

The Hoffman Heart and Vascular Institute
School of Cardiovascular Technology
114 Woodland Street
Hartford, CT 06105
PH: 1-860-714-5698
FAX: 1-860-714-8001



Dear Candidate,

Thank you for your interest in the [School of Vascular Ultrasound](#) at The Hoffman Heart and Vascular Institute of Connecticut, Saint Francis Hospital and Medical Center!

The **Vascular Ultrasound** program is a limited access program and will select students who meet the rigorous academic, testing, and prescribed clinical admission requirements outlined below.

Our program is designed to provide an exceptional cardiovascular education and experience in one of the fastest growing fields in the healthcare profession. After successful completion of this programmatically one-year or 26 week, full-time program, the student will receive a **certificate in Vascular Ultrasound**.

In addition, the program is designed as a pathway to sit for the required national credentialing exam, **Registered Vascular Sonographer (RVS)**, offered by Cardiovascular Credentialing International (CCI) and/or the **Registered Vascular Technologist (RVT)**, offered by the American Registry of Diagnostic Medical Sonography (ARDMS). For more information about the exam, please log onto www.cci-online.org or www.ardms.org.

The RVS or RVT credential is now required to work as a Vascular Sonographer in most Vascular Laboratories. **Therefore, the student must pass the RVS or RVT exam in order to graduate from the program.**

Applicants will be considered based on the quality of their essay, as well as their background, educational, and professional experience. **The application deadline for the Vascular Ultrasound program is May 1st for the 52 week and 26 week October Enrollment and December 31st for the 26 week April Enrollment** with formal interviews to follow. Note an estimated 50% of applicants will be interviewed. Notification of acceptance to the program will occur shortly thereafter with **commencement of the program occurring the first week of October or April.**

The total cost of the Vascular Ultrasound program is \$8,500.00 for the 26 week program and \$17,000.00 for the 52 week program. Application fee (\$50.00), and registry exam fee (\$350.00), are to be paid separately. Note the registry exam fee to be paid to will be reimbursed to the student after graduation from the program.

Once the candidate is notified of acceptance to the program, a deposit of \$1,500.00 is to be paid within 14 days of the dated acceptance letter; the remaining balance of \$5,500 or \$15,500.00 is to be paid in full 14 days thereafter. **Note that Financial Aid is not available, and tuition is non-refundable once submitted. We do work with Meritize in which Student may apply for financial loans.**

As mentioned above, a *Urine Drug Screening* is required prior to the start of the program and is offered through Saint Francis Hospital Occupational Health Dept.

REQUIRED DOCUMENTS

An applicant may be accepted into the **Vascular Ultrasound Program** based on the following criteria:

- **Application**
- **\$50 application fee (non-refundable)**
- **Resume/CV**
- **Two letters of reference (1 work, 1 personal)**
- **Educational transcripts (must be official)**
- **Essay (see essay guidelines below)**

APPLICATION ESSAY GUIDELINES

Your completed application includes a **two page essay (double-spaced, 12 font)** about your history and future goals in the field of invasive cardiovascular technology (CVT). The following questions are provided to help you formulate your ideas. Please answer **all** of the following questions in your essay:

1. How did your interest in Sonography develop?
2. What awards, academic or otherwise, have you received that have helped prepare you for a career in cardiac ultrasound?
3. What outside interests or hobbies do you have?
4. How has your formal training prepared you for a career in Sonography?
5. What specific experiences have you had in the medical field that have influenced your career choice?
6. What personal characteristics do you feel would be the most helpful to a person who chooses a medical career?

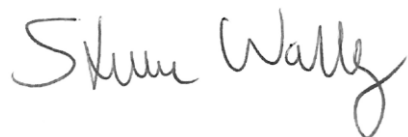
Please **print the next page (Program Application)** and mail / email the **required documents** to:

Attention: Steven Walling
The Hoffman Heart and Vascular Institute 2-9
Saint Francis Hospital and Medical Center
114 Woodland Street,
Hartford, CT 06105

Phone: (860) 714-5698
Email: swalling@trinityhealthofne.org

We look forward to your application!

Sincerely,



Steven Walling, BS, ACS RCS, RDCS, FASE
Program Director, Coordinator, School of Cardiovascular Technology
The Hoffman Heart and Vascular Institute of Connecticut

Vascular Ultrasound PROGRAM APPLICATION

Complete all information on the application. Incomplete applications will not be processed.

Name _____		
Address _____		
City _____	State _____	Zip _____
Cell Phone #	(_____)	_____
Home Phone #	(_____)	_____
Email Address:	_____	

<u>Emergency Contact Information:</u>	
Contact: _____	Phone # (_____) _____
Relationship: _____	

Residence Address (If different from mailing address)		

City _____	State _____	Zip _____

Applicants must submit a **\$50.00 non-refundable application fee** along with all required documents to The Hoffman Heart and Vascular Institute of Connecticut.

I hereby attest that the above information is true and that any falsification, misrepresentations, or omission of facts may disqualify me from the program.

Signature _____ **Date** _____

Please be advised that all information you provide will be shared with the members of the Admission Committee and will subsequently be kept on file in the office of The Hoffman Heart and Vascular Institute of Connecticut, School of Invasive Cardiovascular Technology.