

Moorpark College Nuclear Medicine Program Certificate Application

1. Last Name: _____ First Name: _____ Previous Name(s) if any _____

**Gender: Female Male

**Ethnicity: Asian-NonFilipino African American Hispanic White American Indian Filipino Other _____

If you do not have a Moorpark College Student ID # please submit an application to the college.

MC Student ID#: _____ S.S.N. _____ **Date of Birth _____

Address _____ City _____ State: _____ Zip Code _____

Daytime Telephone No. _____ Evening/Cell No. _____ Email _____@my.vcccd.edu

****For statistical purposes only**

All Veterans and spouses must attach a copy of form DD-214.

Veterans Eligibility: active military, naval, or air service and discharged under conditions other than dishonorable. Includes full-time duty in the National Guard.

Spouse Eligibility: (widow/er of a veteran that otherwise meets this criteria)

2. Radiologic Technology Program Graduation Date _____

Name of School/College _____ Highest Degree held _____

3. **Required Documents:** Include with application:

- A copy of current ARRT license in Radiologic Technology
- A copy of current CA state CRT license
- A copy of an Associate Degree in a Radiologic Technology Program
- A copy of current CPR card (BLS Provider through the American Heart Association)
- A copy of current Los Angeles City Hospital Fire and Life Safety card
- A copy of venipuncture certificate

****Admission to the program is contingent on clearance of: Health Appraisal, Background Check, and Drug Screen****

I authorize the use of this information to evaluate my qualifications. By signing this application I certify under penalty of perjury that the information on this **application is complete and correct**. I understand that falsification or failure to report may result in my dismissal. **Incomplete application materials will result in your application not being considered, and all materials will be discarded.** **APPLICATION WILL NOT BE ACCEPTED IF NOT SIGNED AND DATED BY APPLICANT**

****Beginning January 1, 2015, an Associate Degree is required by the ARRT to apply for the Nuclear Medicine Board examination****

Print Name: _____ Student Signature: _____ Date: _____

To be completed by Program Director

Copies of all documents included in application Approved Denied

Program Director Signature: _____ Date: _____