

# Valencia College

## School of Allied Health Program Application

B.S. in Cardiopulmonary Sciences (BSCARDIO) or  
the Advanced Technical Certificate (ATC) in Echocardiography

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

Select the program you are applying to (select ONE):  BSCARDIO Degree  Echocardiography ATC

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 thoroughly reviewed the current Program Guide for the program to which you are applying, and have met all 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 include 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 include a copy of your professional certification (not your state license) with 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 courses in the Non-Invasive Cardiology Concentration. The ATC in Echocardiography courses are 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 \_\_\_\_\_

Submit your completed program application along with a copy of your active credential to [AlliedHealthBS.ATC@valenciacollege.edu](mailto:AlliedHealthBS.ATC@valenciacollege.edu)

**3/24/2020**