



The School of Cardiovascular Perfusion

One Cooper Plaza
Camden, NJ 08103

**We're committed to serious
medicine and customer service.**

**George E. Norcross, III
Chairman**

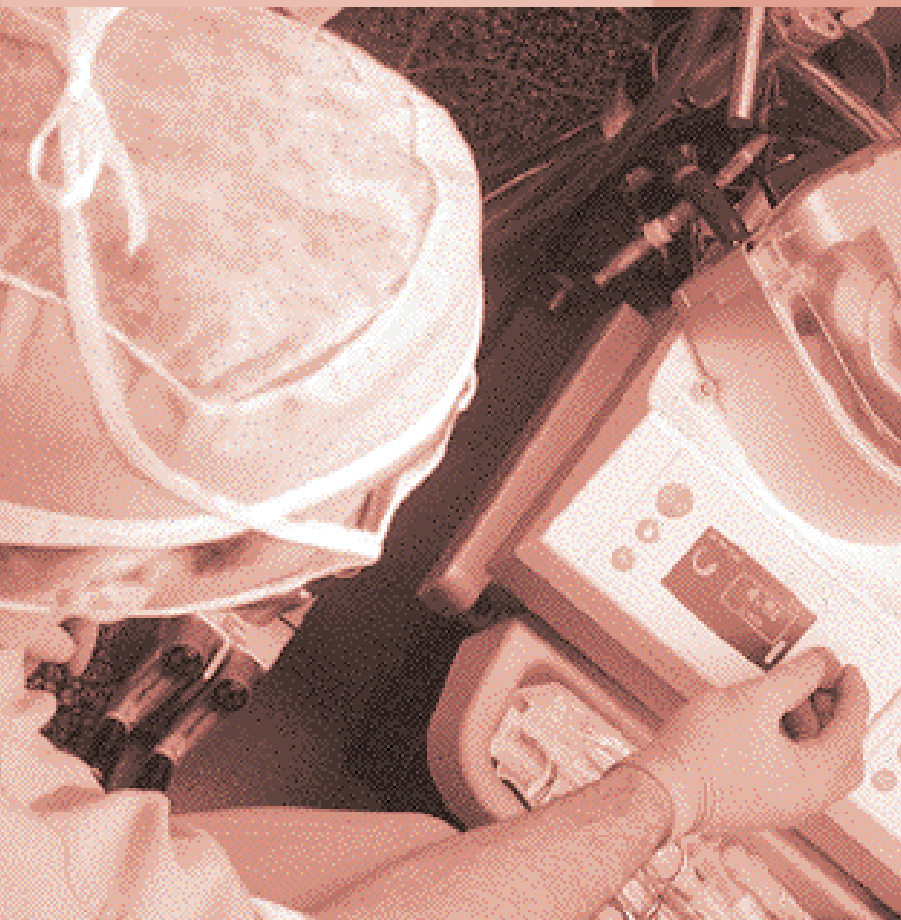
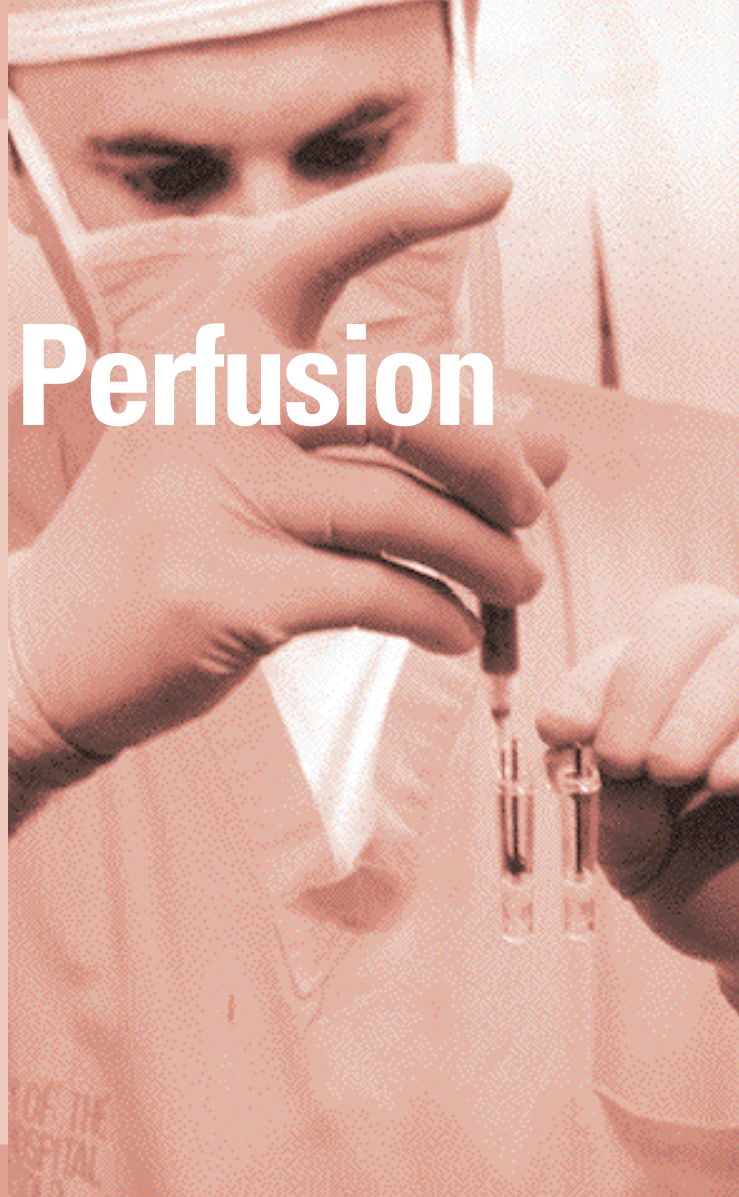
**Christopher T. Olivia, M.D.
President and CEO**

