

DARTON COLLEGE OF HEALTH PROFESSIONS

## HEALTH SCIENCES DIVISION

# Computed Tomography Certificate Program Application Packet

University System of Georgia • An Affirmative Action/Equal Opportunity Institution

**Revised December 2023** 

Dear Applicant,

Thank you for continuing your education at Albany State University and applying to the Computed Tomography Certificate Program.

The Computed Tomography program is a two-semester program that is designed to provide high quality education along with the clinical competencies needed for the ARRT (American Registry of Radiologic Technologists) post-primary certification exam. The program will consist of online didactic courses as well as clinical components. To become eligible for the Computed Tomography Certificate Program, students must have completed and passed an accredited program in Radiologic Technology, Nuclear Medicine, or Radiation Therapy. If the student has not passed their national registry, the student must take and pass the national registry for the above programs within the first two (2) weeks of entering the Computed Tomography Program.

The Computed Tomography certificate program follows the guidelines and recommendations provided by The American Registry for Radiologic Technologist located at 1255 Northland Drive, St. Paul, Minnesota 55120-1155. The ARRT does not require national accreditation for Computed Tomography certificate programs at this time.

Albany State University is an open admissions college; Albany State University, in compliance with Federal law, does not discriminate on the basis of race, color, national origin, disability, sex, religion, or age in any of its policies, practices or procedures this includes but is not limited to admissions, employment, financial aid and educational services however, acceptance into the Computed Tomography Certificate Program is by selection. The number of students allowed to participate in the *Computed Tomography Program* is limited due to clinical site availability. Each application will be reviewed and evaluated on an impartial basis. Applications that are received after the deadline will be considered only if the program is not at full capacity.

Students applying for admission to the Computed Tomography Program must first be admitted to Albany State University. To apply for general admission to the college, submit an Application of Admission, the non-refundable application fee, and official transcripts of all previous academic work. A completed application packet for the Computed Tomography Program must be received **NO LATER than June 1st**. Only admission documentation submitted on or before this deadline can be used in the admission process.

Application Packet must be received by <u>June 1<sup>st</sup>.</u> If you have any questions, please contact the Radiologic Sciences Program Faculty in ASU's Darton College of Health Professions. The contact information is provided below.

Sincerely,

#### Radiologic Science Faculty

Computed Tomography Faculty Amanda Barfield, BS, RT(R)(CT) Phone: (229) 500-2240

Fax: (229) 500-4391

Office: Gillionville Campus, Building J, Room 201

Email: amanda.barfield@asurams.edu

Radiologic Science Program Director

Kelley Castro, M.Ed., RT(R) Phone: (229) 500-2232 Fax: (229) 500-4391

Office: Gillionville Campus, Building J, Room 224

Email: kelley.castro@asurams.edu

# COMPUTED TOMOGRAPHY CERTIFICATE PROGRAM DARTON COLLEGE OF HEALTH PROFESSIONS

Computed Tomography Technologists are skilled professionals who use the knowledge of anatomy and physiology, cross sectional anatomy, and proper radiation safety to assist physicians in the diagnosis and treatment of patients with various medical issues while ensuring the safety and well-being of the patient. The certification program is designed to prepare the student for an entry-level position as a Computed Tomography Technologist.

#### The application deadline for each year's CT cohort of students is June 1st.

\*\*\*Applicants must be graduates from an accredited program and have passed the ARRT certification exam or will have taken the exam within 2 weeks of starting the program. (Radiologic Technologist (ARRT), Nuclear Medicine (ARRT/NMTCB), Radiation Therapy (ARRT) — a copy of the students ARRT/NMTCB registry card must be with the application. \*\*\*

The Computed Tomography Certificate utilizes a two semester, six course curriculum designed to provide Radiologic Technologists, Nuclear Medicine Technologists, and Radiation Therapy Technologists the opportunity to develop clinical skills as well as critical thinking skills needed to be eligible to take the ARRT post-primary certification test. This program is designed to prepare the technologist to enter the workforce as an entry-level CT Technologist.

