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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 Application: On-line & Clinical Course

Student selection 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), availability compared to clinical spots and references both personal and current employers.

**Incomplete applications will not be considered**, 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 applicants NYS License and ARRT card**. Please save it as a word or PDF document when sending or scan as a PDF and email. For additional information please visit <http://www.sunyorange.edu/di/continuing.shtml>

## Applicant Information

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

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

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Are you currently employed for X-ray or CT? | YES | NO |  |

A major part of the selection process involves days and times the applicant is available for clinical. On the following days, what time are you available for clinical? (Specify “am” or “pm”)

Monday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuesday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Volume and variety is important for students to earn the required comps specified by the ARRT. Weekend hours can be very limiting for exams AND weekend clinical time extremely limited.

Wednesday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thursday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Friday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Saturday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Sunday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want to be a student where you work? Yes No

Did you talk to your manager/supervisor about this? Yes No

Do you currently have X-ray students where you work? (means we have a contract) Yes No

## 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: |  |  | |
|  | | |
|  | | |

## Disclaimer and Signature

**Please Read Carefully:**

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 HIGHTLIGHT “YES, I understand”.

I understand I will need to attend an orientation in order to keep my seat if selected for the course.

CIRCLE OR HIGHTLIGHT “YES, I understand”.

**CONTINUED NEXT PAGE**

**Please Read & Initial**

**\_\_\_\_\_\_\_ Available days and times cannot be changed, if they do the seat is rejected**

**\_\_\_\_\_\_\_ Orientation will go over the DL portion and Clinical handbook policies & expectations**

**\_\_\_\_\_\_\_ Clinical sites are limited, we will try to assign you close to your home, but that is not guaranteed**

**\_\_\_\_\_\_\_ For Clinical, a college physical is required as well as background check/drug screening**

**\_\_\_\_\_\_\_ For Clinical, some sites have their own screening policies requiring another screening**

**\_\_\_\_\_\_\_ For Clinical, all sites require some form of orientation before starting (usually paperwork)**

**\_\_\_\_\_\_\_ For Clinical, additional fees apply such as dosimeter fee, background, and drug testing**

**\_\_\_\_\_\_\_ For Clinical, a contract will be signed stating days, times and site assigned**

|  |  |  |  |
| --- | --- | --- | --- |
| 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.