



## SCHOOL OF PERFUSION TECHNOLOGY

### APPLICATION FOR ADMISSION

Please be sure the following items are included in your electronic application:

- 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**.
- **A Color** copy of one of the following:
  - Driver's License
  - Valid U.S. Passport
  - Permanent Resident Card

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 [perfusion@texasheart.org](mailto:perfusion@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**). We are unable to accept more than the three requested letters of reference.

Application Deadline: March 1st for July admission, September 1st for January admission.

All application material **MUST BE RECEIVED** by the application deadline.

Incomplete applications will not be considered.

Applicants eligible for admission will be interviewed upon invitation by the school. Submit application and supporting material to **[perfusion@texasheart.org](mailto:perfusion@texasheart.org)**

You may contact us by phone at 832-355-4026 or e-mail [perfusion@texasheart.org](mailto:perfusion@texasheart.org) with any questions that you might have.

|  |  |  |
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|  | <b>Texas Heart Institute</b><br><b>School of Perfusion Technology</b><br><b>Application for Admission</b><br>(Please print or type.) |  |
|--|--|--|

Name

|       |        |         |        |
|-------|--------|---------|--------|
| Last: | First: | Middle: | Other: |
|-------|--------|---------|--------|

|         |             |
|---------|-------------|
| Street: | Home Phone: |
|---------|-------------|

|        |             |
|--------|-------------|
| Email: | Cell Phone: |
|--------|-------------|

|       |        |          |      |
|-------|--------|----------|------|
| City: | State: | Country: | Zip: |
|-------|--------|----------|------|

**Personal**

Birth Date (mm/dd/yyyy):

U.S. Citizen:  / Permanent Resident

Gender:\*  Male  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 can be included.

**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 | Job Title / 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 \_\_\_\_\_

## Prerequisite Memo

(Please type or print.)

### Summary of Course Requirements

| Class No.                                   | Class | Hours | Grade | School |
|---|-------|-------|-------|--------|
| <b>8 hours Chemistry with lab</b>           |       |       |       |        |
|   |       |       |       |        |
|   |       |       |       |        |
|   |       |       |       |        |
| <b>8 hours Biology with lab</b>             |       |       |       |        |
|   |       |       |       |        |
|   |       |       |       |        |
|   |       |       |       |        |
| <b>6 hours Human Anatomy and Physiology</b> |       |       |       |        |
|   |       |       |       |        |
|   |       |       |       |        |
|   |       |       |       |        |
| <b>3 hours Physics</b>                      |       |       |       |        |
|   |       |       |       |        |
|   |       |       |       |        |
| <b>3 hours Algebra</b>                      |       |       |       |        |
|   |       |       |       |        |
|   |       |       |       |        |
| <b>3 hours Statistics</b>                   |       |       |       |        |
|   |       |       |       |        |
|   |       |       |       |        |

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

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**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? \_\_\_\_\_

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Please provide the following information about yourself:

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

Employer/Institution: \_\_\_\_\_ Position: \_\_\_\_\_

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

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

**Please e-mail this form along with your letter to [perfusion@texasheart.org](mailto:perfusion@texasheart.org)**

For further information about the School of Perfusion Technology, visit [www.texasheart.org/perfusion](http://www.texasheart.org/perfusion). You may contact us by phone 832-355-4026 or e-mail [perfusion@texasheart.org](mailto:perfusion@texasheart.org)

Texas Heart Institute  
School of Perfusion Technology  
Applicant Observation Log

NAME: \_\_\_\_\_

| <b>Date</b> | <b>Location</b> | <b>Type of Case</b> | <b>C.C.P. Name</b> | <b>C.C.P. Signature</b> |
|-------------|-----------------|---------------------|--------------------|-------------------------|
|             |                 |                     |                    |                         |
|             |                 |                     |                    |                         |
|             |                 |                     |                    |                         |
|             |                 |                     |                    |                         |
|             |                 |                     |                    |                         |

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