INVASIVE CARDIOVASCULAR TECHNOLOGY PROGRAM

APPLICATION FOR ADMISSION

Application window: September 1–November 1

Submit the completed application and required documents through the published ICVT application process. Questions: bsims2628@collin.edu | 972.377.1634

Applicant Information

Application Date: Enter date.	**CWID:** Enter CWID.
Full Legal Name: Last, First, Middle	**Date of Birth:** MM/DD/YYYY
Other Names Used: Enter prior or alternate names.	**Primary Phone:** Enter phone number.
Collin Email: Enter institutional email.	**Personal Email:** Enter personal email.
Street Address: Enter street address.	**City, State, ZIP:** Enter city, state, and ZIP.
County: Enter county.	**Preferred Contact:** ☐ Collin email ☐ Personal email ☐ Phone

Education and Program History

College(s) or universities attended: List every institution and attendance dates.
Degree(s) or certificate(s) earned: List credential, institution, and completion date.
Healthcare certification(s): List certification, issuing organization, and expiration date.
Previous allied-health program attendance: List ICVT/CVT, radiologic technology, DMS, respiratory care, or other program; institution and dates.
Previous withdrawal, dismissal, or failure to complete a healthcare program: ☐ No ☐ Yes — If yes, attach an explanation.

ACADEMIC AND SELECTION INFORMATION

Applicant instruction: Enter the requested information and upload unofficial transcripts from Collin College and every other college or university attended. Official transcripts must also be submitted to the Collin College Office of Admissions and Records.

Coursework Used in Admission Review

Enter course, institution, term completed, grade, and "IP" if currently in progress.

Course	Institution	Term	Grade / IP
BIOL 2404 — Anatomy and Physiology	Enter	Enter	Enter
MATH 1314 — College Algebra (or approved option)	Enter	Enter	Enter
HITT 1305 — Medical Terminology	Enter	Enter	Enter
HPRS 1201 — Introduction to Health Professions	Enter	Enter	Enter

Competitive-Selection Qualifications

Military service	☐ No ☐ Yes — Documentation required for admission points.
Bachelor's degree or higher	☐ No ☐ Yes — Must be from a regionally accredited institution.
At least one year of paid direct patient-care experience	☐ No ☐ Yes — List position, employer, dates, and verification contact.
At least one year of cardiovascular-related healthcare experience	☐ No ☐ Yes — List position, employer, dates, and verification contact.
Supporting documentation	☐ Attached ☐ Not applicable ☐ Will be submitted by deadline.

APPLICANT ACKNOWLEDGMENTS

Initial each statement. Your initials confirm that you have read and understand the requirement.

Initials	Applicant acknowledgment
_____	I understand that admission to Collin College does not guarantee admission to the competitive Invasive Cardiovascular Technology (ICVT) Program and that I must receive official acceptance before enrolling in ICVT courses.
_____	I understand that I am responsible for meeting all published admission requirements by the application deadline, including official transcripts, transfer-course evaluation, prerequisite coursework, minimum GPA, and HESI A2 testing. Incomplete applications may not be reviewed.
_____	I understand that meeting minimum admission requirements or completing prerequisite courses does not guarantee admission. Applicants are selected through a competitive admissions process using the published criteria.
_____	I understand that acceptance into the ICVT Program is contingent upon continued eligibility and successful completion of all required pre-enrollment requirements.
_____	I understand that the HESI A2 must be completed according to program requirements and that only eligible, officially reported scores received by the deadline will be considered.
_____	I understand that participation in clinical education requires successful completion of a criminal background check, drug screening, immunizations, and any additional requirements established by clinical affiliates. Failure to qualify may prevent program completion.
_____	I understand that I must maintain current American Heart Association Basic Life Support (BLS) Provider certification before and throughout clinical education.
_____	I understand that I must maintain personal medical health insurance that includes hospitalization before and throughout clinical education. Collin College does not provide student health insurance.
_____	I understand that I must meet the ICVT Program Technical Standards, with or without reasonable accommodation, to complete classroom, laboratory, and clinical requirements.

Clinical Education Disclosures

Initials	Applicant acknowledgment
_____	I understand that clinical placement is determined by the program and is not guaranteed at a preferred facility, location, day, or shift.
_____	I understand that clinical assignments may involve travel, parking expenses, early or irregular hours, and compliance with each affiliate's policies.
_____	I understand that inability to meet an affiliate's eligibility requirements may limit or prevent clinical placement and does not obligate the College to secure an alternate placement.

DOCUMENT CHECKLIST, CERTIFICATION AND PROGRAM REVIEW

Applicant Submission Checklist

Completed ICVT Program application	☐ Included
Unofficial Collin College transcript	☐ Attached
Unofficial transcript from each additional institution	☐ Attached ☐ Not applicable
Official transcripts submitted to Admissions and Records	☐ Confirmed
Eligible HESI A2 score report	☐ Collin test ☐ Official external report requested
Documentation for claimed selection points	☐ Included ☐ Not applicable
Explanation of prior healthcare-program withdrawal/dismissal, if applicable	☐ Included ☐ Not applicable

Certification and Authorization

I certify that all information provided in this application is true and complete. I understand that withholding information or providing false information may result in denial of admission or dismissal from the ICVT Program. I authorize the ICVT Program to review transcripts, HESI A2 results, and other admission records received by Collin College for the purpose of evaluating my application. I acknowledge that I have read and agree to the published ICVT admission requirements, technical standards, and program information.

Applicant's full legal name: Type legal name.	**CWID:** Enter CWID.
Electronic signature: Type legal name as signature.	**Date:** MM/DD/YYYY

Program Use Only — Competitive Admission Review

Application complete	Eligible HESI score	Average GPA	Criteria points
☐ Yes ☐ No	_____	_____	_____
Prerequisite review	**Experience points**	**Military/degree points**	**Final rank**
_____	_____	_____	_____

Reviewer: _____ **Date:** _____ **Decision:** ☐ **Admit** ☐ **Alternate** ☐ **Not selected** ☐ **Ineligible**

Collin College does not discriminate on the basis of race, color, religion, age, sex, national origin, disability, or veteran status.