

VIRGINIA WESTERN
COMMUNITY COLLEGE

WE'LL TAKE YOU  THERE

SCHOOL OF HEALTH PROFESSIONS

Computed Tomography, CT
Career Studies Certificate Program Application

Personal Information

1. Name: _____
(Last) (First) (MI) (Maiden)

2. Current Address: _____

(City) (State) (Zip Code)

3. E-mail Address: _____

4. Phone: _____ 5. DOB: _____ 6. Student ID: _____

Radiography Education (School transcript must be submitted)

Name of School	City and State	Dates of Attendance

Registry Certification-Expiration Date _____ (attach copy of card to application and must be CE compliant)

State Licensure - Expiration Date _____ (attach copy of card to application if applicable)

Check here if you expect to be Registry Eligible and give the date (mm/yy). _____

Work (Current – may attach additional if desired.)

Name of Facility	Address	Position Held	Dates of Employment

Two professional recommendation letters must be submitted

Signature of Applicant

Date

Students must complete the application process for admission to the college, if not already a VWCC student. This completed application form with other required documents must be submitted no later June 1. Documents: Application Form, Radiography Education transcript, copy of your national certification and state license (if applicable), and two professional recommendation letters. Submit to:

Susan A Nolley, M.S., R.T.(R)
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