

Cleveland Clinic School of Cardiovascular Perfusion

APPLICATION

Date: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

 Phone: _____ (home or mobile?) Please identify.

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

Emergency Notification	
Name:	Relation:
Address:	Phone:
City: State: Zip:	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, one from each of the following: personal, professional (employment) and educational.
 3. Professional resume or curriculum vita.
 4. Copy of college/university transcripts with catalog descriptions of the courses taken. (This information is available upon request from the college/university, or can be found in the college/university library.) Official transcript may be sent later and will be required to confirm admission.
 5. A letter (or note) from a Certified Cardiovascular Perfusionist (CCP) acknowledging that you have observed a perfusionist complete an open heart case in the operating room (O.R.).
- 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 mail or email as an attachment to:

Matt Wittenauer, CCP, MEd, Program Director
 Cardiovascular Perfusion
 Cleveland Clinic
 9500 Euclid Avenue/J4-604
 Cleveland, OH 44195
 Phone: 216.444.3895 or 216.444.9215
 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.

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**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					
Research Methods 1 credit					