Computed Tomography Program Admissions Application

The Computed Tomography (CT) Program is an advanced imaging certificate program. The program has special admission requirements, limited enrollment, and is only open to technologists currently certified and registered by the ARRT in Radiologic Technology. Applicants are responsible for ensuring all admission requirements are met, and all documents are submitted on time. Incomplete applications will not be considered.

Applica	tion Checklist
	Submit a CT program application (see reverse side)
	Attach a current copy of current ARRT certification/registration in Radiologic Technology. If you are a recent graduate waiting for your certification to post, skip this step and submit a copy once received.
	Attach a current copy of California Diagnostic Radiologic Technology Certificate. If you are a recent graduate waiting for your certification to post, skip this step and submit a copy once received.
	Attach a current copy (front & back side) of current American Heart Association: Basic Life Support (BLS) for Healthcare Providers CPR Certification.
	Attach a copy of CA Venipuncture Certification, or venipuncture training and education completion document. If you are a recent graduate, submit a copy of the venipuncture letter you received at check-out day.
	Attach Clinical Exemption Documentation if applicable (information available in program handbook).
	 Possess a valid Social Security Card. <u>Do not submit a copy of the card</u>. This is a licensed profession, and a valid Social Security Number is required to obtain national licensure.
	 Submit the application with supporting documentation via email to Melissa Villegas at mvillegas32@mtsac.edu. The application window is Sept 1st – Oct 1st. The deadline date for application submission is Oct 1st. Only applications submitted with all required supporting documentation will be considered.
	a student receives confirmation that he/she has been provisionally admitted to the program, the following on requirements must be met prior to formal program admission.
	Complete a physical examination, including specific immunizations and drug testing. Drug testing procedures will be provided upon provisional admission.
	Complete a background check indicating a passing clearance. A valid Social Security number is required to complete this process. Information on background check procedures, and clinical affiliate's review of results, will be provided upon provisional admission.
	Complete site-specific clinical requirements if applicable. Information will be provided upon provisional admission.
	Attend a mandatory program orientation. Information will be provided upon provisional admission.

COMPUTED TOMOGRAPHY PROGRAM

Personal Information:

Last Name		First Na	First Name			Male	
			4 11			Female	
Date of Birth	h	Home P	hone #		Cell Phone #		
Address				City			
State	State Zip Code		ress		Mt. SAC Stude	nt ID No	Э.
ARRT Certi	fication No. (recent gr	ads leave blank)	C	RT RHM No. (r	ecent grads leave l	lank)	
ARCICCI	fication ivo. (recent gr	aus leave blank)		KT KIIWI NO. (I	ceent grads leave t	nank)	
Current Emp	ployer		Position			Fı	ıll Time 🦳
						Pa	urt Time
Student Sign	nature		D	ate		10	
						(circl	e one)
ill you be enro	lling in the clinical exp	perience componer	nt of the C	T program?		Y	N
<u>ill you be seek</u>	ing clinical exemption			Y	N		
re you a graduate of Mt. SAC's RT program?							Ν
o you have any clinical work experience in CT? If yes, how many years?							N
o you have any	<u>v clinical work experie</u>	ence in RT? If yes.	, how man	y years?		Y	N
ave you ever b	een convicted of a felo	ony or misdemeano	or?			Y	N
re you requesti	ng to complete your cl	linical training at y	our curren	t workplace?		Y	N
	1 0 1 1	1 1					
Check	here after reading the	statement below.					
	ants with a criminal or			-			-
	n application or any ti be reported on your A		-	•			

available on the <u>ARRT Website</u>.

Self-reporting criminal or disciplinary history to the ARRT and the program prior to program admission, or any time as needed, is **STRONGLY recommended**. This process will help avoid delays/denial in clinical placement, and ARRT certification.

Signature: _____

Date: