Carolinas College of Health Sciences
Radiation Therapy Program

The Radiation Therapy program welcomes applications from all qualified individuals who wish to pursue this advanced training. Admission into the program is competitive and qualified applicants are ranked according to academic history and professional or educational references. The Radiation Therapy program conducts structured interviews of qualified applicants as a component of the admissions process. Meeting the minimum requirements does not guarantee an applicant placement in the Radiation Therapy program; it places an applicant in the selection process. Applicants with the highest standards are offered a space.

Please complete the admission application packet and return to:

Carolinas College of Health Sciences
Attn: Admissions
1200 Blythe Blvd
Charlotte NC 28203

Complete applications should be **postmarked by the first Friday in December** for consideration in the Fall program. Following this date, applications will be accepted on a rolling basis. Please see the application checklist to ensure you have completed all items.

The faculty and staff are excited about your interest in our college and in the Radiation Therapy program. We wish you luck during the application process. If you have any questions regarding the application process, the program, or the college please feel free to contact any of our admission advisors listed below.

Regards,

Rhoda Rillorta	Laura Holland	Chrisanne Rancati
Rhoda Rillorta, MA Admissions Coordinator 704-355-3243	Laura Holland, BA Admissions Representative 704-355-5583	Chrisanne Rancati Admissions Staff Assistant 704-355-8383

Your future in healthcare begins here

Carolinas College of Health Sciences
Radiation Therapy Program

Admission Requirements

Minimum admission requirements for the program must be submitted by the required deadline for consideration. If the application packet is incomplete, the application will not be considered in the selection process:

1. Complete the attached application and submit a non-refundable $50 application fee
2. Submit official college transcripts from all post-secondary institutions (for foreign transcripts see International student below). A minimum 2.5 cumulative college GPA is required.
3. Successful completion of College Level Algebra from an accredited institution.
4. Copy of current ARRT certification card. Applicants who are registry-eligible or currently enrolled in a program will be required to submit a copy of the card prior to program entry.
5. Three completed CCHS Reference forms.

International Students

Applicants must be citizens of the United States or hold permanent resident status. Carolinas College of Health Sciences does not authorize student visas. Applicants with foreign transcripts are required to present an evaluation of all courses attempted, credit, and grades earned. The college recommends the following sources for international transcript evaluation.

Contact Information:
International Education Evaluations, Inc.
7900 Matthews-Mint Hill Road
Suite 300
Charlotte NC 28227
704-772-0109

World Education Services, Inc.
PO Box 745 Old Chelsea Station
New York NY 10013-0745
212-966-6311

If you attended high school or college outside of the United States, a TOEFL score of at least 220 (computer version) or 83 (iBT: Internet based) is required.

Contact Information:
TOEFL – www.toefl.org (school code 5130)

CAROLINAS COLLEGE OF HEALTH SCIENCES

Certificate in Radiation Therapy Program Applicant

Application Check Sheet

Below is a checklist to ensure all required documentation is submitted for a complete application.

Fall Admission

All items must be **postmarked by first Friday in December** for consideration: ***(applications accepted after this date on a rolling basis)***

_____Application and $50 non-refundable fee

_____Official college transcripts from all post-secondary institutions attended

_____ Copy of current ARRT certification card

_____ Three completed CCHS Reference forms

For office use only:
Date paid_____ Form of payment_____
Application complete_____(yes) _____(no)
*If no, date of completion*_____
Received by_____

CAROLINAS COLLEGE OF HEALTH SCIENCES
Radiation Therapy Program

☐ **Fall 2014** ***Complete Application must be postmarked by December 6, 2013*** ***(applications accepted after this date on a rolling basis)***
☐ **Fall 2015** ***Complete Application must be postmarked by December 5, 2014*** ***(applications accepted after this date on a rolling basis)***

Student Profile *Please print*

Full Name_____
Last **First** **Middle**

Social Security #_____**Former Name**_____

Mailing Address_____
Street or PO Box

_____
City **State** **Zip Code** **County**

Home Address_____
**if different from your mailing address*

_____
City **State** **Zip Code** **County**

Email Address_____

Home Phone_____ **Cell Phone**_____

The above information is used for correspondence with you. Please contact our office to let us know of any changes.

