



MRI and CT Certificate Program

Fall Semester

June 1st Deadline

Program Advisement Form

The Program Advisement Form is required for admissions to the MRI or CT Certificate Program. Program Director's approval must be the only requirement pending for admission by the time this form is submitted.

Please Complete Applicant Information below:

Form with fields: First Name, Middle Name, Last Name, Student Number, Address, City, State, Zip Code, Phone Number, GTC Email Address, Alternate Email Address.

Please Select Your Primary Certification (One is required):

- Checkboxes for Radiologic Technologist, Registered Radiation Therapist, Registered Sonographer, Registered Nuclear Medicine.

Please provide one of the following with your Program Advisement Form: Active ARRT Status, or Active NMTCB, or Active ARDMS status (credential does not qualify for CT Certificate). Application will not be accepted without the provided status.

Please attach a copy of your official TEAS exam score to this advisement form. The test must have been completed less than 4 years ago by the deadline to submit this form (June 1st).

Did you graduate from one of our Radiologic Technology, or Diagnostic Medical Sonography, or MRI, or CT Programs at Gwinnett Tech? YES\_\_\_\_\_ No\_\_\_\_\_

Please read and initial each of the following:

\_\_\_\_\_ I have verified my admissions file is complete and the only pending requirement is the Program Director's Approval.

\_\_\_\_\_ I understand I must be in good academic standing at Gwinnett Technical College and in good standing as a Radiologic Technologist, or Registered Radiation Therapist, or Registered Sonographer, or Registered Nuclear Medicine before I submit this form.

\_\_\_\_\_ I understand a criminal background check and drug screen are required based on the requirements for participation in clinical experiences.

\_\_\_\_\_ I understand I must submit proof of my active ARRT, or NMTCB, or ARDMS status.

\_\_\_\_\_ I understand that the completion of the Program Advisement Form does not guarantee acceptance to the MRI or CT Certificate Program as there are a limited number of seats in the occupational and clinical courses.

\_\_\_\_\_ I understand that my TEAS score and the overall GPA of my primary program (program that granted my ARRT status, or NMTCB status, or ARDMS) will be taken into consideration as part of the competitive admissions process.

\_\_\_\_\_ I understand that GTC's graduates from any of the following programs: RADT, DMS, CT, or MRI will receive additional points towards the competitive MRI/CT program's admissions process.

Please **check** your primary and secondary interest:

Primary Interest:  MRI or  CT

Secondary Interest:  MRI or  CT

**Would you like to be considered for your secondary certificate interest, if not accepted into your primary interest? (Only applicants with a Radiologic, or a Nuclear Medicine, or a Radiation Therapy credential can be considered for CT)**

Yes \_\_\_\_\_ No \_\_\_\_\_

Please **initial** each of the following:

\_\_\_\_\_ I understand that students applying to the MRI or CT Certificate program will be sent a confirmation email within one week after the deadline. Students are required to respond to the email (within a week) to secure a spot in the program and register for classes.

\_\_\_\_\_ I understand that if I receive a confirmation email of acceptance, I will be required to attend a mandatory meeting regarding the certificate program, issued by the Faculty and Staff.

\_\_\_\_\_ I understand that it is my responsibility to **return this completed form to the Enrollment Support's Health Team email at [healthteam@gwinnettech.edu](mailto:healthteam@gwinnettech.edu) or in person at the Lawrenceville or Alpharetta-North Fulton Campus through an appointment that can be scheduled through the QLESS app.** Once received and reviewed, the Enrollment Support team will forward this form to the Program Specialist for consideration to be accepted into the program.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Enrollment Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Staff use only*

_____ Student has active Admissions File, pending program director's approval, and is in good standing
_____ Student has provided Active ARRT status, or Active NMTCB status, or Active ARDMS status
_____ Students Driver license has not expired _____ Permanent Resident Card has not expired
_____ Student has provided a non-expired TEAS Exam _____ Year graduated from GTC
_____ Student graduated from one of the following programs at GTC: RADT _____ DMS _____
_____ Overall GPA from primary program of study _____ CT _____ MRI _____

Gwinnett Technical College does not discriminate on the basis of race, color, national origin, sex, age, or disability.

Section 504/ADA, Title IX and Equity Coordinator:

Lisa Richardson, Building 100, Room 708,

678-226-6691, [lrichardson@gwinnettech.edu](mailto:lrichardson@gwinnettech.edu)