The clinical component consists of two semesters with direct supervision at an approved clinical site by Albany State University. Technologist will be required to perform CT exams including head, neck, chest, abdomen, pelvis, extremity as well as angiography.

The didactic portion of the CT program consists of four courses that will be instructed as online courses. The curriculum includes topics such as contrast agents, patient assessment, patient preparation, data processing, image reconstruction, image quality, and cross sectional anatomy.

#### **Program of Study: Computed Tomography Certificate Program**

# First Semester (Fall Semester): CTPC 2100 Introduction to Computed Tomography CTPC 2120 Sectional Anatomy I (Head, Spine, Chest) 2 Credit Hours 4 Credit Hours

CTPC 2140 Clinical Application I 4 Credit Hours

#### Second Semester (Spring Semester):

| CTPC 2110 Physical Principles, Instrumentation, and Quality Control | 3 Credit Hours |
|---|----------------|
| CTPC 2130 Sectional Anatomy II (Abdomen, Pelvis, Neck, Extremity)   | 4 Credit Hours |
| CTPC 2150 Clinical Application II                                   | 5 Credit Hours |

**Total: 22 Credit Hours** 

## ALBANY STATE UNIVERSITY - DARTON COLLEGE OF HEALTH PROFESSIONS COMPUTED TOMOGRAPHY CERTIFICATE PROGRAM

#### **Professional Healthcare Program – Admission Criteria**

To be considered for admission to the Computed Tomography Certificate program, all applicants must:

Apply and be fully admitted to Albany State University before the admission date for each semester depending on your selected healthcare programs start date.

Application for admission due dates for ASU are as follows:

- Fall semester June 1
- Spring semester November 1
- Summer semester April 1

Applicants may apply for admission to ASU using the following link: <a href="https://www.asurams.edu/enrollment-management/admissions/how-to-apply.php">https://www.asurams.edu/enrollment-management/admissions/how-to-apply.php</a>

It is recommended that students apply to the University at least 1 month prior to the application deadline, as admission processes may take up to 4 weeks to complete (including articulation of transfer evaluations).

Students who have <u>previously attended Albany State University and have not been in attendance for a semester or more</u> (excluding Summer) are required to file an application for readmission, by the deadline dates listed above for admission. Students must be eligible to enroll in the same academic department in which they were last registered. Additionally, all students are required to comply with the provisions of the **Academic Standing Policy**.

The application for readmission to ASU, can be found at the following link: https://www.asurams.edu/enrollment-management/admissions/readmission.php

Electronically submit your FASFA application for Financial Aid before May 1st of each year. Information on completing your FASFA can be found at the following link: <a href="https://www.asurams.edu/enrollment-management/financial-aid/index.php">https://www.asurams.edu/enrollment-management/financial-aid/index.php</a>

\*\*Please note that the application process for Albany State University and your selected healthcare professional program are two separate processes and applications. Acceptance to ASU, does not guarantee acceptance to the professional healthcare program.

Once the applicant has completed the University application and admission steps listed above, they may begin the professional healthcare program application process, by completing the following steps:

## ALBANY STATE UNIVERSITY - DARTON COLLEGE OF HEALTH PROFESSIONS COMPUTED TOMOGRAPHY CERTIFICATE PROGRAM

#### **ADMISSION CRITERIA**

- 1. Must submit application to <u>Albany State University</u> and all required transcripts. (only if you are not currently an active Albany State University student)
- 2. Acceptable Background Check: All students will be required to complete a criminal background check prior to entering clinical education. This will be done after being accepted into the program. Some clinical facilities may also require a drug screen prior to placement (students will be responsible for payment). The clinical affiliate determines whether a student can participate in the clinical rotation based upon the results of the background check and/or drug screen. The clinical site's decision is final. NO EXCEPTIONS!! Please contact the program faculty for instructions on approved organizations who can perform the background check/drug screen.
- 3. Submit Immunization/Vaccination Records: Use Enclosed Record Form
- 4. Student must have a minimum overall GPA of 2.0 or greater in all previous college course work.
- 5. Student must be a graduate from an accredited Radiology, Nuclear Medicine, or Radiation Therapy program and passed the ARRT certification exam or will be taking the exam within 2 weeks of starting the program (bring verification of test date to the program director) (Radiologic Technologist (ARRT), Nuclear Medicine (ARRT/NMTCB), Radiation Therapy (ARRT)provide copy of registry card.
- 6. Students must possess an unrestricted license by the State of which he/she will be attending clinical.
- 7. Submit copy of current CPR for Healthcare Provider.

