



GROSSMONT COLLEGE CVT PROGRAM APPLICATION CHECKLIST

(This form must accompany the application packet)

NAME: _____

DATE: _____

The required following documents are needed to submit an application packet and to be placed on the waitlist. All items must be included in a single email and submitted to denise.gilbert@gcccd.edu, PDF format is preferred. Application requirements must be complete and all items must be included to apply to the CVT Program. Incomplete applications will not be accepted.

Complete Application Form

Proof of High School graduation, GED certificate **or a higher** degree:

- copy of a U.S. High School diploma/transcripts or
- copy of a GED certificate or
- unofficial transcripts indicating an Associates, Bachelors or Master's degree or copy of diploma.

Important: Foreign High School or College transcripts must be evaluated by an Evaluation Service from NACES.org.

Unofficial college transcripts for the required science prerequisites; Anatomy, Physiology, and Chemistry. If the courses were taken at GCCCD, the CVT Office will obtain the transcript for you. **Once the CVT office is open to the public again, you will be asked to hand deliver your official sealed transcripts to the office.**

Course Descriptions for courses not listed on the [CVT Equivalency Grid](#). If prerequisites were taken outside of the San Diego area, course descriptions from the college catalog must be included. Please do not copy and paste; course descriptions must show the entire page directly from the school catalog and/or website indicating the name of the college and the year the course was completed.

Complete Immunizations (all have specific requirements; please use the [Immunization Requirements](#) for details):

Hepatitis B series (3 shots total) and/or a positive Hep B blood test indicating immunity (if proof of Hep B series cannot be provided).

Please note: Negative blood tests without a series of 3 Hep B vaccinations will not meet the requirement.

Tdap (within the past 10 years)

MMR series (2 shots total) or separate blood tests indicating immunity for Measles, Mumps and Rubella.

Varicella series (2 shots total) or a positive Varicella blood test indicating immunity

QUESTIONS? Contact Denise Gilbert - Health Professions Specialist for the CVT Program.

Email: denise.gilbert@gcccd.edu

**College and/or
Post High School Education**

Name of College

Years Attended

Degrees

_____	_____	_____
_____	_____	_____

***Note:** Official college transcripts from all colleges attended must be on file in the Admissions and Records office before starting the program. It is highly suggested that you make an appointment with a college counselor after submitting the application to verify all General Education and Major Requirements are fulfilled before entering the program.

How did you hear about the field of Cardiovascular Technology? _____
How did you hear about our Cardiovascular Technology Program? _____

PLEASE COMPLETE FOR STATISTICAL PURPOSES ONLY:

Work experience in the health care field? ___ Yes ___ No

If yes, where and dates of employment. _____

IMPORTANT

Students in **ALL** programs will be required to complete the background check and urine drug screen. **THIS IS A HOSPITAL/HEALTH AGENCY REQUIREMENT.** Students will be given the information to obtain these requirements upon admission to the program.

Please send this application and official transcripts to the Grossmont College Cardiovascular Technology Program at the address below or return it in person to the CVT Office. If you live in the San Diego area, you **must** submit the application packet in person.

GROSSMONT COLLEGE

Cardiovascular Technology Program
8800 GROSSMONT COLLEGE DRIVE
EL CAJON, CA 92020-1799
(619) 644-7303 Phone
(619) 644-7910 Fax
GrossmontCVT.Info@gcccd.edu
<http://www.grossmont.edu/cvt/>

Date: _____

Signature: _____

GROSSMONT COLLEGE HEALTH PROFESSIONS IMMUNIZATION REQUIREMENTS

To be cleared for a Grossmont College Health Professions Program each vaccination and/or test, no matter what form being submitted to the program office, **must have a signature and stamp** from one of the following Healthcare Professionals completing the immunizations/test or transcribing information onto the form: Physician, Physician Assistant, Nurse Practitioner, Registered Nurse, or Grossmont College Health Services Nurse.

NAME: _____ **STUDENT ID#:** _____
Last First

<p>MMR (Measles, Mumps, Rubella)</p> <p>Must include 2 vaccinations or a test for seropositivity (proof of immunity)</p> <p>Seropositivity If known past history of Measles, Mumps or Rubella.</p>	<p>Date #1: _____ (today's date)</p> <p>Date #2: _____ (1 mo. following date #1)</p> <p>S. Date: _____ <input type="checkbox"/> positive <input type="checkbox"/> negative</p>	<p>_____ Signature</p> <p>_____ Signature</p> <p>_____ Signature</p>	STAMP
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<p>Hepatitis B</p> <p>Must include 3 vaccinations and a test for seropositivity (proof of immunity).</p> <p>All Health Professions students must complete the test for seropositivity.</p> <p>Seropositivity- If known past history of the Hep B infection and/or to verify immunity to Hep B. HepB Surface Antibody, Quantitative (QT) only. (Qualitative(QL) results are not acceptable)</p> <p>Post-vaccination testing must be done 1 month after last dose of vaccine.</p>	<p>Date #1: _____ (today's date)</p> <p>Date #2: _____ (1 mo. following date #1)</p> <p>Date #3: _____ (5 mo. following date #2)</p> <p>S. Date: _____ (1 mo. following date #3) <input type="checkbox"/> positive <input type="checkbox"/> *negative</p> <p><small>*If negative, additional series plus immunity test required</small></p>	<p>_____ Signature</p> <p>_____ Signature</p> <p>_____ Signature</p> <p>_____ Signature</p>	STAMP
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<p>Tetanus/ Diphtheria and Acellular Pertussis (TDAP)</p> <p>Must be given within 10 years of application date.</p>	<p>Date #1: _____</p>	<p>_____ Signature</p>	STAMP
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<p>Varicella (Chickenpox)</p> <p>Must include 2 vaccinations or test for seropositivity</p> <p>Seropositivity If known past history of Varicella.</p>	<p>Date #1: _____ (today's date)</p> <p>Date #2: _____ (1 mo. following date #1)</p> <p>S. Date: _____ <input type="checkbox"/> positive <input type="checkbox"/> negative</p>	<p>_____ Signature</p> <p>_____ Signature</p> <p>_____ Signature</p>	STAMP
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Please retain a copies of your immunizations for your personal records. You will need them again once invited to start the program.