

NAME (Please Print)

Application Date

APPLICATION FOR ADMISSION
Masters Degree Clinical Perfusion (MDCP) Degree Advancement Option
THE UNIVERSITY OF NEBRASKA MEDICAL CENTER

School of Allied Health Professions
Distance Education Office
984035 Nebraska Medical Center, Omaha, NE 68198-4035

Admission to the University of Nebraska Medical Center shall not be denied to any person because of age, sex, race, color, national origin, religion, political beliefs, or disability (as defined in The Rehabilitation Act of 1973).

Please note that applicants to the MDCP Degree Advancement Option must:

- Complete a baccalaureate degree from an accredited U.S. or Canadian college or university, which was separate from their Perfusion training;
- Graduate from a CAAHEP-accredited Perfusion education program;
- Present a C or better for all prerequisite coursework;
- Present a prerequisite GPA of at least 2.5 on a 4.0 scale;
- Present a cumulative GPA of at least 3.0 on a 4.0 scale for the Perfusion program coursework.

The specific college prerequisite coursework should include the following:

- | | |
|--|-------------------------|
| ■ English Composition | 6 semester credit hours |
| ■ General Chemistry | 6 semester credit hours |
| ■ General Biology, Zoology, or Genetics | 6 semester credit hours |
| ■ Anatomy & Physiology | 6 semester credit hours |
| ■ Algebra, Pre-Calculus, or Calculus | 6 semester credit hour |
| ■ General Sociology, Psychology, or Philosophy | 6 semester credit hours |
| ■ General Physics with lab | 6 semester credit hours |

Please indicate expected enrollment: (The MDCP degree advancement option has 3 start dates during the year)

Year: _____ Semester: Fall (August) Spring (January) Summer (May)

Have you applied previously to UNMC? Yes No

If yes, indicate: Year(s) _____ Program(s) _____

I verify that I have read the applicant requirements above and understand the expectations of the MDCP Degree Advancement Option. I believe I meet these requirements and wish to be considered for acceptance into the Clinical Perfusion Education Program at the University of Nebraska Medical Center.

Applicant Signature

APPLICATION FOR ADMISSION
MDCP Degree Advancement Option
THE UNIVERSITY OF NEBRASKA MEDICAL CENTER

After reading and signing page 1 of this application, complete the following steps:

- 1. **COMPLETED APPLICATION & PROCESSING FEE:** Please complete the application and enclose a check or money order for \$45.00 payable to UNMC. This fee is non-refundable and not applicable toward tuition. **Applications cannot be processed until the fee is received.**
- 2. **RESUME:** Applicant must include a current resume with the completed application form. The resume should include an objective statement that addresses your interest in completing a Master of Perfusion Science degree and states your professional career goals. Please include all schools attended and dates of attendance, current place of employment and all previous places of employment since graduation from your professional program. Please indicate all certifications with current status.
- 3. **CONFIDENTIALITY STATEMENT:** Read and sign this form. Please note that this form **MUST** be notarized.
- 4. **DISCLOSURE STATEMENT:** Read and complete this statement; information on this form will be confidential.
- 5. **COMPUTER REQUIREMENTS & TECHNICAL COMPETENCY SKILLS STATEMENT:** Read and complete the enclosed statement regarding your computer access and technical skills, and submit with your application.
- 6. **PROOF OF COMPLETION:** Include proof of completion of an accredited perfusion program. This may include a copy of your degree, certificate of completion of the program, or an official military transcript.
- 7. **CERTIFICATION:** Include copies of your current ABCP certification, if applicable.
- 8. **PHOTOGRAPH:** Photographs are not required from applicants to the MDCP program. Pictures are not used for the admissions process, but will be required by the program for accepted students.
- 9. **ACADEMIC & PROFESSIONAL REFERENCES:** Applicants are to copy and distribute the enclosed forms with stamped envelopes to the references for completion and return directly to the address on the form. Three (3) references are required. All references will be verified as part of the admissions process. **References should not be submitted from relatives.**
- 10. **TRANSCRIPTS:** Applicants must request that an official transcript with a raised seal be sent by the Registrar of **each** institution previously attended **directly*** to the Distance Education Office at the address listed on page 1 of this application. Official transcripts are required from each college and university attended, as well as your professional program.

