



ICVT Application Checklist
Accepting Applications: March 1
Deadline: July 1

Initial each box below to affirm you completed that step prior to applying. SUBMIT THIS PAGE WITH APPLICATION.

- Are you college ready? Have you completed the . . .
1. "Apply Texas" application for admission to St. Philip's College if necessary?
2. Assessment tests or submitted assessment scores; or are you exempt?
- Have you completed program prerequisite courses?
BIOL 2401 & BIOL 2402 (BIOL 2404), ENGL 1301, MATH 1314.
- Have you included
- Have you included any additional healthcare licensure/credential documents?
- Have you checked if you meet the minimum grade point average (GPA) requirement?
Minimum of 2.7 GPA based on prerequisite courses
- Have you included healthcare employment documentation?
- Did you complete the Healthcare Science student application form?
Fill out the entire form **legibly and completely**. You must sign and date the form.
- Did you include official transcripts?
Official transcripts from all colleges (**including St. Philip's College if applicable**) attended are required. *An official transcript is one printed on official paper from the Registrar's office and in a sealed envelope.* Students should request the transcript(s) be sent to their home address. Official transcripts may be sent to bochoa31@alamo.edu between March 1-July 1 by the institution.. ***A separate official transcript must also be provided to the records and registration office to be admitted as a St. Philip's College student.***
- Did you include letters of recommendation?
- Did you include an essay stating why you want to be a Invasive Cardiovascular Technologist, along with your short and long term goals?

Applications submitted electronically may be sent to Bochoa31@alamo.edu between March 1 - Jun 1. Please ensure that you include all documents at time of submission.
Application and required documents **may also be mailed USPS** to:

Department of Health Sciences - St. Philip's College
Invasive Cardiovascular Technology
1801 Martin Luther King Drive
San Antonio, TX 78203-2098



NOTICE TO PROGRAM APPLICANTS

The Health Sciences Department makes every effort to provide an understandable application process by insuring each applicant has the necessary information for application completion. It is the student's responsibility to review the application requirements and selection criteria for the individual program to which they are applying as some programs have additional requirements beyond those listed as for the Health Sciences Department. Application requirements and selection criteria are subject to change. Please visit each program's website for detailed information about their program's application and selection process.

All applicants have equal opportunity to contact the program director prior to submitting their application. Each program reserves the right to consider an applicant ineligible for program admission if he/she neglects any part of the stated requirements for application or selection. Fulfilling all application criteria does not guarantee acceptance into a program as program size is limited. Acceptance to any Health Sciences Department Program is subject to completion of a background check and drug screen.

Health Sciences Department front office personnel are able to assist you with general application questions you may have. However, it remains the responsibility of the applicant to follow all written instructions for application submission and selection criteria.

Alamo Colleges District, St. Philip's College, the Health Sciences Department and its programs are not responsible for any applicant misinterpretation of the application or selection process. As evidence that you have read and understand this notice, you will be asked to confirm with your signature on the Health Sciences Department Application.



STUDENT APPLICATION FORM

Program Applying For:					Desired Entry Date:		
Name: (Last, First, MI)					SS#:		
					St. Philip's College Student?		
					Banner ID#:		
Street Address	Apt #	City	State	Zip	Email:		
Home Phone:					Cell or Alternate Phone:		
College/University Attended (include attachments as necessary)					Degree	Hours Completed	Dates
Employment History Employer (include attachments as necessary)					Job Title		Dates
Are you eligible to work in the United States? Yes_____No _____							
Convicted of a felony? Yes_____No_____ Convicted of a misdemeanor? Yes_____No _____							
Enrollment into the Healthcare Science and Early Childhood Department by students with felony convictions could result in denial of licensure or certification. These students would not be eligible for admission into the program until a declaratory order process is completed with the licensure or certification board and proof of eligibility for licensure or certification is provided.							
Medical Emergency Numbers:							
Name		Relationship			Phone Number		

I understand that falsification of any information on my application will automatically disqualify me as an applicant for admission and will result in my being dropped from the any program in the Healthcare Science and Early Childhood Department.

I have read and understand the Notice to Program Applicants.

_____ **Applicant Signature**

_____ **Date**