

Enrollee Information Sheet

CTMT 2460 Clinical Course

Radiologic Technology

Please complete this form in its entirety and submit to mbrown@mclennan.edu

Name:

_____ *Last name* _____ *First name* _____ *Middle name* _____ *Other names used on records*

MCC ID #: _____ Current address:

_____ *House number* _____ *Street, Route or P. O. Box number* _____ *Apartment number*

_____ *City* _____ *County* _____ *State* _____ *ZIP*

Telephone number: home (____) _____ work (____) _____

E-mail address: _____ TMB #: _____ Exp: ____/____/____ (optional, if not required for current employer)

Date of expected enrollment: Fall 20 ____ Spring 20 ____ ARRT or NMTCB#: _____ Exp: ____/____/____

Completion of Radiography program location: _____ GPA: _____

Have you completed or are you currently enrolled in an ARRT approved structured didactic education program? YES or NO

Date of Completion (or projected completion): ____/____/____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

Please note: Driving under the influence (DUI) or driving under suspension (DUS) are not considered minor traffic violations. Failure to disclose will result in withdrawal from this program.

Because clinical space is limited, please indicate ALL of the days of the week and times you are available for clinical below. (This information will assist faculty in developing the best arrangement for your clinical assignment).

Note: All clinical arrangements are subject to change as needed to accommodate each student in their completion of the ARRT competencies.

	M	Tu	W	Th	F	SA	Su	Other: _____
Daytime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I certify that the information furnished in this application is complete and correct.

Signature

Date

Return this form to:
Program Director, Radiologic Technology
McLennan Community College
1400 College Drive
Waco, Texas 76708



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Student will not be considered until **ALL** forms and **ALL** required documentation is submitted.

Use the checklist below to verify that all information is submitted. Sign and date this form and submit it along with the required documentation to the Rad Tech program director.

- Application to McLennan Community College**
Apply online through ApplyTexas.org.
- Enrollee (Student) Information Sheet**
Submit the completed Info Sheet to the Rad Tech program director.
- Documentation**
A current/active state license from the Texas Medical Board (optional, if not required for current employer), a current ARRT or Nuclear Medicine Technology Certification Board (NMTCB) registration and certification and one year experience working. (Work experience must be in Radiography, Nuclear Medicine, Radiation Therapy, or as a CNMT.) Submit to the Rad Tech program director.
- Documentation**
Completion of a Radiography program with a minimum 2.5 GPA and grades "C" or better.

Official transcripts must be submitted to Highlander Central. Copies of unofficial transcripts from all colleges including MCC must be submitted to the Rad Tech program director.

Please Note: It is the applicant's responsibility to submit updated transcripts to Highlander Central as additional courses are completed.
- Documentation**
A current CPR BLS certification

Submit to the Rad Tech Program Director.

After you have completed and checked all applicable items above, please submit to the Radiologic Technology program director to indicate your interest in completing this course.

Signature

Date

McLennan Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Drew Canham, Vice President of Student Success, 1400 College Drive, 254-299-8645, titleix@mcclennan.edu. A lack of English language skills will not be a barrier to admission to and participation in career and technical education programs.

For students in these Health Profession programs who may have a criminal background, please be advised that the background could keep you from being licensed by the State of Texas. If you have a question about your background and licensure, please speak with your faculty member or program director. You also have the right to request a criminal history evaluation letter from the applicable licensing agency.