## ALBANY STATE UNIVERSITY - DARTON COLLEGE OF HEALTH PROFESSIONS COMPUTED TOMOGRAPHY CERTIFICATE PROGRAM

#### **COMPUTED TOMOGRAPHY PROGRAM REQUIREMENTS**

- 1. Student must earn a "C" or better in all courses related to the Computed Tomography Certificate Program.
- 2. Student is required to have an acceptable background check and drug screen.
- 3. Student must maintain current CPR certification for the duration of the program.
- 4. Students must abide by the policies and procedures of the Computed Tomography program as described in the program Handbook.
- 5. The Computed Tomography Program reserves the right to discontinue, at any time, the enrollment of a Computed Tomography student if, in the judgment, of the Vice President for Academic Affairs and the Computed Tomography Faculty, the student does not appear to have the necessary qualifications for a career as a Computed Tomography Technologist. Refer to the Program Handbook for further details.
- 6. Student must possess:
  - Visual acuity with or without corrective lenses to be able to read computer screens as well as
    information on medication bottles. Also must be able to identify cardiac arrest or any type of
    emergency.
  - b. Hearing with or without auditory aids to understand the normal speaking voice without viewing the speaker's face (to ensure that the Computed Technologist will be able to attend to a patient's call for help)
  - c. Physical ability---able to lift 40 pounds---ability to transfer patients (minimal impairment of upper and lower extremities) to perform CPR in a safe and timely manner.
  - d. Speech to be able to communicate information verbally to others in an appropriate and timely fashion.
- 7. Student is expected to assume responsibility for their own health in the event of illness, accident or exposure to communicable diseases in lab and clinic.
- 8. Student is required to have approved uniforms.

#### **ADDITIONAL COSTS AND REQUIREMENTS**

- 1. Student will be responsible for additional fees to cover the costs of uniforms, liability insurance, testing, and radiation dosimeters prior to clinical assignment.
- 2. Travel to clinical sites will be required for the duration of the Computed Tomography Program. The student is responsible for any costs related to travel to and from the clinical site.
- 3. Student will be required to undergo a criminal background check before clinical assignment. Fees are assessed during the first semester of the professional curriculum. Albany State University uses a company called PreCheck for this purpose.

# ALBANY STATE UNIVERSITY – DARTON COLLEGE OF HEALTH PROFESSIONS COMPUTED TOMOGRAPHY PROGRAM

## **APPLICATION FORM**

| Name:  |                     | Date:   |
|--|---------------------|---|
| Last   | First               | Middle Initial  |
| Mailing Address:   |                     | Telephone Number: Home  |
|  |                     | Work  |
|  |                     | Cell  |
|  |                     | Emergency Contact:  |
|  |                     | Email Address:  |
| Student ID # (Must be currentl<br>State University)            | y enrolled at Alban | y State University. If not, student must apply to Albany ID#  |
| Must provide copy of certificat                                | ion card: A         | ARRT #  |
| Name Colleges attended and D                                   | egree/Diplomas/C    | ertificates earned:   |
|  |                     | Dates Attended:   |
|  |                     | Dates Attended:   |
|  |                     | Dates Attended:   |
| 4.   |                     | Dates Attended:   |
| If you are currently employed the facility, supervisor's name, |                     | oyed within the last year by a CT department, please nameer:  |
| I hereby declare that the informated                           |                     | rrect and understand that if this information is falsified my |
| Signature  |                     | <br>Date  |

