



## Computed Tomography Program Application Data Sheet

Name (include credentials following name):

Date:

Phone Number(s):

Email Address:

List Any CT Work Experience- use back of page if additional space is needed:  
(include Name and Address of Employer, length of work and description and estimate per month of types of exams performed)

Please check all that apply.

My goal(s) is/are to:

- Complete CT Certificate Program
- Prepare for the CT Registry Exam
- Enhance My Knowledge/Skills

Please check all that apply.

I would like to enroll in:

- Clinical Courses to allow opportunity to perform exams and gain registry eligibility  
(Spring and Summer) -Note:enrollment sequencing must follow the specifications listed in Tracks 1, 2 & 3
- Registry Review Course  
(Summer) -Must be enrolled in a Clinical Course and/or have met exam eligibility through CT Experience
- Sectional Anatomy Course- RADR 2340  
(Fall)
- CT Equipment & Methodology- CTMT 2336  
(Fall)

**IF YOU HAVE ALREADY ATTAINED TRAINING PERMISSION PLEASE PROVIDE THE FOLLOWING INFORMATION. NOTE, THIS INFORMATION IS NOT REQUIRED UNTIL MID-FALL SEMESTER SINCE THE CLINICAL COMPONENT WILL NOT BEGIN UNTIL SPRING.**

Clinical Course Site Requested (if applicable):

Met With Site Representative: Yes or No

Name of Person With Whom You Had Discussion:

Name and Phone Number of CT Supervisor:

Name and Phone Number of Department Director: