

Geisinger Health System

Application

School of Cardiovascular Technology

Geisinger Medical Center
100 N. Academy Ave.
Danville, Pennsylvania 17822-20-11
Telephone (570) 271-6638
Fax (570) 214-5088
E-mail sranck@geisinger.edu

Application deadline: **February 1st**

The following information will be required in order to complete the application process.

1. Official, signed and sealed transcripts from all institutions attended, including high school
2. At least three letters of recommendation

Personal Information

Date _____ Do you plan to commute or reside at the school? _____

Name _____
Last First Middle Previous

Home Address _____
Street City State Zip

Social Security No. _____ Home Phone _____

Cell Phone _____ E-mail _____

Emergency Contact _____ Phone _____

Address _____
Street City State Zip

Education

High School _____

College(s)

<i>Name</i>	<i>Location</i>	<i>Date Entry/Graduated</i>	<i>Degree/Cred. Earned</i>
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Employment

Present employer _____

Address _____ Phone _____

From: _____ To: _____ Title: _____

Previous employer _____

Address _____ Phone _____

From: _____ To: _____ Title: _____

Previous employer _____

Address _____ Phone _____

From: _____ To: _____ Title: _____

References

Please List Three References who are not relatives

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

Have you ever been convicted of a felony or misdemeanor? ____ Yes ____ No

If yes, describe fully the criminal conviction(s), list the nature of the offense, and when the offense occurred. Record of conviction does not disqualify applicant from admission consideration. A background check will be completed before start of program.

Military Experience: US Military: _____ Rank: _____

Type of Discharge _____ Training/Specialty _____

Active Duty Entry Date: _____ Discharge Date: _____

US Citizen Yes / No

Recruitment Information

To help us evaluate our recruitment efforts, please answer the following questions.
I received information and application:

_____ From an Advisor or Faculty Member
_____ At a college fair or presentation (Location)
_____ A representative of Geisinger's Cardiovascular Tech. Program
_____ Geisinger Hospital Employee
_____ Internet
_____ Other _____

Applicant Summary

Please attach a typed account of the following, in narrative form,:

- 1) Your past educational and/or clinical experiences (including dates) which you feel will be beneficial to you in this program
- 2) All the things that you have accomplished which give you the greatest satisfaction
- 3) Your professional goals and how you plan to achieve them
- 4) Your reason for applying to the program

I certify that the information contained in the application is true. I further understand that falsification of information or incomplete statements herein will result in cancellation of this application. I agree that examination and verification of my employment or previous education, except as it pertains to sex, race, origin, religion, age or physically challenged, may be made and used relative to my application status. I therefore authorize my former employers and other persons or organizations listed to provide this information and I release all concerned from any liability in connection herewith. I further certify that as of the intended date of enrollment, I will have graduated from an accredited high school or the equivalent and completed, in good standing, additional course work listed.

Signature _____

Date _____