

## **University of Iowa Perfusion Technology Program Application Instructions**

1. This application form has been saved with enhanced usage rights in adobe reader.
2. With the free adobe reader versions 5 thru 8 the applicant should be able to fill out, save to disk, email and print this document.

**It is recommended that the applicant submit this form electronically if possible for expedited application processing and review.**

### **Suggested method of completing this form:**

1. Download the original file from the perfusion website and save it to your Computer (eg. On the desktop or My documents folder)
2. Complete the application and save (utilizing the save to disk icon) again making sure that the text you type is saved.
3. Email the completed document (drag and drop or use the email icon) to the University of Iowa Perfusion Technology program [perfusion@uiowa.edu](mailto:perfusion@uiowa.edu) and put the words Perfusion Application and first and last name in the subject line.  
For example, a subject line might read:  
*Perfusion Application Joe Pumper*
4. Print out a hard copy if you prefer to send the application by mail

If there are any problems saving, emailing or printing this form please let us know by emailing to [perfusion@uiowa.edu](mailto:perfusion@uiowa.edu) subject line: application

**THE UNIVERSITY OF IOWA  
PERFUSION TECHNOLOGY PROGRAM  
APPLICATION FORM**

1. Full Legal Name \_\_\_\_\_  
Last
First
Middle

2. Present Address \_\_\_\_\_  
Street
City
State
Zip
Phone

3. Permanent Address \_\_\_\_\_  
Street
City
State
Zip
Phone

4. Email Address \_\_\_\_\_

5. **All** post-secondary educational institutions attended:

College, University, Professional, Technical or Business Schools	Location	Dates				Degree or Certification	Date Received or Expected
		Entered		Left			
		Mo.	Year	Mo.	Year		

6. Honorary and professional organizations, scholarships and honors, college activities and offices held:  
 (You should not list any that indicate race, religion, color, or national origin.)

---



---



---



---



---



---



---



---



---



---

7. List professional or work experience:

Employer	Address	Position	Dates

8. List references:

Name	Title	Address	Phone

9. CHECKLIST of material required to complete application:

- Original college transcripts
- Applicant Reference Forms (3 required)
- Application fee (\$50 due with application. Make check payable to The University of Iowa Perfusion Technology Program.)
- List of current planned courses (include credit hours)
- One page essay describing why you chose perfusion technology as a career and your future plans as a perfusionist (you may attach this in MS Word format digitally to this application)
- Passport-size photo (you may email this to us)
- Documentation of clinical observation (see clinical observation form)

I certify the above information is complete and correct. Digitally signing this document verifies the identity of the signee.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Save and email this document following included instructions

or

**and send completed application to:**

University of Iowa Hospitals and Clinics  
 Perfusion Technology Program  
 200 Hawkins Drive, SE545 GH  
 Iowa City, IA 52242-1062

**Applications must be submitted by January 1 for early admission consideration. All applications after this date will be processed on a space-available basis.**

The University of Iowa requests this information for the purpose of making an admission decision about you. No persons outside the University are routinely provided this information, except for items of directory information such as name and local address. Responses to items marked "optional" are optional; responses to all other items are required. If you fail to provide the required information, the University may not consider your application. Misrepresentation of information on this application may invalidate the application and make you ineligible for admission.