

Valencia College
Health Sciences Program Application
B.S. in Cardiopulmonary Sciences (BSCARDIO) or
the Advanced Technical Certificate (ATC) in Echocardiography

This application is to be submitted once you have received notification of admission to Valencia as a candidate for the BSCARDIO Degree or the Advanced Technical Certificate in Echocardiography.

The program you are seeking (select ONE): BSCARDIO Degree Echocardiography Certificate

Date of Application: _____ Valencia ID (Required) _____

Name (Last) _____ (First) _____ (Middle) _____

Home Address _____ +

City, State, Zip _____

Phone Number(s) with Area Code _____

Atlas Email Address: _____

Personal Email Address: _____

Birth Date _____ Male Female Race (Optional) _____

Have you reviewed the current Program Guide for the program you are seeking to learn about the program and see that you meet the admission requirements? Yes No

Are you a U.S. citizen or permanent resident? Yes No

If you have applied to, or been enrolled in, another limited access Health Sciences program at Valencia in the past 12 months, indicate which one(s):

FOR BS in CARDIOPULMONARY SCIENCES:

Indicate the current professional certification(s) you hold and **attach a copy of your professional certification (not your state license) to this application:**

National Board for Respiratory Care:

RRT

Cardiovascular Credentialing International:

RCIS or RCES or RCS or RVS

Indicate degree field of study and level of degree earned:

Respiratory Care Associate or Bachelor's

Cardiovascular Technology Associate or Bachelor's

Cardiopulmonary Technology Associate or Bachelor's

Institution where degree was earned: _____

Month/year of graduation with this degree: _____/_____

Do you hold an Associate in Arts (AA) Degree? ___Yes ___No

If yes, name of institution where AA Degree was earned: _____

If you do not hold a Bachelor's Degree in one of the fields listed above, do you hold a Bachelor's Degree?

If yes, name of institution where Bachelor's Degree was earned: _____

FOR ATC in ECHOCARDIOGRAPHY:

Indicate the current professional certification(s) you hold and **attach a copy of your professional certification (not your state license) to this application:**

Cardiovascular Credentialing International:

___RCIS or ___RCES

American Registry for Diagnostic Medical Sonography

___RDMS or ___RVT or ___RMSKS or ___RPVI or ___RMSK

State Board of Nursing

___RN

American Registry of Radiologic Technologists

___R or ___S

National Board for Respiratory Care:

___RRT

Indicate degree field of study and level of degree earned:

Cardiopulmonary Technology ___Associate or ___Bachelor's

Cardiovascular Technology ___Associate or ___Bachelor's

Diagnostic Medical Sonography ___Associate or ___Bachelor's

Nursing ___Associate or ___Bachelor's

Radiography ___Associate or ___Bachelor's

Respiratory Care ___Associate or ___Bachelor's

Institution where degree was earned: _____

DECLARATION

I understand that the BSCARDIO is an online program except for one course in the Community Health Concentration and some of the courses in the Non-Invasive Cardiology Concentration. The ATC in Echocardiography courses are online, online with campus labs, and clinicals. I understand that it is fraudulent to misrepresent any information on this application and I affirm that all information on this application is true. I understand that, if admitted to the Non-Invasive Cardiology Concentration in the BS degree or to the ATC in Echocardiography, I must submit to a criminal background check and drug testing and document immunizations and other requirements for clinicals and be free of offenses that would disqualify me from the program. .

Signature

Date

A non-refundable Health Sciences Program Application fee of \$15. must be submitted to the Business Office with **each** application. In person, you may pay by credit card, debit card, cash, check or money order; a check or money order must be payable to Valencia College.

By mail:

Please mail the application *together* with a check or money order payable to Valencia College to:
Valencia College, Business Office 4-6, PO Box 4913, Orlando, FL 32802

In person:

Please make payment to the West Campus Business Office in the Student Services Building, Room 101 before submitting your application to the Health Sciences Advising Office on the West Campus in Bldg. 1, Room 130.

OR

Please make payment to the Business Office on any Valencia campus and request that the Business Office staff forward your Health Sciences Program Application and application fee receipt to the Health Sciences Advising Office on West Campus.