



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)
- Current NJ Radiography License (CT Program Only)
- Current ARRT Card
- Current CPR Card
- 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 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).



Model Release

In consideration of my engagement as a model and for other good and valuable considerations herein acknowledged as received, upon the terms herein stated, I hereby grant Rowan College of South Jersey, its legal representatives and assigns, those for whom Rowan College of South Jersey is acting, and those acting with the institution's authority and permission, the absolute right and permission to copyright and use, re-use and publish and re-publish photographs, videos or other social media formats of me in which I may be included, in whole or in part, or composite or distorted in character or form, without restrictions as to changes or alterations, from time to time, in conjunction with my own or fictitious name, or reproductions thereof in color or otherwise made through any media including a website at Rowan College of South Jersey or elsewhere for art, advertising, trade or any purpose whatsoever.

I also consent to the use of any printed matter or website in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products or the advertising copy of printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Rowan College of South Jersey, its legal representatives or assigns, and all persons acting under permission or authority or those for whom it is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof even though it may subject me to ridicule, scandal, reproach, scorn or indignity.

I hereby warrant that I am of full age and have every right to contract in my own name in the above regard. I state further that I have read the above authorization, release and agreement prior to its execution and am fully familiar with the contents thereof.

NAME

HOMETOWN

MAJOR

PHONE OR EMAIL

SIGNATURE

DATE

Please opt-in or opt-out of photos by checking a box below:

I have read and agree to the Media Release Agreement. I grant Rowan College of South Jersey permission to use my image and likeness as described above.

I do not consent to the Media Release Agreement and do not grant Rowan College of South Jersey permission to use my likeness in any media.

Gloucester Campus 1400 Tanyard Road, Sewell, NJ 08080 • Cumberland Campus 3322 College Drive, Vineland NJ 08360



Student Consent Form for Release of Academic Records

The Family Educational Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. Students may choose to complete and submit this form to RCSJ's Records Office allowing the release of their education records to specified third parties. Please note that while this form authorizes Rowan College South Jersey to release education records to third parties, it does not obligate Rowan College of South Jersey to do so. Rowan College South Jersey reserves the right to review and respond to requests for the release of education records on a case-by-case basis.

SECTION A. Education records to be released (check all that apply):

- All Student Records Information Listed Below
- Only Specific Account Information:
 - o Academic Information (transcripts, grades/GPA, registration, student ID number, academic progress, enrollment status)
 - o Loan Information (maintained loan disbursements, billing, and repayment history [including credit reporting history], Communication history, balances, and collection activity.
 - o Student Account Information (billing statements, charges, credits, payments, past due amounts, collection activity)
 - o Financial Aid Information (awards, application data, disbursements, eligibility, financial aid academic progress status)
 - o Other (please specify): _____

SECTION B. Person(s) to whom access to education records may be provided: ex. School District & Parent/Guardian

1) _____
 Name of person to whom access to records may be provided - **MUST PRESENT VALID ID**

_____ Relationship to Student
 Address of person to whom access to records may be provided

2) _____
 Name of person to whom access to records may be provided - **MUST PRESENT VALID ID**

_____ Relationship to Student
 Address of person to whom access to records may be provided

SECTION C. Duration of release

This release will remain active for the life cycle of the student record: until graduation or three years of non-attendance. You will be able to revoke this permission at any time.

SECTION D. Acknowledgment

I understand that (1) I have the right not to consent to the release of my education records and (2) I have the right to revoke this consent at any time by delivering a written revocation to Rowan College South Jersey's Enrollment Services One-Stop Office.

 Student's Signature Date Student's Print Name RCSJ ID #

INSTRUCTIONS FOR COMPLETING THIS FORM:

1. The form must be fully completed and signed by the student. Records cannot be released if any Section of this form is not filled out entirely.
2. Completed forms should be submitted in person to the One Stop Enrollment Services Office at either the Gloucester or Cumberland Campus.

This information is released subject to the confidentiality provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

OFFICE USE ONLY: Date Processed: _____

Please submit your form to the RCSJ One Stop Enrollment Services Office:
 Gloucester Campus, 1400 Tanyard Road, Sewell, NJ 08080 | Cumberland Campus, 3322 College Drive, Vineland, NJ 08360