**Joan S. Davis
Co-Chairman**

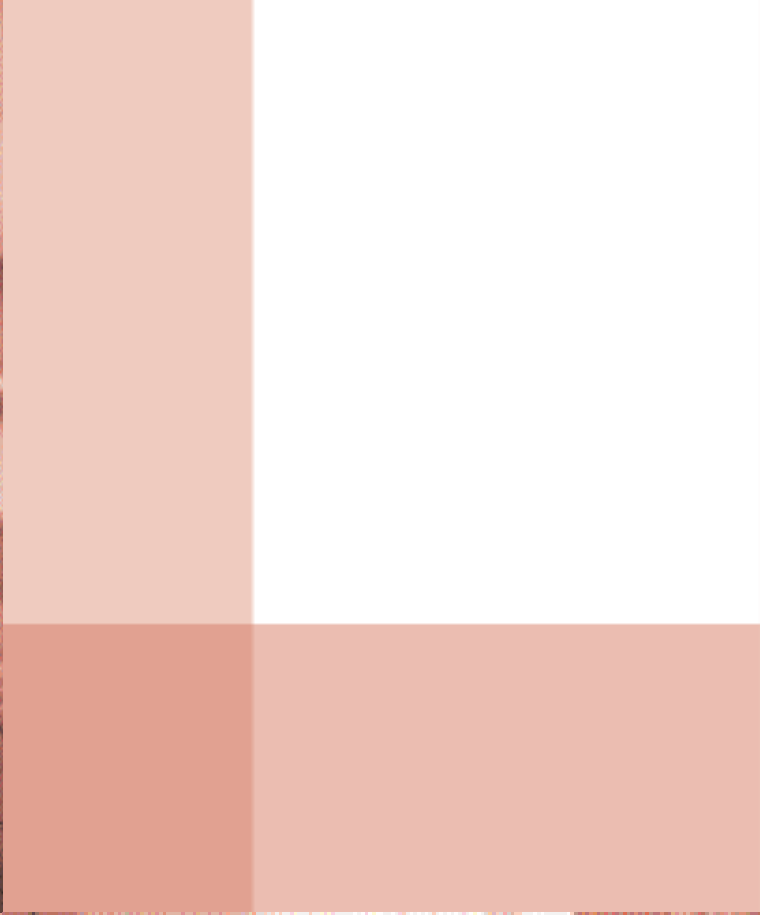
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The School of Cardiovascular Perfusion

