

VANDERBILT UNIVERSITY MEDICAL CENTER
PROGRAMS IN ALLIED HEALTH
PROGRAM IN CARDIOVASCULAR PERFUSION TECHNOLOGY

APPLICATION FOR ADMISSION

Preferred date of appointment: _____

PERSONAL INFORMATION:

Full Name: _____
(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Present Address: _____
(Street, Apt.#, etc.)

(City) (State) (Zip Code)

Telephone: (Home) _____ - _____ - _____ (Work) _____ - _____ - _____

E-mail Address: _____

Clinical Status : _____
(Title) (Department)

(Name of Institution) (Address)

APPLICANT CHECKLIST:

Application completed: _____

Application fee enclosed: _____

Bachelors' Degree: _____

Prereq courses completed: _____
College-level Math _____
College-level Physics _____
College-level Chemistry _____

Letters of Reference enclosed/in transit _____

Transcripts enclosed/in transit _____

EDUCATIONAL BACKGROUND

Official transcripts from each institution are required to be on file prior to any application being considered.

(attach additional pages if necessary)

<u>INSTITUTION</u>	<u>DATES ATTENDED</u>	<u>DEGREE (if any)</u>
--------------------	-----------------------	------------------------

Other Professional Training Completed (include dates):

Academic Honors:

Other post-graduate training/experience other than above:

PROFESSIONAL and EMPLOYMENT EXPERIENCE:

<u>Position Held</u>	<u>Employer</u>	<u>Address</u>	<u>Dates</u>

MEMBERSHIP IN SCIENTIFIC AND PROFESSIONAL ORGANIZATIONS:

LICENSE OR CERTIFICATION CURRENTLY HELD

(include state or territory, certificate number, status, and date of acquisition)

REFERENCES:

Please submit the names and address of three professionals who are acquainted with your academic and/or professional experience, and your personal character, who will be submitting references on your behalf to our Program in relation to your application file.

1. _____
2. _____
3. _____

MILITARY EXPERIENCE:

If active duty in the Armed Forces please state rank, branch of service, and status.

Reserve or National Guard Status: _____

Comments (include any special experience or qualification not otherwise listed above):

Describe your goals concerning this Program:

If I am accepted as a student in the Vanderbilt University Medical Center, Programs in Allied Health, I agree to abide by the rules and regulations of the Program to which I am appointed.

Signature of Applicant _____
Date

NOTE: Please address all correspondence to this Program as follows:

James J. Ramsey, L.C.P., J.D.
Vanderbilt University Medical Center
Program Director, VUMC-CVPT
TVC Room #2971
1301 22nd Avenue South
Nashville, TN 37232-5734