



Application for admission to: MAGNETIC RESONANCE IMAGING PROGRAM

Austin Community College does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

Applications to Health Sciences programs are NOT accepted without documentation of COMPLETED program immunization requirements. Copy of immunization form is available for print out at www.austincc.edu/health/immunizations.php or you may obtain a copy from the Health Sciences Admission Office.

PLEASE PRINT OR TYPE

Application Date _____ / _____ / _____

Name in Full: _____
Last First Middle

Home Address: _____
Number & Street County City State Zip

Home Phone: _____ Alternate Phone: _____

Social Security No.: _____ - _____ - _____ ACC Student ID: _____

E-Mail Address: _____ Date of Birth _____

Select One:

Credit -- TSI complete **Continuing Education** – No assessment required.

Select One:

Declared = Lecture and Clinical **Undeclared = Lecture Only (Currently working in MRI)**

Have you ever before made an application to any Austin Community College Health Sciences Programs?

Yes No If yes, what program? _____
When: (approximate date) _____

Certain minimum physical abilities and characteristics are required in health sciences professions. See Radiology program web page for specific requirements. (Technical Standards and Essential Functions) Are you able to meet the minimum technical skills standards for the program to which you are applying?

Yes No

If "No," explain: _____

Please note that to be compliant with clinical facility requirements, a criminal background check will be required prior to admission to the Magnetic Resonance Imaging program.

It is the student's responsibility to:
Return this application to the Health Sciences Admission Office at the Eastview Campus. It may be returned by mail or in person. DO NOT FOLD! If you need further assistance, contact the Health Sciences Admission Office at the Eastview Campus (3401 Webberville Rd., Austin, TX 78702) or call at (512) 223-5700. Additional information on the web: <http://www.austincc.edu/health/>.
Please Note: Students must keep mailing address current with the Health Sciences Admission Office as well as the Admissions and Records Office.

Incomplete applications, as reflected by missing items from the checklist, will not be considered for selection into the program.

Undeclared Admission Checklist: No immunizations required. Must attach UNDECLARED form.

Declared Admission Checklist: Must attach DECLARED form.

For College Credit: Complete the following:

- College Credit students must be TSI compliant. Visit a campus advisor to determine status

For Continuing Education and College Credit: Provide the following:

- Current A.R.R.T. Certification
- List the year that you received your R.T. Certification _____
 - Copy of your A.R.R.T., Sonography, Nuclear Medicine or Radiation Therapy Card.
 - If you are a recent radiology program graduate, you must be credentialed before the MRI program starts.
 - List the total number of years work experience in Medical Imaging _____
- Attach a resume listing all previous education and work experience.

All DECLARED applicants must provide a copy of written documentation from a physician for:

- Proof of Varicella (Chicken Pox) immunity as shown by (a) physician documented history of disease (b) documentation of two immunizations **or** (c) a serum titer confirming immunity.

AND

- Proof of (a) a complete (3 injection series) Hepatitis B Vaccination **or** (b) a serum titer confirming immunity.

AND

- Proof of (a) **two** Measles Vaccinations (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.

AND

- Proof of (a) one Mumps Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.

AND

- Proof of (a) one Rubella Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** immunity as shown by (c) physician documented history of disease, **regardless of date of birth**

AND

- Proof of Tetanus-Diphtheria vaccination within the last 10 years.

This application may not reflect recent program changes. Please access the most up-to-date information on the Program's webpage through the link at www.austincc.edu/health.

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the information contained in this application will be read by the faculty and staff of the ACC Magnetic Resonance Imaging program.

Signature of Applicant

Date

05/09jd