

Computed Tomography Program

Restricted Enrollment Application 2024-2025

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

Important Note: If you are taking CTMI 270 Computed Tomography Clinical Education 1 in your first semester, <u>complete</u> the Permit Request (on the next page) at the same time as this Restricted Enrollment Application. If you are taking the Clinical course at a later time, please <u>review</u> the requirements at this time.

Step 1	: To be com	pleted by the st	udent						
1.	Name:	Last	First	Middle Initial					
	Student Number: or Social Security Number (last four digits)								
	Month and I	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 com	pleted by the C	linical Coo	rdinator					
	Confirm Student is a registered Radiologic Technologist (ARRT), Radiation Therapist (ARRT), or Nuclear Medicine Technologist (ARRT or NMTCB) prior to starting the program. <i>It is not necessary to hold an associate's 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.								
Step 3	: To be comp	pleted by Recor	ds						
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 CTMI coursee note above regarding Clinical courses)								
	New Acaden	nic Program Na	me: Co	omputer Tomography Post Associate Degree					
	New Acaden	nic Program Nu	mber: PA	4C.00278					

3. Email Student and Clinical Coordinator of this change.

CTMI 270-Computed Tomography Clinical Education 1- Permit Request

Eligibility for CTMI 270 *Computed Tomography Clinical Education 1* registration requires issuance of an electronic permit by the Health Professions Administrative Office HeathProfessions@schoolcraft.edu.

completed by th	ne student				
Last	First	Middle Initia	al		
s: ${\text{Apt.} / \text{Street}}$	eet Address	City	State	Zip Code	
Daytime Phone Number:		Evening Phone Number:			
Email:		Month and Day of Birth/			
Number:	or So	cial Security Num	nber (last for	ur digits)	
			_		
		rdinator			
☐ Criminal History clinical affiliation as ☐ Medical Clearar repeated throughout ☐ Maintain a cump Required Immunizat i. ☐ Two Mimmunity fii. ☐ Hepatit Declination iii. ☐ Flu Sho iv. ☐ Tetanu v. ☐ Two-stend of class vi. ☐ Chicke immunity. vii. ☐ Covid-1 NOTE: Sub ☐ Basic Life Supp	y Check Clearance. ssignment and/or ence / Drug Screen. the program as requilative grade point tions IMR vaccinations (for ALL of the above its B vaccination or a Form. The total properties and/or when clinical prox – 2 Varicella NOTE: we are no 19 Vaccination or opject to permitted cliport course for Professional P	Generally, conviction in the c	ons or pleas of care. bires after 12 m ncies. Marijua oft College of 2 bella) – one as be started prio ave received a onths. The stul. I month apart a tory of chicken required by fec- eligious exemp	months. Drug screens may need to be an use is prohibited. 2.5 or higher s a child – one as an adult or Titer showing or to clinical) or a signed Vaccination a TDAP within the past 7 years. udent's TB test cannot expire before the and/or a laboratory Titer verifying a pox as evidence of immunity. deral, state, or clinical agency guidelines. options. lents need to complete a course that	
	Last S: Apt. / Str de Phone Number t Number: t the Health Profe de appropriate Clin completed by the m Student's Elig Has been accept Criminal History Clinical affiliation as Medical Clearar repeated throughout Maintain a cum Required Immunizar i. Two Minmunity fii. Hepating Declination iii. Hepating Declination iii. Flu Sho iv. Tetanu v. Two-st end of class vi. Chicke immunity. vii. Covid-l NOTE: Sub Basic Life Supp	Apt. / Street Address The Phone Number: Ev Mote the Health Professions office at a propriate Clinical Coordinate Completed by the Clinical Coordinate Completed by the Clinical Coordinate Completed by the Clinical Coordinate Criminal History Check Clearance Criminal History Check Clearance Clinical affiliation assignment and/or er Medical Clearance / Drug Screen. Required Immunizations i Two MMR vaccinations (immunity for ALL of the above ii Hepatitis B vaccination or on Declination Form. iii Flu Shot - must have annotived in the program in the prog	Last First Middle Initia S:	Last First Middle Initial S:	

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

- 1. Issue a permit allowing registration in CTMI 270.
- 2. Email Student and Clinical Coordinator of completion.