

Cleveland Clinic School of Cardiovascular Perfusion

APPLICATION

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

 Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____

 Are you legally authorized to work in the United States? Yes or No

Emergency Notification

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

Education

Colleges/Universities Attended	City	State	Dates Attended	Degree(s) Earned

Employment

List work experience, beginning with the most recent.

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:	

Professional Certification or License	
Type	Number

Attach:

1. A written statement of why you wish to become a cardiovascular perfusionist.
2. Three (3) letters of reference which can be professional (employment), educational, or personal. Reference letters may be sent directly from source of reference and should include name of applicant in subject.
3. Professional resume or curriculum vita.
4. Official transcripts
5. A signed shadowing form (or similar document) from a cardiovascular perfusionist confirming observation of at least one open heart procedure in the operating room.

I have read the **Admission Requirements** and **Technical Standards** of the Cleveland Clinic Cardiovascular Perfusion program found on the following website:
<https://my.clevelandclinic.org/departments/heart/medical-professionals/fellowship-residency/cardiovascular-perfusionist#application-requirements-tab>

Send by email as an attachment to:

Matt Wittenauer, CCP, MEd, Program Director
 Email: wittenm@ccf.org

The **Cardiovascular Perfusion – Certificate Program** is approved by the Ohio Board of Career Colleges and Schools. **School Registration No. 2165**. If you have questions, please contact the **Cleveland Clinic Center for Health Sciences Education** at 9500 Euclid Ave./NA31, Cleveland, OH 44195 or 216-444-6142.

Cleveland Clinic does not discriminate in admission, employment, or administration of its programs or activities, on the basis of age, gender, race, national origin, religion, creed, color, marital status, physical or mental disability, pregnancy, sexual orientation, gender identity or expression, genetic information, ethnicity, ancestry, veteran status, or any other characteristic protected by federal, state or local law. In addition, Cleveland Clinic administers all programs and services without regard to disability, and provides reasonable accommodations for otherwise qualified disabled individuals.

**Prerequisite List - All prerequisites must be completed prior to the application deadline
with minimum cumulative GPA of 3.0**

Degree Awarded	College/University	Major	Date

Prerequisite	Course name and number	Credit hours	College/University	Grade/ Lab Grade	Date
Human Anatomy & Physiology I 4 credit hours					
Human Anatomy & Physiology II 4 credit hours					
General Biology I 4 credit hours					
General Biology II 4 credit hours					
General Chemistry I 4 credit hours					
General Chemistry II 4 credit hours					
General Physics I 4 credit hours					
General Physics II 4 credit hours					
Biochemistry 4 credit hours					
Statistics 3 credit hours					
Pharmacology 1 credit hour					