****Transcripts sent to the UNMC Office of Academic Records will not be received by the program, so please verify that all transcripts are sent to the Distance Education Office at the address listed above.***
- 11. Mail completed application and fee to the Distance Education Office at the address at the top of page 1 of this application. All materials submitted in support of your application are due by the application deadline and become the property of the University. They cannot be returned or forwarded. **Incomplete applications will not be considered.**

UNMC Application for Admission

Please Type or Print in Ink

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
*SOCIAL SECURITY #

Gender: _____ Female _____ Male

Birth date: _____ / _____ / _____
Month Day *Year

Name: _____
Last First MI Maiden Other Names Used

Current Address: _____
Street Address County

City State Zip Code

E-mail Address: _____

Home Phone: (____) _____ Work Phone: (____) _____ Other: (____) _____

Birthplace: _____ City/State What is your Legal Residence? _____ County/State/Country

How did you learn about this program? _____

NON-U.S. CITIZENS — Please complete the following:

Country of Citizenship: _____ Last Visa Classification: _____

Arrival Date in U.S.: ____ / ____ / ____ Permanent Residents ~ list Alien Card number (Form I-151): _____

UNITED STATES CITIZEN: PREDOMINANT ETHNIC BACKGROUND*

Supplying this information is optional with the applicant and is not a requirement for admission. The data is used by the U.S. Departments of Health & Human Services and Education for statistical purposes only.

____ CAUCASIAN.

____ ASIAN OR PACIFIC ISLANDER. Check Subcategory:
____ Chinese ____ Filipino ____ Hawaiian ____ Korean ____ Japanese ____ Indian or Pakistani ____ Other

____ BLACK. Not of Hispanic Origin (A person having origins in any of the Black Racial Groups.)

____ HISPANIC. Check Subcategory:
____ Mexican ____ Puerto Rican ____ Cuban ____ Central or South American ____ Other Spanish culture or origin

____ AMERICAN INDIAN OR ____ ALASKAN NATIVE (A person having origin in any of the original peoples of North America.)

*Information not used in Admissions process; required for tracking purposes and/or statistical information only.

RECORD OF EMPLOYMENT. List in chronological order.

| | |
|---|--------------------------------|
| Employer Name: Address: City, ST: | Job Title: Inclusive Dates: |
| Employer Name: Address: City, ST: | Job Title: Inclusive Dates: |
| Employer Name: Address: City, ST: | Job Title: Inclusive Dates: |
| Employer Name: Address: City, ST: | Job Title: Inclusive Dates: |
| Employer Name: Address: City, ST: | Job Title: Inclusive Dates: |

EDUCATIONAL INFORMATION

ACT Score: _____ Year Completed: _____ SAT Score: _____ Year Completed: _____

NAME ALL EDUCATIONAL INSTITUTIONS ATTENDED List in chronological order the high school of graduation and **ALL** colleges, universities, professional, technical or business schools **ATTENDED**. Begin with high school of graduation.

| School Name | City | ST | Dates | | | | # of Credit Hours Earned | Cum. GPA | Degree/Certificate Earned | Date Rec'd | |
|-------------|------|----|---------|-----|------|-----|--------------------------|----------|---------------------------|------------|-----|
| | | | Entered | | Left | | | | | Mo. | Yr. |
| | | | Mo. | Yr. | Mo. | Yr. | | | | | |
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WORK IN PROGRESS. Please list all classes in progress and those you will complete prior to your enrollment in the MDCP.

| Start Date | | Dept | Course # | Name of Course | Name of Institution | Credit Hours | End Date | |
|------------|------|------|----------|----------------|---------------------|--------------|----------|------|
| Month | Year | | | | | | Month | Year |
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Please provide a narrative describing your interest in your specific discipline, particularly stressing your professional career goals and motivation for seeking a masters degree. Additionally, please describe your current experience in your profession.

FOR ALL APPLICANTS:

One of the objectives of the University of Nebraska Medical Center is to recruit and retain persons of high moral and ethical character. In accordance with this objective, the University of Nebraska Medical Center reserves the right to review a candidate's suitability for admission and make a selection of acceptance or rejection within those guidelines.

By typing/signing my name below, I recognize that I am submitting my signature, and certify that information on this application is complete, accurate and true; and I understand that any information given falsely or withheld may make me ineligible for admission and/or enrollment. I agree to abide by the policies and regulations of the University of Nebraska Medical Center, School of Allied Health Professions, and the Clinical Perfusion Education Program, and will inform the program of any change in my plans to enroll.

Applicant's Signature

Date

UNIVERSITY OF NEBRASKA MEDICAL CENTER
School of Allied Health Professions
MDCP Degree Advancement Option
Confidentiality Statement

The MDCP Degree Advancement Option (DAO) at the University of Nebraska Medical Center provides a way for working Perfusionist to earn a Master of Perfusion Science degree through distance education technology. Although the MDCP does not incorporate a clinical component as part of the curriculum, the Perfusionists' professional position is a vital aspect of their learning experience for several reasons.

1. Students may be assigned to submit clinical case studies, conduct informal group discussions, survey staff, and/or initiate and implement a project for which they will utilize the facility where they work.
2. By utilizing the resources available at the facility where they work, students must be particularly concerned with and responsible for the confidentiality of all information that is obtained.

