

Valencia College

Health Sciences Program Application

B.S. in Radiologic and Imaging Sciences (BSRAD) or
an Advanced Technical Certificate (ATC) in CT or MRI or
Mammography or Vascular Sonography

This application is to be submitted **after** you have received notification of admission to Valencia as a candidate for the BSRAD Degree or the ATC in CT or MRI or Mammography or Vascular Sonography.

Select the program you are applying to (select ONE): BSRAD Degree CT ATC MRI ATC

Mammography ATC Vascular Sonography ATC

Date of Application: _____ Valencia ID (Required) _____

Name (Last) _____ (First) _____ (Middle) _____

Home Address _____

City, State, Zip _____

Phone Number(s) with Area Code _____

Atlas E-mail Address: _____

Personal Email Address: _____

Birth Date _____ Male Female Race (Optional) _____

Have you thoroughly reviewed the current Program Guide for the program to which you are applying, and have met all admission requirements? Yes No

Are you a U.S. citizen or permanent resident? Yes No

If you have applied to, or been enrolled in, another limited access Health Sciences program at Valencia in the past 12 months, indicate which one(s):

Indicate the current professional certification(s) you hold and attach a copy of your current professional certification (not your state license) to this application:

Radiography (ARRT)

Radiation Therapy (ARRT)

___ Diagnostic Medical Sonography (ARRT or ARDMS)

___ Nuclear Medicine Technology (ARRT or NMTCB)

Indicate degree field of study and level of degree earned:

Radiography ___ Associate or ___ Bachelor's

Radiation Therapy ___ Associate or ___ Bachelor's

Diagnostic Medical Sonography ___ Associate or ___ Bachelor's

Nuclear Medicine Technology ___ Associate or ___ Bachelor's

Institution where degree was earned: _____

Month/year of graduation with this degree: _____/_____

Do you hold an Associate in Arts (AA) Degree? ___ Yes ___ No

If yes, name of institution where AA Degree was earned: _____

If you do not hold a Bachelor's Degree in Radiography, Radiation Therapy, Sonography or Nuclear Medicine

Technology, do you hold a Bachelor's Degree? ___ Yes ___ No

If yes, name of institution where Bachelor's Degree was earned: _____

ADDITIONAL REQUIREMENT FOR APPLICATION TO AN ADVANCED TECHNICAL CERTIFICATE IN CT or MRI or MAMMOGRAPHY or VASCULAR SONOGRAPHY:

If your Associate or Bachelor's Degree graduation in the imaging field was not in the twelve months prior to submission of this application, you must either:

Attach documentation of employment in the area of professional certification within the twelve months prior to program application

OR

Expect to complete RTE 3116 Advanced Patient Care prior to taking your Practicum course.

I am submitting this application for an ATC and I

___ have been employed in the field within the past 12 months and am submitting documentation with this application of the specific work and dates of employment on official letterhead

OR

___ earned my degree in the field more than 12 months ago and have not been employed in the field within the past 12 months and know that I must successfully complete RTE 3116 Advanced Patient Care prior to enrolling in the Practicum. **Select one of the above statements.**

DECLARATION

I understand that all courses are offered online with the exception of the Practicum course(s). I understand that it is fraudulent to misrepresent any information on this application and I affirm that all information on this application is true. I understand that, if admitted to this program, I must submit to a criminal background check and drug testing, document immunizations and other requirements for clinical participation, and be free of offenses that would disqualify me from the program.

Signature

Date

Submit your completed program application along with a copy of your active credential to AlliedHealthBS.ATC@valenciacollege.edu

3/24/2020