Points may be granted toward your application score for 2016 if you hold a current/active licensure/certification. Points may only be granted for (1) license/certification (contingent upon approval from Admission Committee). The following are considered:

10 pt: 5 pt: 3 pt:
ARDMS (RDMS, RDCS, RVT) Paramedic Certification CNA
CCI (RCS, RVS) EMT Intermediate Cert LMRT
RT – R LVN License EKG (CCT)
Respiratory License Medical Asst Cert EMT Basic
Paramedic AAS License RN

Submit the following to Director Martin by May 1, 2016 (no exceptions) for review:

1. Copy of card – front and back
   a. Card must contain your name
   b. Card must contain current dates
   c. Active dates must extend through our June 1, 2016, application deadline
   d. Card must contain a registry or certification number
2. Provide contact information for the agency that awarded the license/certification
3. 2 copies of completed form (attached)

Please note: points are not awarded for completion of a program or a certificate of completion for a course. To earn a license or certification, you likely completed a program and passed a state &/or national board exam to earn your credential(s), and must maintain good status by completing CME’s and paying yearly dues, etc. (example only, each license/certification is different).

**Decision to award or not to award points is at the Admission Committee’s discretion, decision is final.**

After review, you will be notified of decision either way. A copy of the form signed by Director Martin must be turned in with your application packet by the 6/1/16 deadline, no exceptions.
Lone Star College-CyFair Medical Sonography & Echo Program
2016 DMS Applicant Licensure or Certification Verification Form

Applicant – complete this form (2 copies) and attach a copy of the card.

Applicant Name: ________________________________

Type of license or certification applicant is requesting to be considered by committee: (circle 1)

10 pt: 5 pt: 3 pt:
ARDMS (RDMS, RDCS, RVT) Paramedic Certification CNA
CCI (RCS, RVS) EMT Intermediate Cert LMRT
RT – R LVN License EKG (CCT)
Respiratory License Medical Asst Cert EMT Basic
Paramedic AAS License RN

For verification, provide contact information of agency awarding license/certification:

_________________________________________________________________________________

Date of submission: _____________________ (deadline is May 1, 2016)

Applicant Signature: ________________________________

Applicant do not write below this line, for program use only.

Date reviewed by Admissions Committee: __________________________

(Circle): Approved Points to be awarded: 10 5 3 Not Approved

Comments: _______________________________________________________________________

Program Director Signature: ________________________________