

Rowan College South Jersey- Cumberland
Workforce Development

Application for
CT
Technologist Program

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CT Technologist

Computed tomography technologist, also known as CT technologists, operate CT equipment, which produces cross-sectional images of patients' bones, organs and tissue that are used to diagnose medical conditions. In addition to conducting scans, CT technologists are responsible for preparing patients for these diagnostic procedures by explaining the process, moving patients onto examination tables, and positioning them for imaging to correctly capture the images requested by a physician.

Potential students are required to complete an application for entry into this program and a limited number of students will be selected. In addition to the application, eligible applicants must provide: proof of current ARRT certification, proof of current immunizations, documentation of a recent 10-panel drug screen and must pass a background check.

This program is a blend of classroom instruction (one night a week/3 hours) and clinical experience. Students will be required to complete a *minimum* of 16 hours per week in a clinical site. Clinical sites will be assigned on a first-come-first-served basis: those handing in completed applications and all required documentation will be given the first choice of clinical assignment.

The course fees include: classroom instruction, clinical placement, management and approval of documented scans, student malpractice insurance, radiation badges, electronic text and background check.

Rowan College of South Jersey admits students without regard for race, color, creed, sex, age, religion, national/ethnic origin, sexual orientation, disability, pregnancy or military status.

CT TECHNOLOGIST
PROGRAM APPLICATION

Student Information Form

Name _____
Last First Middle

Other/Previous Name (which may appear on records) _____

Address _____
Number & Street Apt. Number

City State Zip code

Phone: Cell: () _____ Work: () _____

Preferred e-mail address: _____

Social Security Number _____

Date of Birth _____

ARRT Number and Expiration Date: _____

How did you hear about our Program? _____

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Certification of Accuracy

I certify that, to the best of my knowledge, the information supplied on this application is complete and accurate.

Applicants signature _____ Date _____

Acknowledgement of clinical assignment and program conditions

I understand that if a clinical assignment is offered to me, and I do not accept this assignment, the college's obligation regarding clinical placement had been met. Students must make arrangements to be available for their clinical assignment.

I understand that clinical assignments will be offered to students in order of receipt of the completed application and all required documents.

I understand that Rowan College of South Jersey makes no guarantee that students that take this course will pass the national certification exam.

I understand that Rowan College of South Jersey will not pay for my attempts at the national certification exam and that this expense is my responsibility.

I understand the Rowan College of South Jersey's refund policy for Allied Health Programs. Students will receive a 100% refund if notification of withdrawal is processed prior to the first day of class.

Applicants Signature _____ Date _____

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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 attend clinical 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.

Clinical staff members 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, clinical 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 at their own expense, and have their behavior witnessed by another healthcare professional. Failure to take or failure to pass any scheduled or unscheduled drug-screening test will result in immediate dismissal from the program.
- Meet with the Director of Community Education
- Be referred for counseling
- Be dismissed from the CT Program
- Be ineligible for readmission

When a student is in possession of or using alcoholic beverages or illegal or unprescribed controlled chemicals on college or clinical properties, the student will forfeit a certificate of completion and be dismissed from the CT Program. No refund of tuition will be given if a student is dismissed from the program for drug or alcohol related misconduct.

I have read, understand and agree to the terms of the Workforce Development Department's Drug and Alcohol Use Policy.

Signed

Date

**CT TECHNOLOGIST
PROGRAM APPLICATION**

Immunization & Tests

Name _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

Immunization & Test History

Vaccine	Dose – Date
Hepatitis B	1. / /
	2. / /
	3. / /
PPD Test Results (mm):	Date*:
MMR vaccination/titer	Date:
Varicella vaccination/titer	Date:
Flu shot (by October 30 th)	Date:

*Tuberculin test cannot be older than one year.

Signature of Examiner

Print Name of Examiner

Address

City State Zip Date

**** Please attach results of 10-panel drug screen that is no older than six months from the start date of the program.**

In lieu of this form, applicants can attach copies of their medical records.

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Release of Information Form

I, (print name) _____, authorize Rowan College of South Jersey Workforce Development to conduct a search and to release all of 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 acknowledgement that I have read and voluntarily consent to the release of the above-mentioned information.

Student Signature

Date

Address

Social Security #

Phone Number

E-mail address

*SSN is used for criminal background check purposes only

CT TECHNOLOGIST
PROGRAM APPLICATION

Application Checklist

- Completed Application
- Student Information Form
- Certification and Acknowledgement Form
- Drug and Alcohol Policy Form
- Immunization and Tests Form
- Drug Screen Results
- Release of Information Form
- Copy of ARRT Card
- Make payment in full or payment arrangements

Please note that all of the above must be received before the application is considered complete.

Payments: Payment by cash, check or credit card can be made when the application is submitted. Payment arrangements must be made before students will be permitted to attend class. Please call (856)776-2372 for more information on submitting an application or making payment.

Please mail application and all correspondence to:

Rowan College of South Jersey - Cumberland Campus
Attn: Workforce Development
3322 College Drive
Vineland, NJ 08332
PH: (856)776-2372