DAO students must read, sign, and abide by the following statement. This form must be notarized.

OATH OF NONDISCLOSURE

As a student enrolled in courses at UNMC, and as a health care professional in my healthcare employment position with access to patient information, I agree to maintain the confidentiality of all information that is obtained, including patient medical, personal, and financial information. I understand that Nebraska, the State in which I work, and Federal law protects the confidentiality of such information and that I will be personally liable for any breach of this duty. I hereby hold the organization for which I work, and UNMC, harmless for any such breach.

Student:

Signature

Typed or Printed Clearly

Notary:

Signature

Typed or Printed Clearly

Notary Seal Here

Date:

Please complete this form.
Provide a copy for your preceptor and return the original to the:

Distance Education Office
School of Allied Health Professions
984035 Nebraska Medical Center, Omaha, NE 68198-4035

**UNIVERSITY OF NEBRASKA MEDICAL CENTER
DISCLOSURE STATEMENT**

MDCP Degree Advancement Option

Completion of this agreement is a formal part of the application process. This form must be completed and submitted along with your application to the Distance Education Office before any offer of admission can be made. The University of Nebraska reserves the right to verify this information with the appropriate law enforcement and/or regulatory agencies.

A positive response to any of the questions will not necessarily result in denial of admission. Information on this form will be available ONLY to the Director and Admissions Coordinator for evaluation of your suitability for full admission. The information will be kept **CONFIDENTIAL**.

If any of your answers to the following questions change during your time in the program, you MUST contact the Distance Education Office and update this form. It is your obligation and responsibility to make sure the program is aware of any situations that may arise.

1. Have you ever had a health care license cancelled, limited, suspended, revoked, or denied for any reason? YES NO
2. Have you ever been subject to proceedings by a licensing agency to cancel, limit, suspend, or revoke your health care license or certification? YES NO
3. Have you ever been convicted of any criminal offense (including felonies and/or misdemeanors) other than a minor traffic violation or been a defendant in a civil suit? YES NO

In evaluating conviction records, the University of Nebraska Medical Center considers the following factors:

- a. Circumstances surrounding the conviction, and the relative relationship of the conviction to the degree advancement option;
- b. The time interval from the conviction to submission of an application for admission;
- c. Other relevant history; and
- d. Degree of rehabilitation.

4. Have you ever been given a dishonorable discharge from the U.S. Military? YES NO
5. Are you currently using alcohol or a controlled substance(s) that would affect your ability to participate in, or prevent you from successfully completing, an academic program in a reasonable period of time? YES NO
6. Have you ever had any substantiated referrals for child or adult maltreatment that would be on file with the Child or Adult Abuse/Neglect registry of your state? YES NO
(You may be required to give authorization for a release of information for this registry.)

FOR ANY YES RESPONSES (Items 1-6), PLEASE APPEND DETAILS ON A SEPARATE SHEET

I certify that information on this form is complete, accurate, and true. I understand that ANY information given falsely or withheld on this form, or any other documents related to the MDCP, will make me ineligible for admission, continued enrollment, or degree completion.

Print Your Name

Date

Signature

Social Security Number

MDCP Degree Advancement Option
Distance Education Computer Requirements & Technical Competency Skills

Recommended Minimum Computer Requirements:

| | | | |
|--------------------------|---|-------------------------|--|
| Processor: | 2.0 GHz Pentium/Celeron/AMD or higher | Web Browser: | Internet Explorer 7 (or higher) |
| Memory: | 1 Gb RAM or higher | Internet Access: | High Speed Cable Internet |
| Storage: | 40Gb Hard Drive or higher | Software: | Microsoft Office 2007 |
| Operating System: | Windows XP or later (Home or Professional edition) | | Real Player (Free Download) |
| CD/DVD Drive: | CD Burner (required) DVD Burner (recommended) | | Updated antivirus software |
| | | | Java (Free Download) |
| | | | Adobe Flash Player (Free Download) |

Technical Competency Skills Requirements:

Skill: Windows XP or higher

You need a functional understanding of the Windows desktop, such as:

- Starting and closing a program
- Using the taskbar
- Help
- Copy and paste between programs
- Using Windows Explorer (file manager)
- Dialog Boxes (a popup box with additional information)
- How to use the clipboard to cut and paste and embed/link features

Skill: Internet

You need a functional understanding of the following:

- Print
- Search
- Browse
- Bookmarks
- File Transfer
- Download files
- Install plug-ins and/or software
- Participate in online chat groups, discussion groups, and tutorials

Skill: Office Software Packages (Office 2007 or higher)

You need a basic knowledge of how to use Word, PowerPoint, and Excel, such as:

- Keyboarding/Typing
- Tool bar/Menu bar
- Page formatting (page numbering, line spacing, margins – left, right, top, and bottom margins)
- Printing (word document, spread sheet, or presentation handout)
- Automatic spell and grammar check
- Landscape and portrait
- Use of Thesaurus
- Creating tables
- Text editing (cutting, moving, copying, and pasting)
- Viewing PowerPoint presentations (you may have to create presentations for some of your courses)

Skill: E-Mail

You need a functional understanding of the following:

- Send, receive, and delete messages
- Attach and detach files
- View and launch attached files
- Print messages

PLEASE NOTE: Microsoft Work and Word Perfect are **NOT** acceptable.

