



**Central Maine Medical Center
College of Nursing & Health Professions
70 Middle Street - Lewiston, Maine 04240**

Application for Admission
Computed Tomography Certification Program
May 2012

Phone (207)795-2840—Fax (207)795-2849

Please check one: Full CT-Program didactic only (no clinical)

Applicant Information				
First Name	Middle Initial	Last Name	Previous Names Used	
Street		City	State	Zip Code
Home Phone	Cell Phone		Are you a US citizen?	
E-Mail Address (please provide so you can access your checklist later)		Social Security Number	Date of Birth	
How was your attention called to the CMMC College of Nursing and Health Profession?				

Emergency Contact Information	
Name	Relationship
Address	Phone

Essay
On a separate sheet of paper, please explain why you have chosen this program. Include any experience (jobs, volunteer work, or observation) that has influenced your choice. Please mention any special skills, talents or special recognition you may have received in or out of school. If you have been out of school for some time, please indicate how you have been occupied.

Applicant Procedure
Please return the following directly to the school:
<ul style="list-style-type: none"> • Completed application form with \$40 application fee and essay (Deadline: Jan 15th) • Two letters of recommendation (professional – see “Recommendations” on page 2 of this application) • Official High School Transcript • Official Transcripts from an accredited post secondary health education program • Official College Transcripts as applicable

All application materials must be received no later than January 15th in order to be considered for admission

Education		
School and Location	Dates Attended	Degree/Graduation Date
Radiography/Health Education		
College		
Other		

Employment (list most recent employer first)			
Employer and Address	Dates Employed	Position Held	Reason for Leaving

Recommendations
<p>Two (2) letters of recommendation are required:</p> <ul style="list-style-type: none"> • One letter must be from the director, if enrolled in a health education program, or from a supervisor, if employed in healthcare. • One letter must be from a physician with whom the applicant has worked. <p>Please have recommendation forms returned directly to the college.</p>

Applicants must undergo a physical examination and document immunization prior to entering the program.

A criminal background check will be required.

Deliberate falsehoods and/or omissions will be grounds for dismissal.

Date

Signature of Applicant

Any student who is eligible for course accommodations due to a disability is encouraged to provide appropriate documentation to the program director. Students who have been convicted of a misdemeanor or felony may not be eligible for certification upon graduation. Please contact the ARRT (www.arrt.org) for more information.