

WEST SHORE COMMUNITY COLLEGE CT PROGRAM ADMISSION APPLICATION

Please note that the due date of the CT program admission application is June 1.

Please make sure the information provided is accurate. Letters of acceptance or denial will be emailed to the email address you provide in the application.

Once you start the online application you need to finish and submit. You cannot return to an application if you leave it.

- 1. Student ID# (if already a WSCC student) \_\_\_\_\_
- 2. Name \_\_\_\_\_
- 3. Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. County \_\_\_\_\_ Township \_\_\_\_\_
- 5. Phone# \_\_\_\_\_ Email \_\_\_\_\_

**Prerequisite Information**

All applicants must have a current ARRT (American Registry of Radiologic Technologists) certification, or have plans to take the ARRT certification, to be eligible to apply to the CT program.

- 6. Select the field in which you re ARRT certified:  
 Radiography     Radiation Therapy     Nuclear Medicine
- 7. Please provide your ARRT Certification # below, or the month/year you plan on taking your ARRT certification  
# \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Transfer Students**

- 8. For transfer students, all official transcripts have been sent to the WSCC Registrar?
- 9. For transfer students, list all institutions from which you expect to transfer prerequisite coursework.

*Example: Central Michigan College, Lansing Community College*

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## WSCC Credits

10. Number of credits successfully completed at WSCC as of application submission date. \_\_\_  
11. If a current WSCC student, how many credits are you taking currently? \_\_\_

## Previous Earned Degrees

12. I have a previous earned degree.  
13. If yes to above question, please list degree earned and the educational institution where the degree was earned.

*Example: Medical Assistant Associate of Applied Arts and Sciences from WSCC*

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## Health Care Work or Health Care Volunteer Experience

14. Do you have previous Health Care Work or Health Care Volunteering Experience?  
Health Care **Work** Experience      Health Care **Volunteer** Experience

## Additional Requirements/Statements

15. By checking this box, I certify that my answers are true and complete to the best of my knowledge. I am responsible for assuring all documents are received and all required are completed to apply. Late documents will NOT be accepted for consideration.  
\_\_\_I agree to and understand this statement.
16. Final acceptance into the CT program is pending a clear criminal background check and drug screening. These tests will be at the students' expense.  
\_\_\_I agree to and understand this statement.
17. Immunizations/vaccinations and CPR/First Aide certification will be required for clinical education.  
\_\_\_I agree to and understand this statement.

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