

**Admissions Health Science Timeline for 2020 Fall Enrollment**

**Program: Continuing Education- Computed Tomography**

**April 3** Completed Checklist and Supporting Documentation **Priority Deadline**  
(Submitted to Loretta Broadwell Health Science Building Bld 17)

**April 17** Program Director Notification to Applicants of Status (by mail)

**Note:**

Each applicant is responsible for following the stated timeline outlined above and for the submission of all required documents to the Health Sciences Building first-floor secretary.

Applicants completing the Health Occupations Admissions process after the established timeline will be considered based on space availability.

**Robeson Community College  
July 2020 Admissions Checklist**

**Computed Tomography**

Name: \_\_\_\_\_ College Id#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_

**Checklist Overview and Directions**

**NOTE:** Students must have a 3.0 or greater grade point average (GPA) in the Radiography Program in order to be considered for Computed Tomography Program admission.

**Please place a check mark beside each item as they are completed. All items identified on the checklist must be completed prior to submitting checklist to the Admissions Office.**

1. Attach official Radiography AAS degree transcript.
2. Attach letter of reference from instructor, supervisor, or physician (only required for applicants who have previously graduated from a Radiography program, or are currently enrolled in a Radiography Program at a school other than Robeson Community College.)
3. Attach updated immunization record.

With the completion of items 1 – 3, submit checklist and supporting documentation to Loretta Broadwell in the first floor office suite of the Health Sciences Building. All documentation must be received by April 3 of the planned enrollment year.

I certify that the attached application related items are correct and accurate. I understand that the falsification of any information or documentation will result in the revocation of this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use:**

Date Received \_\_\_\_\_ Date \_\_\_\_\_

**Outline of Required Immunizations**

1. Proof of Negative Tuberculin (Tb) skin testing or follow-up chest X-ray within 3 months of enrollment.
    - a. Immunizations:
      - Tdap, tetanus vaccines, Hepatitis B series, MMR, Rubella, Varicella series or positive titer (required)
      - Influenza, although not required but strongly recommended and/or required by clinical affiliate
  2. Criminal Background Check, Drug Screen and National Sex Offender Index:  
Clinical agencies require a criminal background check, 12 panel urine drug screen and National Sex Offender Index prior to clinical experiences or rotations. This testing is scheduled by the College once students have been accepted.
- NOTE:** (1) If results of a criminal background check, panel urine drug screen or sex offender index prevents a student from participating in a clinical rotation at any agency, then the student will not be able to fulfill the clinical requirements for the program, and subsequently will not be allowed to complete the Computed Tomography program. (2) Fees associated with the criminal background check, drug screen and sex offender index will be the responsibility of the student.
3. Healthcare-Providers CPR: Prospective students must submit documentation of current CPR certification (including infant, child and adult certification) from the American Heart Association BLS Healthcare Providers Course.
  4. Attend a **mandatory** face-to-face **Computed Tomography Orientation** (To be Scheduled)