All requirements and documentation must be completed and submitted to the CVT Office to be placed on the CVT Program wait list. Applicants are notified by email upon receipt of official transcripts and completed application. **Once a student accepts a seat in any Health Professions Program at Grossmont College, his/her name will be removed from all other Grossmont College Health Professions waitlists.**

GROSSMONT COLLEGE

APPLICATION TO THE ASSOCIATES DEGREE IN CARDIOVASCULAR TECHNOLOGY PROGRAM

This application must be completed in full in order for your name to be placed on the program waitlist. Please review it carefully.

Name _____ Home Phone _____
Last First Middle

Previous Name _____ Alternate Phone No. (Cell) _____
Important if your records reflect a name different from above.

Address** _____ Grossmont ID# (if applicable) _____
Street (Confidential—for records only)

_____ Birth Date _____
City State Zip (Confidential—for records only)

E-mail Address** _____ High School (City, State) _____
(A copy of HS diploma, transcripts, GED or higher education is required to apply)

SCIENCE PREREQUISITES*	Course Number	No. of Units	Lab Course Y/N?	Year Completed	Name of College	Letter Grade Received
Chemistry						
Anatomy & Physiology I **or** Anatomy						
Anatomy & Physiology II **or** Physiology						

Please submit this application only after you have completed and received a grade for the 3 science prerequisites. Applicants will be placed on the waiting list only after completing the required coursework and official transcripts from all of the prerequisites are on file in the Cardiovascular Technology Office.

*If science prerequisites were completed at a college outside of San Diego County, please provide course descriptions from the college catalog or from their website to be approved for equivalency. **Submit official transcripts of all science prerequisites with this application. Your application is incomplete and you will not be placed on the program waitlist until prerequisite transcripts are in the CVT Office.**

PLEASE COMPLETE FOR STATISTICAL PURPOSES ONLY:

__American Indian or Alaskan Native __African-American __Asian or Pacific Islander __Hispanic __Filipino __White __Other

__Male __Female

****Important: If you have a change in address, phone number or email while on the wait list, you must contact the CVT Office in writing. Your status on the wait list will be compromised if we are unable to reach you. You may email changes to GrossmontCVT.info@gcccd.edu**

Office Use:
Application Date:
Completed Date:

College and/or Post High School Education	Name of College	Years Attended	Degrees

***Note** official college transcripts from all colleges attended must be on file in the Admissions and Records office before starting the program. It is highly suggested that you make an appointment with a college counselor after submitting the application to verify all General Education and Major Requirements are fulfilled before entering the program.

How did you hear about the field of Cardiovascular Technology?:_____

How did you hear about our Cardiovascular Technology Program?:_____

PLEASE COMPLETE FOR STATISTICAL PURPOSES ONLY:

Work experience in the health care field? ___ Yes ___ No

If yes, where and dates of employment. _____

_____

IMPORTANT

Students in **ALL** programs will be required to complete the background check and urine drug screen. **THIS IS A HOSPITAL/HEALTH AGENCY REQUIREMENT**. Students will be given the information to obtain these requirements upon admission to the program.

Please send this application and official transcripts to the Grossmont College Cardiovascular Technology. Program at the address below or return it in person to the CVT Office.

GROSSMONT COLLEGE
Cardiovascular Technology Program
8800 GROSSMONT COLLEGE DRIVE
EL CAJON, CA 92020-1799
(619) 644-7302 Phone
(619) 644-7961 Fax
GrossmontCVT.Info@gcccd.edu
http://www.grossmont.edu/cvt/

Date:_____

Signature:_____

GROSSMONT COLLEGE HEALTH PROFESSIONS
IMMUNIZATION REQUIREMENTS

To be cleared for the Grossmont College Nursing Program each vaccination and/or test, no matter what form being submitted to the program office, must have a signature and stamp from one of the following Healthcare Professionals completing the immunizations/test or transcribing information onto the form: Physician, Physician Assistant, Nurse Practitioner, Registered Nurse, or Grossmont College Health Services Nurse.

NAME: _____ **STUDENT ID#**: _____
Last First

MMR (Measles, Mumps, Rubella)

Must include 2 vaccinations **or** a test for seropositivity (proof of immunity)

Date #1: _____ _____
(todays date) Signature

Date #2: _____ _____
(1 mo. following date #1) Signature

Seropositivity
If known past history of Measles, Mumps or Rubella.

S. Date: _____ _____
☐ positive ☐negative Signature

If born *before* January 1, 1957 only 1 dose of MMR or seropositivity is required.

STAMP

Hepatitis B

Must include 3 vaccinations **and** a test for seropositivity (proof of immunity).

Date #1: _____ _____
(todays date) Signature

Date #2: _____ _____
(1 mo. following date #1) Signature

All Health Professions students must complete the test for seropositivity.

Date #3: _____ _____
(5 mo. following date #2) Signature

Seropositivity-
If known past history of the Hep B infection and/or to verify immunity to Hep B.

S. Date: _____ _____
(1 mo. following date #3) Signature
☐ positive ☐*negative

HepB Surface Antibody, Quantitative (QT) **only**. (Qualitative(QL) results are not acceptable)

*If negative, additional booster and/or series plus immunity test required

Post-vaccination testing must be done 1 month after last dose of vaccine.

STAMP

Tetanus/ Diptheria and Acellular Pertussis (TDAP)

Date #1: _____ _____
Signature

Must be given 2005 or after.

STAMP

Varicella (Chickenpox)

Must include 2 vaccinations **or** test for seropositivity

Date #1: _____ _____
(todays date) Signature

Date #2: _____ _____
(1 mo. following date #1) Signature

Seropositivity
If known past history of chickenpox infection or statement from physician verifying past history.

S. Date: _____ _____
☐ positive ☐negative Signature

STAMP