

**Program Requisites:**

- Completed application
- Transcripts
- Professional resume and cover letter
- Letter of reference from one of the following: classroom faculty, clinical faculty, supervisor for a healthcare related position

**Required to Maintain CVNS Program Status:**

- Good standing in the healthcare facility
- Actively participate in all CVNS educational program activities
- Compliance with all Arizona Heart Foundation policies and procedures
- Compliance with all health care facility policies and procedures

Status of application for licensure: \_\_\_\_\_ Date of exam: \_\_\_\_\_

Unencumbered registered nursing license RN#: \_\_\_\_\_ State: \_\_\_\_\_

**Personal Information**

Legal Name:

Last First Middle Maiden

Current Address:

City State Zip Code

Home Phone

Cell Phone

Email Address

**Education**

	Name and Location	# Years Attended	Major	Grad. or Degree Date	GPA
College or University					
Graduate and Post Graduate					
Medical Training					

Additional Degrees:

Are you currently employed in a health care field?  YES  NO If yes, who is your employer? \_\_\_\_\_

Facility \_\_\_\_\_ Dept: \_\_\_\_\_ Job Title: \_\_\_\_\_

Are you enrolled in any educational program sponsored by another health care organization?  YES  NO

If Yes, please explain: \_\_\_\_\_

Are you a US citizen or can you provide evidence of a legal right to work in the US?  YES  NO

Have you ever been convicted or plead guilty of a misdemeanor, petty misdemeanor, or felony?  YES  NO

Would you require any special scheduling or time off during the 12-week CVNS Educational Program?  YES  NO

If Yes, please explain: \_\_\_\_\_

I hereby certify that the information given on this application is complete and accurate.

Printed Name

Signature

Date