# Del Mar College Computed Tomography Tech-Prep Enhanced Skills Program Application

(Computed Tomography Registry Preparation)

#### **Application Deadline: May 1**

Instructions: Please PRINT or TYPE all information on this form. Complete all items. Information must be current and accurate. If the applicant's name, mailing address, or phone numbers change after this application has been filed, it is the responsibility of the applicant to update and forward the appropriate information to the Computed Tomography Instructor IMMEDIATELY.

## **Part One: Application Information**

Full Name:			
	First	Middle	Last
Social Security #: _	Student ID #:		
Mailing Address:			
	Street	City	State Zip
Home Phone:	Cell:	Cell: Business:	
Email:			
Emergency Contact	: Name:		
Relation to Student:		Phone:	
Physical Address: _			
	Street	City	State Zip
Will you be participa	ating in both class a	nd clinical? □ Yes	□ No
•	•	raditional classroom oosition)? □ Yes □	environment (for those No
While a student, did	you participate in (	CT clinical practicum	? □ Yes □ No
Semester/Year:			

#### **Part One: Application Information**

radiography program in ionizing radiation. Degree(s) received (select all that apply): ☐ Associate Degree in Applied Science in Radiologic Technology ☐ Associate Degree in Applied Science in Nuclear Medicine Technology ☐ Associate Degree in Applied Science in Radiation Therapy □ Other: 2. Must possess a current certification in at least one of the following: a) Radiography by the American Registry of Radiologic Technologists ARRT#\_\_\_\_\_ Expiration Date\_\_\_\_ □ b) Nuclear Medicine by the American Registry of Radiologic Technologists or the Nuclear Medicine Technology Certification Board ARRT# Expiration Date ☐ c) Radiation Therapy by the American Registry of Radiologic Technologists ARRT# Expiration Date\_\_\_\_\_ 3. Must possess current, unrestricted licensure of Medical Radiologic **Technologist by the Texas Medical Board:** TDH#\_\_\_\_\_ Expiration Date\_\_\_\_ The following items must be submitted before the application deadline of May 1 to have a complete application for the Admissions Committee to review:

☐ Current Healthcare Provider CPR Card. Expiration Date: \_\_\_\_\_

☐ All **Official** College Transcripts

1. Must be a graduate of at least a 2-year JRCERT/JRCNMT accredited medical

## **Part Two: Selection Process**

Selection into the Computed Tomography Program will be based on grades, medical imaging experience, experience in the computed tomography field, and the goal statement of the application. A committee will review all applications after the application deadline. Make sure all required material is submitted with the application. Incomplete applications will not be reviewed for consideration.

I. Grades:	
BIOL 2401:	
BIOL 2402:	
Cumulative GPA:	
(Multiple Transcripts will be ave	raged.)
II. Experience:	
Medical Imaging Experience:	
How long have you worked as a Radiation Therapist?	a Registered Radiographer, Nuclear Medicine Technologist, or
Years	Months
Experience working in Compo	uted Tomography:
How long have worked as a Co	mputed Tomography Technologists?
Years	Months
If you have experience working (Check One):	as a Computed Tomography Technologists, do plan on taking
☐ Classroom courses only	☐ Classroom and clinical courses
Experience in Cross-training/	Practicum in Computed Tomography:
Months or	Hours
BIOL2401/2402 Grades:	
A = 4 points B = 3 points C = 2 points D = 0 points	
GPA Points:	

3.5-4.0	= 5 POINTS
3.0-3.49	= 4 POINTS
2.5-2.99	= 3 POINTS
2.0-2.49	= 2 POINTS

# **Part Three: Goal Statement** Provide a brief explanation describing your motivation for completing the Computed Tomography Certificate Program (additional pages may be attached, if needed): Faculty Signature Date hereby acknowledge that the above information provided is accurate.

Applicant Signature

Date