same category is acceptable.

Applicant Name: _____

Applicant Signature: _____

To the Reference:

The above-named individual applied for admission to the Texas Heart Institute School of Perfusion Technology and has selected you as a reference. We would like to receive a letter from you containing any information you think would help us assess this applicant's qualifications for admission to our perfusion training program. This information will be held in strict confidence during the application process.

In addition to the letter, please complete and return this form. (Please type or print.)

In what capacity do you know the applicant?

How long have you known him/her? _____

Please provide the following information about yourself:

Name: _____

Employer/Institution: _____ Position: _____

Address: _____ Phone: _____

Signature: _____ Date: _____

You may scan and e-mail this form along with your letter to dzamora@texasheart.org or you may send this form along with your letter to the following address via postal mail:

Texas Heart Institute
School of Perfusion Technology
ATTENTION: David Zamora
MC 1-224
PO Box 20345
Houston, Texas 77225

For further information about the School of Perfusion Technology, visit www.texasheart.org/perfusion. You may contact us by phone 832-355-4026 or e-mail dzamora@texasheart.org (include "Perfusion School Inquiry" in subject line).

	Texas Heart Institute School of Perfusion Technology Application for Admission (Please print or type.)	Projected Entrance <input type="checkbox"/> Jan <input type="checkbox"/> July Year _____
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Name:			
Last:	First:	Middle:	Other:
Street:		HomePhone:	
Email:		CellPhone:	
City:	State:	Country:	Zip:

Personal

Birth Date (mm/dd/yyyy):	Social Security No.:
U.S. Citizen: <input type="checkbox"/> Yes (U.S. Citizenship is required for all applicants.)	
Sex:* <input type="checkbox"/> Male <input type="checkbox"/> Female	

Emergency Notification

Name:	Relation:
Address:	Phone:
City:	State: Zip:

References

List names and affiliations of three professionals (excluding relatives) you have asked to write letters of recommendation on your behalf. Academic, employment, and character references should be included; however, if you are unable to obtain a letter from each category, more than one from the same category is acceptable.

Please complete an Applicant Request for Letter of Recommendation form for each reference.

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

*This information is requested in compliance with Title VI and Title IX of the Civil Rights Act of 1964. It in no way affects the processing of your application.

Education

List all colleges, universities, and professional schools attended, **most recent first**.

Dates of Attendance	Name of School	Location	Major/Minor	Diploma/Degree Date Conferred
From		City		Degree
To		State		Date
From		City		Degree
To		State		Date
From		City		Degree
To		State		Date
From		City		Degree
To		State		Date

List other names you may have enrolled under:

Employment

List work experience, **beginning with most recent**; indicate any period of unemployment.

Dates	Employer	Position/ Type of Work	Supervisor and Title	Reason for Leaving
From	Name		Name	
To	Address		Title	
From	Name		Name	
To	Address		Title	
From	Name		Name	
To	Address		Title	
From	Name		Name	
To	Address		Title	

May we contact your employers? Yes No

Professional Licenses/Certifications (Type and Number):

Financial Information

Anticipated source of financial support:

(Texas Heart Institute does not offer financial assistance. Student loans are not available for our program).

Statement

(Please type or print.)

In the space below, write a brief essay describing your background, your interests and your reason for applying. Include how you learned about the program and how the program will meet your goals. Also include any awards or honors received, extracurricular or community activities, membership or leadership roles in professional and other organizations, and hobbies.

Limit your statement to approximately this space; however, you may use a separate sheet.

I certify that the information on this application is true and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application may be used as the basis for dismissal or denial of consideration.

Signature _____ Date _____

Texas Heart Institute
School of Perfusion Technology
Applicant Observation Log

Date	Location	Type of Case	C.C.P. Name	C.C.P. Signature

**If you have observed more than five cases, you may print additional copies of this form to include with your application.*