

Name _____ Student ID# _____

Health Care Employment

Please provide the following information regarding your employment in the field of your specific certification:

Employer: _____ Supervisor: _____

Address: _____

Phone: _____

Position: _____ Dates Employed: _____

Specific Job Duties: _____

Employer: _____ Supervisor: _____

Address: _____

Phone: _____

Position: _____ Dates Employed: _____

Specific Job Duties: _____

****Required: Submit official documentation of employment held within 12 months of application submission in the area of certification for one of the three modalities (include dates of employment).**

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THIS CERTIFICATION IS TO BE COMPLETED BY ALL APPLICANTS

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that discovery of any falsification of this information will result in denial of admission or prompt dismissal from the program. I understand that, if admitted to this program, I must submit to a criminal background check and drug screening, document immunizations and other requirements for clinical participation, and be free of offenses that would disqualify me from the program. I understand that it is my responsibility to determine my eligibility to apply to take the ARRT post primary CT examination. I understand that all courses are offered online with the exception of the clinical practicum course.

Applicant's Printed Name _____ Date _____

Applicant's Signature _____

Name _____ Student ID# _____

APPLICATION CHECKLIST

The following are **minimum** requirements for consideration of the application for admission to the Computed Tomography Advanced Technical Certificate Program. **Complete each requirement and initial beside each requirement that has been met.** Please submit completed application directly to **Kathy Connelly**, academic advisor for Airside Center West, for evaluation and required signature.

****Note: You MUST make an appointment with Kathy Connelly to submit your application. You can contact her at kconnelly@polk.edu to schedule your appointment time.**

****Please do not mail or fax this application as its receipt will not be guaranteed. Failure to complete all requirements will dismiss the applicant from the selection process for the upcoming class.**
Note: Acceptance to Polk State College does not guarantee admission into the Computed Tomography Advanced Technical Certificate Program.

Minimum Admission Requirements:

_____ Admission to Polk State College with all required admission documents received by the Registrar's office.

_____ Proof of graduation with an associate in science or associate in applied science from an accredited program in radiography, radiation therapy, or nuclear medicine with a minimum overall 2.5 GPA. Must have graduated within the last year if not currently employed in your discipline.

_____ Registered as a member in good standing in one of the following disciplines: Radiography (ARRT), Radiation Therapy (ARRT), or Nuclear Medicine (ARRT/NMTCB). Copy of certification must be provided.

_____ Documentation of employment held within 12 months of application submission in the area of certification.

_____ Contact academic advisor Kathy Connelly (kconnelly@polk.edu) to submit completed application.

****I have completed all of the above requirements and attest that I am submitting a completed application.**

Applicant's Signature _____ **Date** _____

Academic Advisor Signature _____ **Date Stamp** _____
(Kathy Connelly)

****Receipt given to student (Advisor initials)** _____

Name _____

Student ID# _____

If accepted, applicant will be contacted by mail on or before March 20th, 2020 with date and time of mandatory orientation. During this mandatory orientation, additional program information and requirements will be presented to the student.

Any questions, please contact:

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Polk State College is committed to and encourages equal opportunity/equity/access for its programs, services, and activities.