



## Certificate in Computed Tomography

The Computed Tomography program welcomes applications from all qualified individuals who wish to pursue this advanced training. Admission to the program is competitive and qualified applicants are ranked according to academic history and professional/educational references. Meeting the minimum requirements does not qualify an applicant a place in the Computed Tomography program; it places an applicant in the selection process. Applicants with the highest standards are offered a space.

Please complete the admission application packet and return to:

Carolinan College of Health Sciences  
Attn: Admissions  
1200 Blythe Blvd  
Charlotte NC 28203

Complete applications should be **postmarked by December 31, 2009** for consideration in the March 2010 program or by **October 15, 2010** for consideration in the Spring 2011 program. Following this date, applications will be accepted on a rolling basis. Please see the application checklist to insure you have completed all items.

The faculty and staff are excited about your interest in our college and in the Computed Tomography program. We wish you luck during the application process. If you have any questions regarding the application process, the program, or the college please feel free to contact any of our admission advisors listed below.

Regards,

*Rhoda Rillorta*

Rhoda Rillorta  
Admissions Officer  
704-355-3243

*Nicki Sabourin*

Nicki Sabourin  
Admissions Representative  
704-355-5583

*Diana Bell*

Diana Bell  
Admissions Assistant  
704-355-8383

**Carolinas College of Health Sciences  
Certificate  
Computed Tomography**

**Admission Requirements**

Minimum admission requirements for the program must be submitted by the required deadline for consideration. If the application packet is incomplete, the application will not be considered in the selection process:

1. Complete the attached application and submit a non-refundable \$50 application fee
2. Submit official college transcripts from all post-secondary institutions (for foreign transcripts see International student below). A minimum 2.5 cumulative college GPA is preferred.
3. Copy of current ARRT certification card. Applicants who are registry-eligible or currently enrolled in a program will be required to submit a copy of the card prior to program entry.
4. Two completed CCHS Reference forms, with at least one from a current supervisor or imaging faculty member.

**International Students**

Applicants must be citizens of the United States or hold permanent resident status. Carolinas College of Health Sciences does not authorize student visas. Applicants with foreign transcripts are required to present an evaluation of all courses attempted, credit, and grades earned. The college recommends the following sources for international transcript evaluation.

**Contact Information:**

International Education Evaluations, Inc.  
7900 Matthews-Mint Hill Road  
Suite 300  
Charlotte NC 28227  
704-772-0109

World Education Services, Inc.  
PO Box 745 Old Chelsea Station  
New York NY 10013-0745  
212-966-6311

If you attended high school or college outside of the United States, a TOEFL score of at least 220 (computer version) or 83 (iBT: Internet based) is required.

**Contact Information:**

TOEFL – [www.toefl.org](http://www.toefl.org) (school code 5130)

**Carolinas College of Health Sciences  
Certificate  
Computed Tomography  
Application Check Sheet**

Below is a checklist to ensure all required documentation is submitted for a complete application.

**March 2010 Admission**

All items must be **postmarked by December 31, 2009** for consideration: *(applications accepted after this date on a rolling basis)*

- \_\_\_\_\_ Application and \$50 non-refundable fee
- \_\_\_\_\_ Official college transcripts from all post-secondary institutions attended
- \_\_\_\_\_ Copy of current ARRT certification card
- \_\_\_\_\_ Two completed CCHS Reference forms

**Spring 2011 Admission**

All items must be **postmarked by October 15, 2010** for consideration: *(applications accepted after this date on a rolling basis)*

- \_\_\_\_\_ Application and \$50 non-refundable fee
- \_\_\_\_\_ Official college transcripts from all post-secondary institutions attended
- \_\_\_\_\_ Copy of current ARRT certification card
- \_\_\_\_\_ Two completed CCHS Reference forms

For office use only:  
Date paid\_\_\_\_\_ Form of payment\_\_\_\_\_  
Application complete\_\_\_\_\_(yes) \_\_\_\_\_(no)  
*If no, date of completion*\_\_\_\_\_  
Received by\_\_\_\_\_

**Carolinas College of Health Sciences  
Certificate  
Computed Tomography**

**March 2010**  
*Complete Application must be postmarked by December 31, 2009 (applications accepted after this date on a rolling basis)*

**Spring 2011 (January)**  
*Complete Application must be postmarked by October 15, 2010 (applications accepted after this date on a rolling basis)*

**Student Profile** *Please print*

**Full Name** \_\_\_\_\_  
*Last First Middle*

**Social Security #** \_\_\_\_\_ **Former Name** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
*Street or PO Box*

\_\_\_\_\_  
*City State Zip Code County*

**Home Address** \_\_\_\_\_  
*\*if different from your mailing address*

\_\_\_\_\_  
*City State Zip Code County*

**Email Address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Citizenship** *International students who do not have permanent resident status will not be considered for admission*

U. S. Citizen

Permanent Resident Alien \_\_\_\_\_ / \_\_\_\_\_ **Citizenship Country** \_\_\_\_\_  
*Receipt # Date of Issue*

The above information is used for correspondence with you. Please contact our office to let us know of any changes.



**Community Standards**

In an effort to maintain a safe learning community, we ask the following questions of all applicants. We cannot accept your application unless you answer these questions. A “yes” answer to one or more of the following questions does not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

- 1.  **Yes**  **No** We are committed to an alcohol-free, drug-free, and tobacco-free workplace. Students found in violation of this standard may face disciplinary action including dismissal. Students must submit a negative drug screen prior to enrollment and are subject to random drug screens throughout enrollment. Is there any reason why you would not be able to produce a negative drug screen prior to enrollment?
- 2.  **Yes**  **No** Applicants are required to submit a criminal background release form provided by the College upon acceptance and must be cleared by Carolinas HealthCare System for participation in clinical education. Have you ever been accused or convicted of a crime other than a routine traffic violation?  
*You must notify admissions of any criminal charge or conviction that occurs at any time after you submit this application.*
- 3.  **Yes**  **No** Applicants who are known to be in default on a student loan will not be admitted to a health care program. Are you currently in default on any type of student loan?
- 4.  **Yes**  **No** Applicants must be eligible for clinical access at a Carolinas HealthCare System facility. Is there any reason why you would not be eligible for clinical access?

**Read, Sign and Date the following statement**

I certify that the information provided on this application is accurate, complete and truthful. I understand that any failure to provide accurate, complete, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment. I have read the essential functions of the program to which I am applying and can perform the functions with reasonable accommodations, if warranted. I further understand that I am required to notify the admissions office if I change my email address or other contact information. *We cannot accept your application without your signature*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian (If applicant is under 18) \_\_\_\_\_ Date \_\_\_\_\_

Application fee is \$50. For payment by credit card, use the form below:

**Student Name:** \_\_\_\_\_

**Cardholder Name (if different):** \_\_\_\_\_

**Type of Card (circle one):** Discover      Visa      MasterCard      American Express

**Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration date:** \_\_\_\_\_      **Transaction Amount:** \_\_\_\_\_

**Transaction Type: \*Application Fee**