APPLICATION BOOKLET



 **Cooper**
Center for Allied Health Education



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MISSION STATEMENT

The mission of the Center for Allied Health Education at Cooper University Hospital is twofold. First, it is to offer approved and accredited programs that meet or exceed state and national accrediting agency requirements. Second, it is to develop educated, competent, qualified, and dedicated patient care providers

To this end, the Center for Allied Health Education Programs:

- Teach current methodology and clinical practice
- Create an environment conducive to learning the skills of each program
- Provide continuing education for its faculty

Schools that comprise the Center for Allied Health Education at Cooper University Hospital include the following:

- School of Cardiovascular Perfusion
- School of Medical Radiography
- School of Radiation Therapy Technology

ADMISSIONS

Transfer Services

Transfers in general are discouraged because of the individual requirements of the various programs.

Advanced Standing

No advance placement is offered.

Foreign Students

Applicants who have completed their education in a foreign country are required to submit a course-by-course U.S. academic equivalency evaluation. Please contact the World Education Services, P.O. Box 745, Old Chelsea Station, New York, NY 10113-0745. Their phone number is (212) 966-6311, Fax (212) 966-6395, e-mail: info@wes.org. Applicants from non-English speaking countries must submit their TOFEL equivalency scores. In addition, students must be a U.S. resident or possess a current visa. Cooper University Hospital does not support applicants requiring I-20 verification.

Application

Applications and related information can be obtained by writing to the School of Cardiovascular Perfusion, Cooper University Hospital, One Cooper Plaza, Camden, NJ 08103 or by calling the office at (856) 342-3277.

Application procedures for all Schools of Allied Health Education at Cooper University Hospital are located in the program material provided in the back of this booklet.

Faculty

Faculty instructors are highly qualified professionals, each having received certification in their respective teaching areas.

Tuition/Fees

Each program requires a \$35.00 application fee and a general fee of \$100.00, both of which are non-refundable. Tuition for each program is paid on an annual basis.

Payments are due according to individual school requirements.

Refunds

Refunds will be given at 100% if requested before the start of Fall classes. A student who voluntarily withdraws from all courses during the first six weeks of the Fall term will receive a partial reduction of tuition according to the week of withdrawal as follows:

First to second week:	80%
Third to fourth week:	60%
Fifth to sixth week:	40%
Seventh week on:	0%

Failure to attend class is not equivalent to a withdrawal, and a student will not receive an adjustment of charges unless a formal written withdrawal is filed with and approved by the Program Director regardless of whether the student actually attended classes or took examinations.

Dismissal

Students who are dismissed receive no refunds.

STUDENT LIFE AND SERVICES

Center for Allied Health Education Hours

The Center operates on a semester basis including Fall, Spring and Summer. Hours of operation are usually Monday through Friday, 7:00 a.m. to 5:00 p.m. depending on the major and rotation.

Health Services

Each school has certain medical health requirements prior to acceptance into the school. Check with your specific school office. Emergency services will be provided by the Emergency Department of each associated hospital. Students must provide their own health insurance.

Educational Support

Each school also disseminates information about seminars, conferences, and educational activities relating to its specialty. Information is disseminated through each school office on the seminars, conferences and educational activities of each specialty. Students may be asked to participate in programs of recruitment or career days.

Library

The Reuben L. Sharp Health Science Library at Cooper University Hospital is open during the following times:

Monday - Thursday	8:30 a.m. - 8:30 p.m.
Friday	8:30 a.m. - 5:00 p.m.
Saturday	10:00 a.m. - 5:00 p.m.

Interlibrary Loan

Patient care research information, books and journal articles not found in the library can be obtained from other libraries within the UMDNJ system or from other institutions.

Photocopying

Copying of journal articles or research material is available in the library. Ask the person at the front counter for information on free copying.

Online Resources

Ovid provides access to the full MEDLINE database as well as CINAHL (Cumulative Index to Nursing and Allied Health Literature). There are 200+ full-text electronic journals at this time.

Library Computer Center

The microcomputer center has 21 computers, two laser printers, one color printer, one scanner, and a slide maker.

Library Home Page

<http://www4.umdnj.edu/chlibweb>

The library home page provides information about the library, as well as access to Ovid or PubMed. There are a number of full-text electronic resources available including MD Consult, STAT!Ref, UpToDate, and AltHealth Watch.

