

ASSOCIATE DEGREE CARDIOVASCULAR TECHNOLOGY PROGRAM APPLICATION

The purpose of this application is to provide necessary personal data to comply with state and federal regulations, and academic data to support your educational achievements. Please type or print clearly and complete the entire form. Submit application and documentation in person to the **Cardiovascular Technology Program, Allied Health Sciences, Buidling 6, Front Desk**, or by email to <u>singleje@cf.edu</u>, during the application deadline stated in the online information packet and indicated on this application.

CF ID No.:						
I have submitted the (CF application and co	ompleted general admiss	ion requirements: 🗌 Ye	s 🗌 No		
Date CVT Informatio	n Session Completed		1/DD/YYYY			
Date CVT Program A	pplication Completed	d:				
Legal Name:			I/DD/YYYY	T		
Last Physical Address:		First	Middle (complete)	Jr., etc.		
	Street/P.O. Box	City	State	Zip Code		
County of Physical Ac	ldress:					
Mailing Address:		~				
(if different from above)	Street/P.O. Box	City	State	Zip Code		
Email:						

Please note, all applicants must be 18 years of age by the start date of the Cardiovascular Technology program.

Do you meet this requirement?	Yes	🗌 No
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Cardiovascular Technology is a limited access program offered by the College of Central Florida. Limited access programs have admissions processes and criteria beyond general college admissions. While any student meeting the minimum criteria is encouraged to apply, not all applicants may be accepted.

SIGNATURE

By my signature below, I hereby certify that I am aware that the CF Cardiovascular Technology program is a limited access program and I am required to be 18 years of age by the start of the program.

Signature

AA-HS-CVT2MKPR PR

Date: MM/DD/YYYY

College of Central Florida does not discriminate against any person on the basis of race, color, ethnicity, religion, sex, pregnancy, age, marital status, national origin, genetic information, sexual orientation, gender identity, veteran status or disability status in its programs, activities and employment. For inquiries regarding nondiscrimination policies contact Dr. Mary Ann Begley, Title IX Coordinator, Ocala Campus, Building 3, Room 116, 3001 S.W. College Road, 352-291-4410, or Equity@cf.edu.

List all colleges or schools attended, regardless of credit earned, including the College of Central Florida.

College	Dates Attended

Please indicate, including your initials, which CVT Track you are applying for:

Invasive CVT (Cardiac Catheterization

	Non-Invasive	CVT Echocardiography	
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SIGNATURE

By my signature below, I hereby certify that all of the information contained in this application is true and complete to the best of my knowledge. I understand that any misinterpretation or falsification of information is cause of denial of admission or expulsion from the college. I understand that illegal use, possession and/or misuse of any mind-altering substances are reasons for immediate dismissal from any programs in the Health Sciences Division. I understand that any arrests revealed on a criminal background check could be reason for denial of application or immediate dismissal from any program in the Health Sciences Division.

Signature	Date: MM/DD/YYYY
Cardiovascular Technology Program Applie	cation Deadline: October 24, 2024 by 4:30 p.m.
Have you met with	n the Academic Advisor?
Have you attached	all requested documents?
Have you made a copy of your application and su	pporting documents for your future reference and use?
For CVT office use only.	
Date completed application received (MM/DD/YYYY):	
Time received:	_ p.m.
Verifier Signature:	

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