



TEXAS HEART<sup>®</sup> INSTITUTE

## SCHOOL OF PERFUSION TECHNOLOGY

### APPLICATION FOR ADMISSION

Applicants must submit the following:

1. A completed application with a passport photograph for identification purposes.
2. A \$100.00 non-refundable application fee payable to the **Texas Heart Institute School of Perfusion Technology**.
3. Official transcripts from all schools attended, including courses in progress (to be sent from each school directly to the **Texas Heart Institute School of Perfusion Technology**).
4. Completed Prerequisite Memo.
5. Three letters of reference with waivers (to be sent directly from the person writing on your behalf to the **Texas Heart Institute School of Perfusion Technology**).
6. *Foreign applicants only:* TOEFL test scores AND a course-by-course evaluation of foreign credentials by the World Education Service. Please note that Texas Heart Institute cannot assist with Visa documentation and international applicants are considered on a case-by-case basis.  
World Education Services  
PO Box 57206  
Washington, DC 20037-7206  
Email: [dc@wes.org](mailto:dc@wes.org) Phone: 202-331-2925 or 1-800-937-3897 Fax: 202-331-2927

Application Deadline: April 1st for July admission, October 1st for January admission. All application material **MUST BE RECEIVED** in the school's office by the application deadline.

Applicants eligible for admission will be interviewed upon invitation by the school. Mail application and supporting material to:

**Texas Heart Institute**  
School of Perfusion Technology  
Attention: Terry Crane, Director  
PO Box 20345 MC 1-224  
Houston Texas 77225

For information about the School of Perfusion Technology program, visit [www.texasheart.org/perfusion](http://www.texasheart.org/perfusion) .

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Prerequisite Memo**  
(Please type or print.)

**Summary of Course Requirements**

Class No.	Class	Hours	Grade	School
<b>8 hours Chemistry with lab</b>				
<b>8 hours Biology with lab</b>				
<b>6 hours Human Anatomy and Physiology with lab</b>				
<b>3 hours Physics</b>				
<b>3 hours Algebra</b>				
<b>3 hours Statistics</b>				

**Cumulative Grade Point Average**

School	GPA

**Letters of Recommendation to be Provided**

Category	Reference Name

**School of Perfusion Technology**  
**Applicant Request for Letter of Recommendation**  
(Please type or print.)

**To the Applicant:**

Complete the top portion and give this form to one of your present or former instructors or employers who will be providing a letter of recommendation for you. Academic, employment, and character references should be included; however, if you are unable to obtain a letter from each category, more than one from the same category is acceptable.

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

By signing this form, I waive my right to review this document.

\_\_\_\_\_  
Applicant's Signature

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**To the Reference:**

The above-named individual has applied for admission to the Texas Heart Institute School of Perfusion Technology and has selected you as a reference. We would like to receive a letter from you containing any information you think would help us assess this applicant's qualifications for admission to our perfusion training program. This information will be held in strict confidence during the application process.

In addition to the letter, please complete and return this completed form. (Please type or print.)

In what capacity do you know the applicant?

\_\_\_\_\_

How long have you known him/her? \_\_\_\_\_

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Please provide the following information about yourself:

Name: \_\_\_\_\_

Employer/Institution: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form with your letter to:** Texas Heart Institute  
School of Perfusion Technology  
ATTENTION: Terry Crane, Director  
PO Box 20345, MC 1-224  
Houston, Texas 77225

For further information about the School of Perfusion Technology, visit the website at [www.texasheart.org/perfusion](http://www.texasheart.org/perfusion) .  
Or contact us by phone 832-355-4026, fax 832-355-8677, or e-mail: [mbarber@heart.thi.tmc.edu](mailto:mbarber@heart.thi.tmc.edu) or  
[tcrane@heart.thi.tmc.edu](mailto:tcrane@heart.thi.tmc.edu). Please include "Perfusion School Inquiry" in your subject line.

Projected Entrance Year _____ <input type="checkbox"/> Jan <input type="checkbox"/> July	<b>Texas Heart Institute</b> <b>School of Perfusion Technology</b> <b>Application for Admission</b> (Please print or type.)	<i>For Office Use Only</i> Check No. _____ Date: _____
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Name:			
Last	First	Middle	Other
Street:		Home Phone:	
Email:		Cell Phone:	
City:	State:	Country:	Zip:

**Personal**

Birthdate:	Social Security No.:
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, country of residence: _____    Type of VISA: _____ <i>Please note: International candidates will be considered on a case-by-case basis. Texas Heart Institute cannot assist with Visa documentation. See additional application requirements.</i>	
Sex:* <input type="checkbox"/> Male <input type="checkbox"/> Female	

**Emergency Notification**

Name:		Relation:
Address:		Phone:
City:	State:	Zip:

**References**

List names and affiliations of three professionals (excluding relatives) whom you have asked to write letters of recommendation on your behalf. Academic, employment, and character references should be included; however, if you are unable to obtain a letter from each category, more than one from the same category is acceptable.

**Please complete an Applicant Request for Letter of Recommendation form for each reference.**

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

\*This information is requested in compliance with Title VI and Title IX of the Civil Rights Act of 1964. It in no way affects the processing of your application.

### Education

List all colleges, universities, and professional schools attended, most recent first.

Dates of Attendance	Name of School	Location	Major/Minor	Diploma/Degree Date Conferred
From		City		Degree
To		State		Date
From		City		Degree
To		State		Date
From		City		Degree
To		State		Date
From		City		Degree
To		State		Date

List other names you may have enrolled under:

### Employment

List work experience, beginning with most recent; indicate any period of unemployment.

Dates	Employer	Position/ Type of Work	Supervisor and Title	Reason for Leaving
From	Name		Name	
To	Address		Title	
From	Name		Name	
To	Address		Title	
From	Name		Name	
To	Address		Title	
From	Name		Name	
To	Address		Title	

May we contact your employers?  Yes  No

Professional Licenses/Certifications (Type and Number):

### Financial Information

Anticipated source of financial support:

Do you plan to use VA benefits?  Yes  No

## Statement

(Please type or print.)

In the space below, write a brief essay describing your background, your interests and your reason for applying. Include how you learned about the program and how the program will meet your goals. Also include any awards or honors received, extracurricular or community activities, membership or leadership roles in professional and other organizations, and hobbies.

**Limit your statement to approximately this space; however, you may use a separate sheet.**

I certify that the information on this application is true and correct to the best of my knowledge. I understand that willfully withholding information or making false statements in this application may be used as the basis for dismissal or denial of consideration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date