



Advanced Imaging Training Program Mandatory Requirements

- Registration Form
- Application for Training
- Background Check
- Immunization Records (Hep B, MMR, Varicella)
- 10-Panel Drug Screen (no older than 6 months prior to the start of the program)
- PPD Test
- Flu Shot
- Covid-19 Vaccination and Booster (if applicable)
- Acknowledgment of Clinical Education Assignments
- Acknowledgment of Student Handbook

I understand that all the above documentation must be submitted to the Career & Technical Education Division for enrollment into the Advanced Imaging Training Program.

Student Name: _____

Student Signature: _____

Date: _____

RCSJ CTE Representative: _____

Signature: _____

Date: _____



CTE Registration Form

Please complete all sections

Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Birth Date: _____ Social Security #: _____

How did you hear about our programs?

- ☐ CTE Catalog ☐ Opportunity Magazine ☐ RCSJ Website ☐ Social Media
☐ Friend/Relative ☐ Newspaper Ad ☐ Other

Course#	Course Title	Dates	Cost
Total:			

Please Note: With the submission of this form, you are registered for the course. Unless notified to the contrary, please report to your first scheduled class. ***If your program course is being funded through a grant and you do not complete the program, you will be liable for the entire cost of the program; Courses costing more than \$500 require a 50% deposit to hold your seat.***

Refund/Withdrawal Policy: We are happy to offer a refund or apply payment to another class of your choice if you withdraw five business days prior to the start of a class. Balance due by first day of class. If you wish to withdraw from a course, please notify the Career and Technical Department in writing or in person immediately. Refunds will be made as follows:

100% refund prior to the first class meeting.

50% refund on first day of class.

No refund after the first day.

By signing here, I understand and agree to the above terms and conditions: _____

Mail Registration Form To:

Rowan College of South Jersey—
Cumberland Career and Technical Education
3322 College Drive
Vineland, NJ 08360



CTE Advanced Imaging Program Application

Section 1: Student Information

Full Name: _____ Maiden/Other Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____ SS#: _____

Phone: _____ Birth Date: _____

Do you have a High School Diploma or GED? ☐ Yes (*Please attach copy*) ☐ No

Section 2: Program Selection and Status

I am applying for admission to

Program:	Check	Dates
CT Program		
MRI Program		

Section 3: Immunizations and Tests

Vaccine	Dose-Date
Hepatitis B	1.
	2.
	3.
PPD Test Results (mm)	Date*:
MMR vaccination/Titer	Date:
Varicella vaccination/Titer	Date:
Flu Vaccine	Date: Verification Required

*Tuberculin test cannot be older than one year.

Continues on next page

Physician's Signature & Date: _____



Section 4: Acknowledgments

Clinical:

- **I understand** that if my program requires a clinical placement , I will be required to complete all required hours before I will be considered a "graduate" of the program. _____
- **I understand** that my clinical site could be within up to 30 miles of the school. _____
- **I understand** that most clinical sites only offer placements during weekday hours and may not have the availability to provide evening or weekend hours. _____
- **I understand** that if I decline a clinical site, the college's obligation regarding clinical placement has been met and I will have to find my own clinical placement. _____
- **I understand** that if I am dismissed from a clinical site, I will meet with the Assistant Dean of Career and Technical Education and must find my own clinical placement. _____
- **I understand** that if I don't have a minimum of an 80% or an 90% attendance record that I may not be eligible for clinical placement. _____
- If I am not in good financial standing with the College, I will not receive my certificate of completion until paid in full. _____
- **I understand** that I will need to submit proof of being fully vaccinated against COVID-19 in compliance with clinical site requirements. _____

Certification Exams and Licensures (*Initial after each*):

- **I understand** that Rowan College of South Jersey makes no guarantee that students who complete training will pass the national certification exam and licensees (*if available*). _____

Release of information

I, (print name) _____, authorize Rowan College of South Jersey Career and Technical Education to conduct a search and to release all my records pertaining to my criminal history, which includes my name, social security number, date of birth, address, and student ID number to the authorized background check agency of their choice.

I understand that the use of my records is limited to any audit and the evaluation of continuing education programs, to any potential externship preceptors, and in connection with the enforcement of federal and/or-state laws.

My signature is an acknowledgment that I have read and voluntarily consent to the release of the above-mentioned information.

Student Signature: _____

Refund Policy

There will be a 100% refund for withdrawals before the first day of class. A 50% refund for withdrawals on the first day of class. No refunds after the first day of class.

I understand and agree to the above terms and conditions:

Student Signature: _____ Date: _____



CTE Acceptance of terms of Drug and Alcohol Use Policy

It is strictly forbidden to be under the influence of alcohol, illegal narcotics, chemicals, psychedelic drugs or other controlled substances by an individual engaged in college related activities.

It is expected that students will come to class, laboratory and externship in a condition fit for the competent and safe performance of their duties and that such fit condition will be maintained throughout the scheduled time. The objectives of this policy are to identify the impaired students, maintain an environment that allows students to enjoy the full benefits of their learning experience and ensure safe, competent client care.

Faculty are accountable for ensuring that students are in fit condition to participate in program related activities and for taking prompt, appropriate and decisive action whenever a student seems to be impaired. Students who arrive in the classroom, lab, externship location or other assigned area and are considered by their instructor to be impaired may expect to:

- **Have their behavior witnessed and documented.**
- **Be questioned in private as to the nature of their problem.**
- **Be asked to undergo a medical evaluation (which includes blood alcohol level and/or urine testing) in an Emergency Room or laboratory facility and have their behavior witnessed by another healthcare professional.**
- **Meet with the Assistant Dean of Career & Technical Education.**
- **Be referred for counseling.**
- **Be dismissed from their program of study.**
- **Be ineligible for readmission.**

When a student is in possession of or using alcoholic beverages or illegal or unprescribed controlled chemicals on college or externship properties, the student may be assigned a grade of "F" and be dismissed from their academic program. I have read and understand the Career and Technical Education's Drug and Alcohol Use Policy.

Signature:

Date:

**Students must include signed copies of the Acknowledgment of
Clinical Education Assignments (p. 14) and Acknowledgement of
Student Handbook (p.15).**