



The Heart Hospitals Cardiovascular Institute Application

1100 Allied Drive Suite 5-504
Plano, TX 75093
Phone: 469-814-3600/Fax: 469-814-3609

Please check which program you are applying for:

Adult Echocardiography

Cardiovascular Perfusion

\$50 application fee for ***each*** program

Application Process and Timeline:

The school will begin accepting applications on March 1st of each year. Complete applications with all the following items must be received by the **application deadline of June 1st.** (*Incomplete applications will not be processed.*)

1. \$50 application fee (non-refundable)
2. Resume
3. Two letters of reference (1 work/professional, 1 personal)
4. **All** college academic transcripts (must be official)
5. Essay (see guidelines on next page)
6. Proof of Basic Life Support (BLS) certification (must be retained throughout term if accepted)
7. **Consent to drug screen and background check (only if accepted or offered an alternate position)**
8. Proof of Covid 19 Vaccination or approved exemption per BSWH policy
9. Proof of Immunizations (see last page)
10. This completed packet

Selected applicants will be sent a request for a personal interview.

Applicant must accept or decline an offer of acceptance or alternate no later than July 31st, or risk losing a seat in the class.

Please fill out all information below:

Name: _____

Current Address _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Email: _____

Permanent Address (if different)

Street: _____

City: _____ State: _____ Zip: _____

Application Essay Guidelines:

Your completed application must include an essay about your history and future goals in the field of Cardiovascular Care. *(two pages, 12pt Calibri Light font, double-spaced.)* Use some or all the following questions as a framework for your essay:

Why do you want a career in Adult Echocardiography?

Why do you want a career in Cardiovascular Perfusion?

How have your prior experiences prepared you for this career?

What qualities do you possess that set you apart from other applicants?

Looking beyond graduation, what would you like to accomplish in this field?

I hereby certify that the information I have provided on this form is true and correct. I understand that any falsifications, misrepresentations, or intentional omission of facts may disqualify me from acceptance into the program or cause my termination from the program at a later date.

Signature: _____

Date: _____

Please be advised that all information you provide will be discussed with the members of the Admissions Committee and subsequently kept on file in the school office.

Required Immunizations

Immunizations must be current prior to school start.

Provide this list of immunizations to your Primary Care Provider (PCP):

- 2 Mumps, measles, rubella (MMR) vaccines **or** positive titers
- 2 Varicella (Chicken Pox) vaccines **or** positive titers (*history of Chicken Pox is not acceptable*)
- Tetanus, Diphtheria, Pertussis (Tdap) given after age 18 years
- Influenza (Flu), only in flu season
- Tuberculosis (TB) test (TST within last 3 months or Quantiferon within last 6 months)