#### THIS BOXED SECTION IS TO BE COMPLETED BY THE STUDENT

| ALBANY ST.                        | ATE UNIVERSITY - DARTON C<br>COMPUTED TOMOGRA                           |                              | ROFESSIONS             |
|-----------------------------------|---|------------------------------|------------------------|
| Stri                              | DENT IMMUNIZATION/MED   |                              | ·OPD                   |
| 310                               | DENT INIVIONIZATION, IVIED  | ICAL SCREENING NEC           | OND                    |
| LAST NAME                         | First   |                              | MIDDLE                 |
| Mailing Address:                  |   | Date of                      | F BIRTH:               |
|                                   |   | Studen                       | т ID:                  |
|                                   |   | Тецерно                      | ONE:                   |
| DIRECTIONS: THIS PORTION OF 1     | HE MEDICAL SCREENING IS TO BE C   | OMPLETED BY A PHYSICIA       | N OR HEALTH DEPARTMENT |
| OFFICIAL.                         |   |                              |                        |
| REQUIRED TEST OR IMMUNIZAT        | ON  |                              | MONTH/DAY/YEAR         |
|                                   | Rubella) <i>Note: Date must be a</i><br>red at 12 months of age or late | •                            |                        |
| b. Dose 2 – immuni:               | zed at least 30 days after Dose   | 21                           |                        |
| 2. Measles <i>Note:</i> Date must | -   |                              |                        |
|                                   | irmed by physician diagnosis i<br>and therefore, considered im          |                              |                        |
|                                   | idence of immune titer (specif  |                              |                        |
| •                                 | ive measles vaccine at 12 mor   | •                            |                        |
|                                   | second dose of live measles va  |                              |                        |
| AND                               |   |                              |                        |
| 3. Mumps <i>Note: Date must</i>   | •   |                              |                        |
| ·                                 | irmed by physician diagnosis i<br>and therefore considered imr          | • •                          | <del></del>            |
|                                   | idence of immune titer (specif  |                              |                        |
| •                                 | accine at 12 months of age or   | •                            |                        |
| AND                               |   |                              |                        |
| 4. Rubella <i>Note: Date must</i> | be after June 9, 1969   |                              |                        |
| a. Has laboratory ev              | idence of immune titer (specit  | fy date of titer), <b>or</b> |                        |

b. Immunized with vaccine at 12 months of age or later.

| 5. PPD 5TU <i>Note:</i> Within 3 months of program entry date.   |   |
|--|---|
| 6. Chest X-ray Note: Necessary only if PPD positive  |   |
| 7. Polio Note: (Minimum of three. Trivalent OPV up to 18 years of age. After 18, OPV is not recommended).  |   |
| 8. Chicken Pox (varicella), <b>OR</b> a. Verification of exposure  |   |
| <ol> <li>Hepatitis Note: After above requirements are completed.</li> <li>a. Had disease, confirmed by physician diagnosis in office record</li> <li>b. Has laboratory evidence of immune titer (specify date of titer</li> <li>c. Has complete immunization series</li> </ol> | · |
| <ul><li>10. Influenza Vaccine – (Current Year)</li><li>11. Covid Vaccine and booster(s) (provide all dates)</li></ul>  |   |
| Physician / Health Department Official:Facility:   |   |
| Date:  |   |

# ALBANY STATE UNIVERSITY DARTON COLLEGE OF HEALTH PROFESSIONS COMPUTED TOMOGRAPHY PROGRAM

## CERTIFICATION OF MEDICAL EXAMINATION FORM

| is is to certify that I have examined             |                                  | and find |  |
|---|----------------------------------|----------|--|
| him/her to be of general good health.             |                                  |          |  |
| Date of Examination                               | Signature<br>(Physician/PA/ARNP) |          |  |
| This is to certify that I have examined           |                                  | and find |  |
| him/her to be of general good health <u>EXCEP</u> |                                  |          |  |
|   |                                  |          |  |
|   |                                  |          |  |
|   |                                  |          |  |
| Date of Examination                               | Signature (Physician/PA/ARNP)    |          |  |

### **Mandatory Student Health Insurance**

Beginning Fall Semester 2014, all new students accepted into ANY Health Sciences or Nursing Program at Albany State University will be required to show proof of active Medical Insurance coverage. This is a Board of Regents of the University System of Georgia mandate, and not an ASU mandate. Proof of coverage must be submitted <u>designated dates at the beginning of each spring semester</u>. <u>Submissions CANNOT be done BEFORE or AFTER these designated dates</u>. Submission is done via the Albany State University website.

