**School of Computerized Tomography Application**

 Date:

Name: Last 4 of S.S.#

 Last First Middle/Maiden

Address: Zip Code:

 City State

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?

The program will be offered three times a year; January, April and August. Applications must be received 2 months prior to the class starting date. Incomplete or complete applications received after the 2 months prior to the class starting date will not be considered. To be considered for admission to this program, the applicant must:

1. Possess at least an associate’s degree from a college or university accredited by United States Department of Education (USDE) or Counsel for Higher Education Accreditation (CHEA). Credits obtained outside the U.S. must be translated by an International Education Credential Evaluation Organization at the applicant’s expense.
2. All applicants whose native language is not English are required to submit scores on the TOEFL exam.
3. Complete and submit an application and a $50 application fee to the school. Make checks payable to: The University of Tennessee Medical Center.
4. Submit two professional letters of reference from current or past employers.
5. Submit official transcripts from each educational institution you have attended (each medical imaging program and college attended).
6. 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.
7. CPR Certification.
8. If requested, report for a scheduled interview as designated by the educational coordinator.

 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.
* All final applicants will be required to successfully complete and pass a drug/alcohol screen and background check prior to final admission to The School of Computerized Tomography.
* If admitted to The School of Computerized Tomography and I ever appear to a school official to be impaired due to suspected influence of alcohol or other drugs, I may be subject to further alcohol and other drug screening including screening of my blood, urine, breath or saliva. If I refuse, I will face disciplinary consequences, up to and including dismissal from 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.