

Name *

First Name Middle Name Last Name

Dallas College Student ID# *

Email *

example@example.com

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Phone Number *

Area Code Phone Number

Online Information Session Viewing Date *



Month Day Year

High school graduate? *

YES

NO

GED? *

YES

NO

Select a ICVT Curriculum Track. Choose One. *

Associate Degree

Advance Technical Certificate

List all previous colleges attended for academic credit. (Current official transcripts must be on file in the Registrar's Office. Transcripts from Dallas College campuses are not required.

Submit a short essay explaining your desire to be in the ICVT program. and what strengths you will bring to the program and the invasive cardiovascular profession. *

I certify that the information given on this application is complete and accurate.

Signature

Educational opportunities are offered by the Dallas College without regard to race, color, age, national origin, religion, sex, disability or sexual orientation.



STATEMENT OF STUDENTS' RESPONSIBILITY

Review and initial each section as verification that you have read and understand this information:

- _____ I acknowledge that this information packet contains policies, regulations, and procedures in existence at the time this publication went to press. I also acknowledge that Dallas College reserves the right to make changes at any time to reflect current Board policies, administrative regulations and procedures, and applicable State and Federal regulations. Furthermore, I understand that this packet is for information purposes only and does not constitute a contract, expressed or implied, between any applicant, student, or faculty member and Dallas College.
- _____ I have read and understand the admission process for the Invasive Cardiovascular Technology program which is a competitive selection process with a limited number of spaces available. I understand that successful completion of prerequisite courses, the HESI A² test, and/or submission of complete application packet materials does not guarantee acceptance to the Surgical Technology program.
- _____ I understand that all official transcripts must be sent electronically from the applicant's previous colleges to studenttranscripts@dallascollege.edu. Transcripts may also be mailed from a college in a sealed envelope to Dallas College, Attn: Admissions Processing, 3737 Motley Drive, Mesquite, TX 75150. I understand that transcripts must be submitted prior to applying to a health sciences program and that failure to do so will void my application to the program.
- _____ I accept full responsibility for submitting **a complete Invasive Cardiovascular Technology application packet** prior to or by the designated application filing deadline and **understand incomplete materials will disqualify my application**. I also accept the responsibility of informing the Allied Health Admissions Office of any change in my status, address, telephone number, or other information that would affect my application status.
- _____ I understand that in order to be considered a qualified applicant to the program, I must submit the official physical exam form and documentation of required immunizations, tuberculosis screening, proof of health insurance coverage and American Heart Association BLS-Basic Life Support level CPR certification to SurPath no later than the application filing deadline for the program or my application to the program will be disqualified.
- _____ I acknowledge that if admitted to the Invasive Cardiovascular Technology program, I may be assigned to clinical practicums at area healthcare facilities which may require additional proof of immunity or additional inoculations/immunizations. **I also acknowledge that I am required to have my own personal health care insurance coverage PRIOR to and for the full duration of the program and I must submit documented proof of coverage to SurPath.**
- _____ I acknowledge that if admitted to the Invasive Cardiovascular Technology program, I may be assigned to practicum rotations at area healthcare facilities throughout the DFW area and am responsible for any transportation costs to and from the facility and any parking fees.

(Continued on Page 2)



STATEMENT OF STUDENTS' RESPONSIBILITY (cont.)

- _____ I am aware that if I am accepted to the program, I will undergo a criminal background check and mandatory drug screening prior to being allowed to attend a clinical practicum. I understand that the results of these screenings become the property of the School of Health Sciences and will not be released to me or any other third party. I also understand that the outcome of these screenings may result in my dismissal from the Surgical Technology program.
- _____ I understand that clinical practicum opportunities in the Invasive Cardiovascular Technology program may be limited for students without Social Security numbers and if accepted to the program, I am instructed to consult a Dallas College Designated School Officer prior to graduation from the program to inquire about obtaining a Social Security number. **I also acknowledge that a Social Security number is required to take the limited medical radiologic (LMRT) licensure exam by the Texas Department of State Health Sciences.**

Applicant's Signature

Date