Proof of coverage must be provided in one of the following ways:

Through a currently active parent plan.

Through a currently active individual or family plan.

Through a currently active Employer-Sponsored plan.

Through a currently active Albany State University Student Health Insurance Plan (SHIP).

Through a currently active Government-Sponsored Plan.

If a student fails to provide appropriate proof of coverage during the dates stated above, the student will be automatically enrolled (via the Business Office) into plan #4 above. As of May 1, 2014, the Annual Premium rate for Plan #4 was as follows:

Student – Age 26 and Under \$1,381.00\* Student – Age 27 and Older \$1,782.00\* \*These rates are subject to change without notice.

Additionally, Health Insurance coverage must be maintained by the student throughout the entire time that he/she remains enrolled and is actively progressing through his/her respective Health Sciences or Nursing Program. If a student fails to maintain Health Insurance coverage, then he/she will be immediately dismissed from his/her respective Health Sciences or Nursing Program for failure to maintain the mandatory coverage as required by the Board of Regents of the University System of Georgia. If you have any questions regarding this requirement, please contact your respective Program Director, the Health Sciences Division Office, or the Nursing Division Office.

I have read the above statement, and I understand the requirements as listed above and understand that my acceptance into any Albany State University Health Sciences or Nursing Program requires Mandatory Medical Insurance coverage.

| Student Signature |      |  |
|-------------------|------|--|
| Student Signature | Bate |  |
| Printed Name      |      |  |

## COMPUTED TOMOGRAPHY CERTIFICATE PROGRAM FEES AND COSTS

All fees are payable at the beginning of each semester and registration is not complete until these fees have been paid. Payment must be made by cash, check, money order or credit card (cash advance to which bank will add interest and service charge).

#### **ADDITIONAL FEES:**

**Hepatitis B Vaccination Fees**: Each student enrolled in the Computed Tomography Certificate program is required to either receive the vaccination three shot series against the Hepatitis B virus, or sign a release indicating knowledge of the risks of not taking the series. Students who have already had the series are required to provide relevant substantiating documentation of their status regarding this requirement. It is the responsibility of the student applicant to schedule and pay the cost of this vaccination. The student may elect to utilize the services of the County Health Department or family physician to complete the vaccination process.

**Background Check:** Each student enrolled in the Computed Tomography Certificate program is required to complete a background check via www.PreCheck.com. Students are required to pay along with their tuition the cost of the background check as part of the program requirements. The cost of the background check is approximately **\$49.50**. If this fee is not added into your cost at registration, please contact the program director.

**Malpractice Insurance**: Students are required to pay along with their tuition the cost of malpractice insurance as part of the program requirements. The cost of the insurance is approximately **§14.00**. If this fee is not added into your cost at registration, please contact the program director.

Name Badges: Students are required to purchase name badges prior to the first practicum. Information regarding the requirements of the name tags and logistics will be provided during the first semester. The approximate cost of name badges\_is \$15.00. Student must call the program director to set up a time to have your picture taken for the name badge. Students that are out of the immediate area, must send a picture (picture made by cellphone can be accepted) via e-mail to the program director. Badge will be mailed to the address on the student's application.

**Uniforms:** All students are required to wear scrubs to the clinical site, no exceptions. Costs of scrubs may vary, depending on the purchase location.

#### STUDENT FINANCIAL AID

There are several financial aid programs that Albany State University has available. These programs include grants, scholarships, loans and employment opportunities.

To be considered for any type of financial aid an applicant must:

- (1) Be admitted as a regular student.
- (2) Complete the free application for Federal Student AID (FAFSA). Students must complete the institutional application in addition to the FAFSA to be considered for federal or state aid. Financial aid awards are made on a rolling basis throughout the year. Students must re-apply each year to determine continuing eligibility.

