



EASTERN NORTH CAROLINA CONSORTIUM OF COMPUTED TOMOGRAPHY & MAGNETIC RESONANCE IMAGING
CT Applicant Information

<i>First Name</i>	<i>MI</i>	<i>Last Name</i>	<i>ECC Student ID</i>
<input type="checkbox"/> Male <input type="checkbox"/> Female	<i>Email</i>		<i>Date of Birth</i>
<i>Street Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
<i>Primary Phone</i>	<i>Cell/Work Phone</i>		<i>Other Phone</i>

COLLEGE EXPERIENCE

<i>Radiography</i>	<i>Degree Earned</i>	<i>Graduation Date</i>
<i>Other</i>	<i>Degree Earned</i>	<i>Graduation Date</i>

SUPPLEMENTAL QUESTIONS

When would you like to enroll in the CT Certificate program?	
If you are accepted into the CT Certificate program, would you like to attend the fall term or the spring term?	
If the fall term of the CT Certificate program is full, would you like to attend the spring term?	

<p>Would you like to do your clinical training on the first shift or second shift?</p>	
<p>List three facilities you would like to attend for clinical training, in order of preference.</p>	
<p>Is CT your first choice of advanced modalities? If no, please indicate your first choice.</p>	
<p>Are you applying to any other schools for advanced training? If so, which school/program is your first choice?</p>	
<p>Would you like to attend class at VGCC or JCC? If so, indicate order of preference.</p>	
<p>Are you employed? If yes, where?</p>	
<p>Do you plan on working while you attend school? If so, what is your work schedule?</p>	
<p>Please provide any information you would like to share.</p>	