

Mammography Program

Restricted Enrollment Application 2025-2026

The Mammography Program requires confirmation of your prior credential. Below are the steps to complete this process prior to course registration.

Important Note: Please review the requirements for the MAMM 270 Mammography Clinical Education course found in this document. You will need to provide evidence of these items prior to registration for MAMM 270 by competing the Permit Request.

Step 1: To be completed by the student											
1.	. Name:										
		Last	First	Middle Initial							
	Student Number: or Social Security Number (last four digits)										
	Month and Day of Birth/										
2.	Contact the Health Professions office at HealthProfessions@schoolcraft.edu to make an appointment with the appropriate Clinical Coordinator for assessment of your credential.										
Step 2	: To be con	apleted by the (Clinical Co	ordinator							
	Confirm Student is a registered Radiologic Technologist (ARRT) prior to starting the program. <i>It is not necessary to hold an associate degree</i> . a. Certification has been confirmed. b. Student is in good standing with the credentialing agency. Email this form to the student and to the Records office at screecord@schoolcraft.edu with your approval.										
		pleted by Reco		murjour upprovide							
1.	Identify student's current program status and end date if necessary.										
2.	Enter new program code in Colleague for the student so that they are able to register for MAMM courses (see note above regarding Clinical course)										
	New Acade	mic Program No	ame:	Mammography (MAMM) Post Associate Degree							
	New Acade	mic Program Ni	umber: F	PAC.00279							
3.	Email Stud	lent and Clinical	Coordinate	or of this change.							

MAMM 270 Mammography Clinical Education – Permit Request

Eligibility for MAMM 270 *Mammography Clinical Education* registration requires issuance of an electronic permit by the Health Professions Administrative Office HealthProfessions@schoolcraft.edu.

_	: To be Name:	e comp	leted by th	ne student								
			Last First		Middle Initial							
2.	Address:		Apt. / Street Address		City	State	Zip Code					
	Daytim	Daytime Phone Number: Evening Phone Number:										
	Email:			M	onth and Day of	Birth/_						
	Studen	t Numb	er: or	Social Sec	urity Number (la	ast four digits) _						
3.				essions office at nical Coordinate			aft.edu to make an appointment bility.					
Step 2	: To be	e comp	leted by th	ne Clinical Coo	ordinator							
1.	Confi	rm_Stu	dent's Elig	gibility:								
	a.			pted to the Mam								
	b.			d MAMM 210 w								
	c.			d MAMM 220 w								
	d.						eas of guilt to a felony may prevent					
	you from clinical affiliation assignment and/or employment in healthcare.											
	e. Medical Clearance / Drug Screen. Physical and test expires after 12 months. Drug screens may need											
	to be repeated throughout the program as required by clinical agencies. Marijuana use is prohibited.											
	f.											
	g.	•	_		(M 1 M.							
		1.	Two MMR vaccinations (Measles, Mumps, Rubella) – one as a child – one as an adult or Titer showing immunity for ALL of the above.									
		;;					d prior to clinical) or a signed					
		11.	_	on Declination Fo		es must be starte	d prior to chincar) or a signed					
		iii.		not – must have a		n .						
		iv.					ived a TDAP within the past 7 years.					
		V.					The student's TB test cannot expire					
		٧.		end of class and								
		vi.	_				apart and/or a laboratory Titer					
		V1.	verifying	immunity. NOT			story of chicken pox as evidence of					
			immunity.									
		vii.					by federal, state, or clinical agency					
							l/religious exemptions.					
	h.		-				s. Students need to complete a course					
						formance skills.	100% online courses are not accepted					
_				must be renewed								
2.	Follov	wing co	ompletion,	email form to	the Student a	nd the Health l	Professions Administrative					

Step 3: To be completed by the Health Professions Administrative Assistant

1. Issue a permit allowing registration in MAMM 270.

Assistant.

2. Email Student and Clinical Coordinator of completion.