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|  | Department Of Diagnostic Imaging Orange County Community College  115 South Street, Middletown, NY 10940 |
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# http://www.sunyorange.edu/media/images/college_seal-color.jpgComputed Tomography Student Application: On-line Course ONLY

Students are selected based on various aspects such as: Time application was submitted (first come, first serve), years of experience, completeness of the application process (we will not tell you something is wrong/missing), and references both personal and current employers.

**Incomplete applications will not be considered** so please read carefully and submit all materials. It’s preferred the application be typed, but it can be printed and filled out by hand as well (must be clear and neat). When typing you can highlight “Yes” or “No” instead of checking box or use “scribble” in shapes to make a check.

**This application must be emailed to the Department Chair at** [**nicole.rushing@sunyorange.edu**](mailto:nicole.rushing@sunyorange.edu) **with a current copy of the applicant’s NYS License and ARRT card**. Please save it as a word or PDF document when sending or scan as a PDF and email. If accepted, students must attend orientation on Sat. April 6th at 9:30 a.m.

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

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| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

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| --- | --- | --- | --- | --- | --- |
| Do you have a NY State Radiography License? | YES | NO | Are you a certified Nuclear Medicine Tech? | YES | NO |

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| --- | --- | --- |
| Are you ARRT Certified? | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Are you currently employed for X-ray or CT? | YES | NO | **(Highlight box if filling out in Word or check if pen)** |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| Radiography School/Program |  | Address: |  |

|  |  |  |
| --- | --- | --- |
| Graduation Year & Degree: |  |  |

## References

Please list two **professional** references.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: |  | | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: | |  | | |
|  |  | |  |  |

## Current Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |
| --- | --- |
| Job Title: |  |

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| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title: |  |  | |
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## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand references may be called and questioned which includes current employers. **CIRCLE OR HIGHLIGHT**: “YES, I understand”

If this application leads to me being selected as a student, I understand false or misleading information may result in my dismissal or being refused a spot in the class.

**CIRCLE OR HIGHLIGHT** “YES, I understand”

I understand this application is for the on-line didactic portion only and has no affiliation with clinical requirements. I understand there is no “Clinical Only” offering at this institution.

Although the course is online**, I understand I will need to attend orientation on April 6th at 9:30 a.m**. in order to keep my seat if selected for the course. **CIRCLE OR HIGHLIGHT** “YES, I understand”.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

(Electronically typing name counts)

Applicants will be notified via phone **and** email when approved for a seat, so keep a close eye on the email given above. At that time, registration information and details about orientation will be given.