

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 through 8 the applicant should be able to fill out, save to disk and print this document.

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. Print out a hard copy to send the application by mail.

All supporting application documents found in the checklist must be secured by the applicant and included with the application for admission in ONE mailing envelope.

**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:

- ___ Official college transcripts in sealed envelopes
- ___ Applicant Reference Forms (3 required) in sealed envelopes
- ___ Application fee (\$85 due with application. Make check/money order payable to the University of Iowa Perfusion Technology Program - do NOT send cash)
- ___ 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
- ___ Passport-size photo
- ___ 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

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 delivered to the above address, with postmark dated on or before the deadline of November 1.

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.