More information about financial aid can be found in the Albany State University Catalog. You may also contact the Financial Aid office.

SOWEGA- AHEC offers a Health Careers Scholarship please contact them at:

SOWEGA- AHEC 1512 W. Third Avenue Albany, Ga. 31707 (229) 439-7185

The internet is an excellent source of information on scholarships. Please feel free to search the internet for opportunities and scholarships that may benefit you!

# ALBANY STATE UNIVERSITY'S Nondiscrimination Notice

Albany State University is committed to equal opportunity, a culture of inclusion, and an environment free from discrimination and harassment in its educational programs, activities, and employment. Albany State University prohibits discrimination, including discriminatory harassment, on the basis of race, color, national origin, sex, disability, religion, age, veteran status, gender, or sexual orientation in its programs and activities, including admissions and employment, as required by Title IX of the Education Amendments of 1972, the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Titles VI and VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, and their implementing regulations.

#### TRANSCRIPTS AND TRANSFER OF RECORDS

Students that wish to have to have a transcript of their record at Albany State University sent to another institution should submit a "Request for Transcript of Record" from the Registrar's Office at least two weeks prior to the date that the transcript is needed. The first transcript is provided without cost to the student: additional transcripts are issued upon payment of \$1.00 for each transcript issued. Additional information on Transcripts and Continuing Education Units can be found in the ASU Catalog. This fee is subject to change.

# THE ALBANY STATE UNIVERSITY CATALOG AND STUDENT CODE OF CONDUCT

It is strongly advised that the student maintains a copy of the most recent editions of the <u>Albany</u> <u>State University Academic Catalog</u> and the <u>Student Code of Conduct</u>.

## ALBANY STATE UNIVERSITY — DARTON COLLEGE OF HEALTH PROFESSIONS

#### COMPUTED TOMOGRAPHY CERTIFICATE PROGRAM

#### FINANCIAL RESPONSIBILITY FOR ACCIDENTS OR EXPOSURES

| I, (Print Name), acknowledge that I am personally responsible for   |
|---|
| any health care expenses that may occur as a result of any unfortunate accident, injury, or exposure to any         |
| communicable disease that may occur during any class, laboratory, or clinical practicum that is a part of the       |
| Computed Tomography Program. This includes any incidents that may occur in the CT Suite or on its property.         |
| I further agree that Albany State University, or any of the Computed Tomography Program's clinical affiliates, will |
| not be held financially responsible for any treatment I may require as a result of such an accident or exposure.    |
|   |
|   |
|   |
|   |
|   |
|   |
| Signature:  |
|   |
| NAME: (PRINTED):  |
|   |
| Date:   |

## **CHECK LIST FOR APPLICATION**

| ☐ Currently enrolled at Albany State University   |
|---|
| ☐ Completed and signed the enclosed Application Information Sheet   |
| ☐ Mandatory Student Health Insurance Form Completed   |
| ☐ Completed the enclosed Certificate of Immunization  |
| $\square$ A copy of the students ARRT certification or NMTCB certification card.  |
| ☐ A copy of the student's current CPR card (Within 6 months of program entry date)  |
| ☐ Applicants must include daytime phone number and current email address  |
| $\square$ All of the above must be completed and returned to Albany State University by the due date listed on the front of this application packet |
| f mailing, return all application materials to:   |

Albany State University

Albany State University

Attn: Darton College of Health Professions, Computed Tomography Program

2400 Gillionville Road

Albany, GA 31707

If emailing or faxing, submit all application materials to:

Computed Tomography Faculty Radiologic Science Clinical Coordinator Amanda Barfield, BS, RT(R)(CT) Phone: (229) 500-2240 Fax: (229) 500-4391

Office: Gillionville Campus, Building J, Room 201

Email: amanda.barfield@asurams.edu

Radiologic Science Program Director Kelley Castro, M.Ed., RT(R) Phone: (229) 500-2232

Fax: (229) 500-4391

Office: Gillionville Campus, Building J, Room 224

Email: kelley.castro@asurams.edu