By signing/typing my name below, I recognize that I am submitting my signature, and I certify that information on this form is complete, accurate, and true. I have access to a computer system and the Internet with the minimum requirements listed above. I understand that it is my responsibility to maintain my own computer system and/or access to an equivalent system throughout my enrollment in this degree advancement option. I have reviewed and understand the technical competency skills that will be expected of me to successfully complete this online degree advancement option.

Name (Printed)

Date

Signature

UNIVERSITY OF NEBRASKA MEDICAL CENTER
MDCP Degree Advancement Option
Academic & Professional References

Applicant Instructions: Copy the reference forms as needed and distribute to your referents with stamped envelopes. References should NOT be submitted from relatives, and should include at least one professional reference. Applicants should include a minimum of three references for review. Each reference will be verified as part of the admissions process.

Please note: Under the Family Education Rights and Privacy Act, students of the University of Nebraska have the right to inspect their files upon request. However, letters of recommendation are destroyed at the time selections are made and prior to the individual becoming a student. Therefore, an applicant will never see a reference form. Once the forms/letters serve their purpose, they are destroyed. This policy assures the person writing the recommendation that this letter will remain confidential.

Referent Instructions: This applicant is applying for admission to the BSRST Degree Advancement Option at UNMC. The MDCP Admissions Committee greatly appreciates your thoughtful opinions of this person. ***Please be sure to sign and date the bottom of BOTH pages.***

Personal recommendations are a very important part of the application, and they are reviewed carefully by members of the Admissions Committee. We are anxious to select those individuals whose accomplishments, personal attributes, and abilities indicate that they have the greatest potential for graduate-level study and advanced professional development. Therefore, we ask you to provide a thoughtful and sincere appraisal of this applicant. If you do not know the applicant well enough to complete this form, please notify him/her and return the form. Your early reply is appreciated.

Please note: It may not be possible to thank each individual for completing a recommendation form. However, we want you to know that we are aware of the time required to submit a reference, and both we and the applicant are most appreciative of your response. We will contact you to verify this reference.

Please return form to:

SAHP Distance Education Office
University of Nebraska Medical Center
984035 Nebraska Medical Center
Omaha, NE 68198-4035

UNIVERSITY OF NEBRASKA MEDICAL CENTER
MDCP Degree Advancement Option
Academic & Professional References

Applicant Name: _____

Please Type or Print Form:

Your Name: _____ Credentials: _____

Your Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Email: _____ Work Phone: _____ (____) _____

Acquaintance with Applicant

How long and in what capacity have you known this applicant? _____

Summary of Applicant Potential

Please discuss the applicant's potential for graduate-level study and advanced professional development: _____

Signature: _____ **Date:** _____

For office use only – Reference Verified

Date: ____ / ____ / ____ Program Official: _____

Personal and Professional Appraisal

Please rate the applicant in the following categories, using a scale of 1 to 5 with 5 being superior and 1 being poor. If you have no basis for evaluation in any category, please check "No Basis." Comments for ratings below average are helpful and greatly appreciated.

| Characteristic | Superior 5 | 4 | Average 3 | 2 | Poor 1 | No Basis | Comments |
|--|---------------|---|--------------|---|-----------|-------------|----------|
| Academic Potential for Advanced Study | | | | | | | |
| Mathematics and Computer Skills | | | | | | | |
| Oral Communications Skills | | | | | | | |
| Written Communications Skills | | | | | | | |
| Analytical/Technical Skills | | | | | | | |
| Problem Solving Ability | | | | | | | |
| Organizational Ability | | | | | | | |
| Ability to Work with People | | | | | | | |
| Initiative/Motivation | | | | | | | |
| Ability to Work Independently | | | | | | | |
| Ability to Focus on the Task-at-Hand | | | | | | | |
| Flexibility/Ability to Adapt to New Situations | | | | | | | |
| Reliability | | | | | | | |
| Integrity | | | | | | | |
| Sense of Responsibility | | | | | | | |
| Leadership | | | | | | | |
| Other: | | | | | | | |

Overall Recommendation:

- Strongly Recommend
 Recommend
 Recommend with Reservations
 Do not Recommend
 (Please explain with an attached page)

Signature: _____

Date: _____