

## CHECK OFF LIST FOR DCVS PRE-REQUISITES

Please check-off each item that you are including in your application packet. Return this form along with all items. Thank you.

Attached	Pre-requisite	Special Requirement	Date
	Completed Application		
	Personal Statement		
	English I		
	Anatomy & Physiology I		
	<i>Anatomy &amp; Physiology II -</i>	<i>Required for the following ONLY: <u>ALL</u> ATC Applicants ALL AAS Pedi-Echo Applicants</i>	
	College Algebra		
	Physics		
<b>OR</b>	ACT	Official copy - within 5 years of application – for AAS applicants	
	SAT	Official copy - within 5 years of application – for AAS Applicants	
	Letter of Reference	professional reference and returned in a sealed envelope	
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	Official High School transcript		
	Official College transcripts		
	Professional Observation	4 hours of <u>EACH</u> : Vascular, Adult Echo and Pedi-Echo (total 12 hours)	
	HEP B shot record	complete series of 3 shots required	
	Immunizations	MMR, TDaP, Varicella	
	CPR (*wait until summer for AAS, Fall for ATC)	from an AHA Healthcare Provider	
	Copies of certificates and/or degrees from AMA Approved accredited Health Science AAS Program ( <u>REQUIRED</u> for ATC Program)		