

BATON ROUGE GENERAL MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

APPLICATION FOR ADMISSION Post Primary Certification in Computed Tomography

(Application Fee \$50 – Non Refundable)

Application deadline is July 5th for Application Year 2016 for consideration for the class entering August of that year, graduating in December of 2016.

DIRECTIONS:

- Type or Print in ink
- Fill in each blank Incomplete applications will not be processed or accepted
- Enclose a \$50 <u>cashier's check or money order</u>, payable to: Baton Rouge General Medical Center SORT
- Mail to: SORT Admissions, 3616 North Blvd., Baton Rouge, LA 70806

| Today's Date | / / | Have you ever applied to this PPC- | CT program? Yes 🗆 No 🗆 |
|--------------|-----|------------------------------------|--|
| 10uay 3 Date | 1 1 | | $\underline{-1 \text{ program: } 100}$ |

| Last Name: | <u>First Name:</u> | | <u>Middle Name:</u> | | | other married isc or Certification d under: |
|--|--------------------|---|--------------------------|------------------------|-----------|---|
| Home Address: | · | <u>City:</u> | | <u>State:</u> | Zip Code: | <u>Parish:</u> |
| Mailing Address (If Different): | | <u>City:</u> | | <u>State:</u> | Zip Code | <u>Parish:</u> |
| Daytime Telephone Number: | | Evenin numbe | <u>g Telephone</u> r: | <u>E-mail Address:</u> | | |
| Last 4 Digits of Social Security Number: | | Citizen of the United States? Yes No If No, what country? Visa Number: Visa Type: | | | | |

Persons to be notified in case of emergency (List 2)

| Name: | Relationship: | Telephone Number: | |
|-----------------------------|---------------|-------------------|-----------|
| Address (Number and Street) | City: | State: | Zip Code: |

| Name: | Relationship: | Telephone Number: | |
|-----------------------------|---------------|-------------------|-----------|
| Address (Number and Street) | City: | State: | Zip Code: |

Because of National Ethical Review Standards for being eligible for ARRT Post Primary Certification in CT, have you ever been convicted of a crime or have had any violations within the Standards of Ethics with ARRT, ASRT, or LSRTBE? Yes \square No \square

| Have you ever been placed on probation, had your <i>ARRT certification</i> revoked or suspended? Yes 🗌 No 📃 |
|---|
| Have you ever been placed on probation, had your <i>LSRTBE LA License</i> revoked or suspended? Yes 🖂 No 🔤 |
| Are you currently <i>in good standing and current</i> with LA LSRTBE Radiography License, ARRT Radiography |
| Certification, and hold a current CPR BLS certification? Yes 🔲 No 🗔 |

(If YES to any of the first 3 or NO to the last question, please explain on another piece of paper. <u>Any</u> changes to this during the duration of the application process or following admission to the program will be required to be submitted to the Program Director for review for continued admissions.)

How did you become interested in advanced certification in Computed Tomography?

Do you now hold or have you ever held a license in another health care discipline (i.e. Practical Nursing, Pharmacy, etc.)? Yes \square No \square If yes, what discipline?

List below information concerning all Primary Radiology Program or Associates Degree (or higher) school(s) attended:

| DATES | | NAME OF INSTITUTION | CITY AND STATE | DEGREE EARNED OR NUMBER OF CREDITS |
|-------|----|---------------------|----------------|------------------------------------|
| FROM | то | | | |
| | | | | |
| | | | | |
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Please list any collegiate awards and honors you have received:

Employment - List all paid and volunteer work experience beginning with the most recent:

| DATES | | NAME OF EMPLOYER | CITY AND STATE | TITLE OF POSITION |
|-------|----|------------------|----------------|-------------------|
| FROM | то | | | |
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What contacts have you had within the healthcare field that are not listed under school or employment (include volunteer experience)?

What qualities do you have that make you a good candidate for this program or becoming a CT Imaging Technologist?

You may add any additional information, community service, or recommendations about yourself that you think would be helpful to the Admissions Committee in evaluating your application for admission as an attachment to this document.

Have you filled in each blank and attached a fee of \$50? Incomplete applications will not be processed.

I verify that the information in this application is correct and complete to the best of my knowledge. I understand that if it is later found to be otherwise, my application will be invalid, or in the event that I am enrolled, I will be subject to dismissal from the PPC- CT with the BRG School of Radiologic Technology.

Signature of Applicant

Date

The Baton Rouge General School of Radiologic Technology is non-discriminatory in age, sex, handicap, race, creed, national origin or marital status in compliance with Title VI of the Civil Rights Act of 1964, Title IX of the 1962 Educational Amendments and Section 504 of the Rehabilitation Act of 1973.

Applicants will be notified on July11th by Mrs. Susan Butler.

Classes begin August 8th and Conclude with Graduation Exercises December 2nd.