



School of Computerized Tomography Application

Date: _____

Name: _____
Last First Middle/Maiden

Last 4 of S.S.# _____

Address: _____
City State

Zip Code: _____

Contact Telephone: _____ E-mail: _____

Name of person to be notified in case of emergency:

_____ Telephone: _____

- Have you ever been convicted of a misdemeanor, felony, or similar offense in a military or civilian court? Yes No
- Have you had any license, registration, or certification denied, revoked suspended, placed on probation, or subjected to discipline by a regulatory authority or certification board? Yes No
- Have you ever been suspended, dismissed, or expelled from an educational program that you attended in order to meet application requirements for this program? Yes No

If you answered yes to either of the above questions, please describe: _____

Are you currently in good standing with the ARRT? Yes No ARRT Certification Number: _____

If no, please describe: _____

EDUCATION

Information concerning post-secondary schools:

Name of School/College/University City and State Dates of Attendance

Please provide an official transcript from each school that you have attended.

Please describe your imaging experience:

Do you have a means of obtaining the clinical experience necessary to sit for ARRT, CT exam? Yes No
If yes, describe:

Describe any classes, achievements, specialized training or skills that may have special relevance to your admission.

How did you hear about The School of Computerized Tomography? _____

To be considered for admission to this program, the applicant must:

1. Complete and submit an application and a \$50 application fee to the school. Make checks payable to: The University of Tennessee Medical Center.
2. All applicants whose native language is not English are required to submit scores on the TOEFL exam.
3. Submit two professional letters of reference from current or past employers.
4. Submit a written summary regarding your activities since you last attended school, how you became interested in CT, and why you would choose it as a career.

5. Submit the above to: The University of Tennessee Medical Center
School of Radiography
1924 Alcoa Highway Box 107
Knoxville, TN 37920

By my signature below, I understand, agree and certify:

- Any misrepresentations or deliberate omissions on this application may be justification for refusal of admission, or if admitted, dismissal by The School of Computerized Tomography; therefore, the information I have supplied in this application is accurate to the best of my knowledge and is subject to verification by The School of Computerized Tomography.

Student Signature: _____ Date: _____

Applicants are considered without regard to race, color, sex, national origin, religion, age, disability or other protected status.