After Hours Access to Library Resources

Anyone with a Cooper ID badge may have access to the library microcomputer center (training room) after regular library hours via a card reader. You may use all the resources available through the library network. You need to request this access by going to the library Information Desk.

Classrooms and Laboratories

Classroom facilities are available for all the schools which are equipped with a variety of audiovisual aids.

Student Housing

The hospitals are not able to provide student housing. For out-of-town students, the school will provide informational assistance on rooms, apartments, etc.

Food Services

Cafeterias are located at each academic/clinical site and offer a variety of food and beverages. Hours of operation vary on each campus. Vending machines are provided for snacks, soft drinks and other goods.

Smoking Policy

Smoking is prohibited in all hospitals and classrooms. Check posting for any designated areas at each campus.

Campus Safety and Security

Security offices are open 24 hours, seven days a week. At Cooper, emergency phones are located throughout the hospital and on elevators. Cooper's Security Department can be reached at (856) 342-2400.

Escort Service

Upon request, each security office will provide escort service to your car.

Lost and Found

Each security office is the repository for lost and found items.

Parking

Each person associated with the schools and specific hospitals must have their automobile registered for parking. Check with the requirements at your specific school office. Parking fees are the responsibility of the student.

Counseling Services

The Employee Assistance Program (EAP) is available to provide professional consultation, counseling, and referrals for students who are experiencing

personal problems of such significance that satisfactory performance may be impaired.

Students are encouraged to seek assistance on their own initiative before problems begin to affect their work. Supervisors may refer a student due to deteriorating or unsatisfactory performance. However, supervisors are not privy to any other information regarding the student and EAP. Students are guaranteed confidentiality.

Present duties and future opportunities will not be jeopardized as a consequence of any involvement in the EAP. The Center for Allied Health Education believes that identification, referral, and resolution of personal problems benefits both the student and the organization.

For specific information about the Employee Assistance Program, call (856) 342-2280. The EAP Counselor will take the call. If no one is available to take the call, voicemail will take the message and a return call will be made promptly and discretely.

Program Directors for each school are available for academic counseling as needed.

ACADEMIC STANDARDS

Students must meet minimum academic standards based on program requirements. Academic probation occurs if the student achieves less than a B. Failure in any course prohibits continuation in the school.

Grades and Transcripts

Grades represent the level or quality of the student's performance in a course and are reported by instructors to the office at the end of each term by the following symbols:

Grading System:

Lecture

90 – 100 =	A (Excellent)
80 – 89 =	B (Satisfactory)
70 – 79 =	C (Unsatisfactory*)

* A student receiving a C in any course will be placed on academic probation. Please see the Student Handbook on Policies and Procedures for further details.

Clinical

HP =	High Pass
P =	Pass
F =	Fail

Grade Points

Passing =	A (4)
	B (3)
	C (2)
Failing =	F (0)

Other Symbols

R =	Research
W =	Withdraw
WP =	Withdraw Passing
WF =	Withdraw Failing
WNG =	Withdraw, no grade
U =	Unsatisfactory
I =	Incomplete

Discrimination

The Center for Allied Health Education at Cooper University Hospital does not discriminate in its admissions or employment policies with regard to age, marital or parental status, sex, race, national or ethnic origin, color, creed, disabilities, sexual preference, or veteran's status.

APPLICATION FOR ADMISSION

Application Fee: \$35.00
Please type or print in ink

I am applying for the class beginning in the fall of: _____

PERSONAL INFORMATION

Name of Applicant (Mr.) (Mrs.) (Ms.) _____
LAST FIRST MIDDLE MAIDEN

Mailing Address: _____

City, State, ZIP: _____

Social Security Number: _____

Phone Number: _____

E-mail Address: _____

EMPLOYMENT INFORMATION

Are you currently employed? Yes No

Employer's Name: _____

Employer's Address: _____

City, State, ZIP: _____ Phone Number: _____

Position/Responsibilities: _____

Previous Employer: _____

E-mail Address: _____

Will your workplace provide tuition reimbursement? _____ What Percentage? _____

EDUCATION INFORMATION

High School: _____

High School Address: _____

City, State, ZIP: _____ Year of Graduation: _____

APPLICATION FOR ADMISSION

List all colleges and/or educational institutions previously attended (include Cooper if you attended in the past).

