



MUSC Health

D.B.A.

*The Claude W Smith, MD
School of Cardiovascular Technology
Application Information For The
2025-2026
Program*

Thank you for your interest in the Claude W. Smith M.D. School of Cardiovascular Technology at MUSC Health in Columbia, S.C. Our program awards a certificate in Echocardiography and Vascular Sonography or Invasive Cardiovascular Technology. Graduates are eligible to sit for the ARDMS exam(s) in these specialties or the CCI exam(s) in their respected specialty.

****Please note that we are NOT affiliated with the Medical University of South Carolina in Charleston, S.C.****

ADMISSIONS POLICY

The following criteria have been established to screen applicants for the cardiovascular ultrasound program offered by MUSC Health. This policy is instituted in an attempt to offer a fair and equitable selection process that will support the mission statement of MUSC Health and ensure success of the selected students. This policy is intended to be fair, forthright, and meet the growing demands of acceptance into the Claude W Smith MD, School of Cardiovascular Technology.

Applications are accepted from November 1st through March 1st of each calendar year for the Fall class. All application requirements must be received by the application deadline to include:

Application submitted by mail or email. If submitting digitally please save application as Last name, First name Application. Ex) **Doe, John Application**

Official Sealed Transcripts from all institutions that showcase required prerequisites. Program must receive transcripts directly from colleges or companies such as Parchment by mail or email.

Application fee is a forty-dollar, non-refundable check or money order that must be made out to **MUSC - Columbia Medical Center** with memo line containing **applicant name -app fee** and mailed or brought in person.

Please note: Incomplete or late applications will not be processed.

MUSC Laurel Street Pavilion
The Claude W. Smith MD
School of CVT
2001 Laurel St.
Columbia, SC 29204

Or by email to: doughema@musc.edu

If you have any additional questions, contact the admission coordinator, Mary Dougherty directly at 803-256-5627.

All prerequisite courses must be completed or in progress at the close of the application period. All prerequisites must have been completed within ten years to the program start date. For example, prerequisites for the August 2023 start date must have a completion dated after August 2013 to be considered.

Course prerequisites:

30 credit hours of post-high school education (post high school educational classes must include the following five classes):

- (Human) Anatomy and Physiology I and lab (4 credits)
- (Human) Anatomy and Physiology II and lab (4 credits)
- Medical Terminology
- College Algebra or higher
- English Composition
- A minimum overall **GPA of 2.5** is required for the candidate to be considered for admission.

Qualified applicants will be scheduled for a clinical 'shadowing' experience for their selected program(s) of interest. This opportunity will provide first-hand insight into the fields of Cardiovascular Sonography and Invasive Cardiovascular Technology. This is an opportunity to meet the instructors and staff, visit the classroom, and ask questions concerning the program. *Shadows days require completing a Career Exploration Application which requires up to date immunization records. The Admission's Coordinator will reach out to each qualified applicant after completed application and transcripts are received.*

Once all pertinent documents are received, an application committee will review and evaluate the applications. Due to the high volume of applications, and the limited number of students that will be accepted, the committee will put forward only the candidates that will be offered an invitation to be interviewed for acceptance. These interviews will take place in April and/or May of each year, date(s) to be determined.

There is no 'automatic' acceptance into the program. All applications put forward by the applications committee will be considered. Final selections will be based on the application documents and candidate interview.

Tuition Policy

Please note: Tuition costs and fees are subject to change without notice.

Current tuition for these seventeen-month cardiovascular technology programs is set at \$24,000. This charge covers tuition only and is subject to change without notice. A non-refundable deposit of \$500 is required upon acceptance and another \$500 deposit before August 1st and will be applied towards the total cost of tuition. The balance of the tuition can be paid in monthly payments, first payment due on August 15th, with no interest charged.

For more payment information, contact Mary Dougherty.

Additional Program Costs

The student is responsible for the costs of these items, as they are not included in the price of tuition. Estimated costs for these items are as follows:

Laptop with camera - variable

Textbooks – approximately \$300-\$450 (used books are acceptable)

Online Clinical Documentation Account - \$150

Scrubs - variable

Liability insurance – approximately \$40

Clinical site fees \$200 site dependent

Radiation Badges (Invasive Program only) - \$135

Lead Glasses (Invasive Program only) - \$80-\$200

Registry Exam fee(s) – currently \$225-\$550

Clinical travel and/or lodging - variable

GI Bill™

A *Covered Individual* is any individual who is entitled to educational assistance under Chapter 31, Vocational Rehabilitation and Employment, or Chapter 33, Post-9/11 GI Bill™ benefits. *We do NOT accept Chapter 35.*

Refund Policy

A tuition refund will be prorated according to time of withdrawal or termination up to one year from the time of enrollment in accordance to the refund policy. After twelve months, no refund will be provided.

Transfer of Credits

We do not accept or recognize credits or course work from any other cardiovascular program toward the requirements of certification.

Application for Admission

Application for: Invasive Cardiovascular Program

Cardiovascular Sonography Program

Name: _____ Date of Application: _____
Address: _____ Apt. No. _____
City: _____ State: _____ Zip Code: _____
Daytime Number: (____) - _____ Evening Number: (____) - _____
E-mail address: _____

Colleges/Universities Attended	Dates	Degree Earned
_____	_____	_____
_____	_____	_____

Work Experience (please include dates)	Contact Person	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about our program?

We consider all applicants for admission without regard to race, color, religion, creed, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is true. I further understand that falsification of information or incomplete statements herein will result in cancellation of this application. I agree that examination and verification of my employment or previous education, except as it pertains to age, race, gender, sex, color, creed, national origin, marital status or disability, may be made and used relative to my application status. I, therefore, authorize my former employers and other persons or organizations listed to provide this information and I release all concerned from any liability in connection therewith. I further certify that as of the date of the application deadline, I will have graduated from an accredited high school or the equivalent and completed, in good standing, additional course work as listed on this application and/or attachments.

USC-CVT applicant agrees for CWS to contact USC-CVT's advisory team to ensure that their degree requirements have been met to apply.