Citizenship *International students who do not have permanent resident status will not be considered for admission*
☐ U. S. Citizen
☐ Permanent Resident Alien _____ / _____ Citizenship Country _____
Receipt # *Date of Issue*

Academic Information

Have you ever attended a health care program at another institution?

☐ **Yes:** _____ **Date of Attendance**_____
Institution attended

☐ **No**

*Please list your **all colleges and universities** where you attempted any courses, regardless of length of attendance or whether you earned credit for those courses. You will need to provide official transcripts for each institution listed. Attach an additional page if necessary.*

College	City/State or Country	Dates of Attendance	Currently attending (please circle)	Did you/will you Graduate?	Degree (i.e.) AA, BS, MA
			Yes No	Yes No	Degree
			Yes No	Yes No	Degree
			Yes No	Yes No	Degree
			Yes No	Yes No	Degree
			Yes No	Yes No	Degree
			Yes No	Yes No	Degree

Have you applied to or attended CCHS previously?
☐ **No** ☐ **Yes**

If yes, _____ **and/or** _____
Program *Year application submitted*

Demographic/ Background Data: *Disclosure of this information is voluntary and used for data reporting only*

Ethnicity:

☐ **American Indian/Alaskan Native**
☐ **Native Hawaiian or other Pacific Islander**
☐ **Black or African American**
☐ **White**
☐ **Asian**
☐ **Hispanic**
☐ **Two or more races**
☐ **Unknown**

Date of Birth: _____/_____/_____ **Gender:** ☐ **F** ☐ **M**

Community Standards

In an effort to maintain a safe learning community, we ask the following questions of all applicants. We cannot accept your application unless you answer these questions. A "yes" answer to one or more of the following questions does not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

☐ **Yes** ☐ **No** We are committed to an alcohol-free, drug-free, and tobacco-free workplace. Students found in violation of this standard may face disciplinary action including dismissal. Students must submit a negative drug screen prior to enrollment and are subject to random drug screens throughout enrollment. Is there any reason why you would not be able to produce a negative drug screen prior to enrollment?

☐ **Yes** ☐ **No** Applicants are required to submit a consent form provided by the College upon acceptance and must be cleared by Carolinas HealthCare System for participation in clinical education. Have you ever been convicted of any criminal violation of law, or are you now subject to a pending investigation or charges of violation of criminal law? Examples may include, but should not be limited to: driving while impaired, worthless checks, assault, driving while license is suspended, disorderly conduct, credit card fraud, embezzlement etc...
You must notify the Admissions Coordinator or Dean of Student Services of any criminal charge or conviction that occurs at any time after you submit this application.

☐ **Yes** ☐ **No** Applicants who are known to be in default on a student loan will not be admitted to a health care program. Are you currently in default on any type of student loan?

☐ **Yes** ☐ **No** Applicants must be eligible for clinical access at a Carolinas HealthCare System facility. Is there any reason why you would not be eligible for clinical access?

Read, Sign and Date the following statement

I certify that the information provided on this application is accurate, complete and truthful. I understand that any failure to provide accurate, complete, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment. I have read the essential functions of the program to which I am applying and can perform the functions with reasonable accommodations, if warranted. I further understand that I am required to notify the admissions office if I change my email address or other contact information.

********We cannot accept your application without your signature***

Signature of Applicant_____ Date_____

Parent or Guardian (If applicant is under 18)_____ Date_____

Application fee is $50. For payment by credit card, use the form below:

Student Name: _____

Cardholder Name (if different): _____

Type of Card (circle one): Discover Visa MasterCard American Express

Card Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Expiration date: _____ **Transaction Amount:** _____

Transaction Type: *Application Fee