College Name	Dates	Degree/Major	Date of Graduation
1. _____	from _____ to _____	_____	_____
2. _____	from _____ to _____	_____	_____
3. _____	from _____ to _____	_____	_____
4. _____	from _____ to _____	_____	_____
5. _____	from _____ to _____	_____	_____

I certify that the information given on this application is complete and correct to the best of my knowledge, and that I have attended no colleges and/or institutions other than those listed. I understand that I am responsible for arranging the forwarding of official transcripts of records from schools I have attended, and that such transcripts become the property of Cooper and will not be returned to me. I also understand that my acceptance to Cooper University Hospital, Center for Allied Health Education, School of Cardiovascular Perfusion program is subject to verification of official records, sent directly from the institution I have attended.

Signature: _____ Date: _____

Please mail completed form with \$35.00 to:

School of Perfusion
Cooper University Hospital
Center for Allied Health Education
One Cooper Plaza
Camden, NJ 08103

Cooper University Hospital is committed to providing Equal Education and Employment Opportunity to all qualified persons regardless of their economic or social status and does not discriminate in any of its policies, programs, or activities on the basis of sex, age, race, marital or parental status, color, national or ethnic origin, sexual preference, or veteran's status.

WORK/PERSONAL RECOMMENDATION

TO THE APPLICANT

The Family Rights and Privacy Act of 1974 provides that certain educational records may be open to students at their request. The act also provides that in the case of recommendations, the institution may request, but not require, the student to waive his/her rights to read the confidential recommendations. Please indicate below whether or not you will waive your right to read the recommendation on this form and sign your name.

Please check one:

I waive my rights to read this confidential recommendation.

I do not waive my rights to read this confidential recommendation.

Student's Name: _____

Current Address: _____

City, State, ZIP: _____

Signature: _____

REFERENCES:

TO THE PERSON COMPLETING THIS REFERENCE

The Center for Allied Health Education has a selective and personalized review process. Accordingly, the admissions staff will be viewing my academic records including courses pursued, grades received and scores from standardized tests (if applicable). They recognize that these cannot in themselves predict my personal and professional promise. I am asked to present two references that are directed to such concerns as initiative, ability, responsibility, integrity, social adjustment and goals. I appreciate your willingness to serve as a reference.

1. How long and in what capacity have you known this student?

2. Keeping in mind the qualities mentioned in the above paragraph, what do you consider to be the applicant's chief strengths?

WORK/PERSONAL RECOMMENDATION

3. In which of the areas do you feel the applicant might have problems at the college level?

4. Additional comments:

Signature: _____ Date: _____

Name: _____

Address: _____

City, State, ZIP: _____

Position/Occupation: _____ Daytime Phone: _____

Please mail completed form to:

School of Perfusion
Cooper University Hospital
Center for Allied Health Education
One Cooper Plaza
Camden, NJ 08103

Thank you for your cooperation. We appreciate your prompt reply.

The Center for Allied Health Education is an educational institution that admits academically qualified students regardless of their economic or social status and does not discriminate in any of its policies, programs, or activities on the basis of sex, age, race, marital or parental status, color, national or ethnic origin, sexual preference, or veteran's status.

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Please check one:

I waive my rights to read this confidential recommendation.

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The School of Cardiovascular Perfusion

REQUEST FOR OFFICIAL TRANSCRIPT

College Name: _____ Dates Attended: _____

Name of Student: _____ Social Security #: _____
LAST FIRST MIDDLE

Mailing Address: _____ CITY _____ STATE _____ ZIP CODE _____
STREET

Phone (Day): _____ Phone (Evening): _____

I was registered under the following name(s): _____

Number of Official Copies Requested: _____ For Address Below: _____

Number of Student Copies Requested: _____ Self: _____

Please note that you will need a personal copy of your transcript in our program. Please request a student copy now to save time and avoid frustration.

Please mail the official transcript to: School of Perfusion - Center for Allied Health Education
One Cooper Plaza
Camden, NJ 08103

Signature: _____ Date: _____

(PLEASE ATTACH COPY OF THIS REQUEST TO TRANSCRIPT)



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