



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):

Selection boxes 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, Active NMTCB, or Active ARDMS status (credential does not qualify for CT Certificate). The application will not be accepted without the provided status.

Did you graduate from one of our Radiologic Technology, Diagnostic Medical Sonography, Echocardiography, 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 have submitted all transcripts showing the completion of a qualifying program.
_____ I understand I must be in good academic standing at Gwinnett Technical College and in good standing as a Radiologic Technologist, Registered Radiation Therapist, 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, 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 the acceptance process is on a first-come, first-serve basis. I understand I must be accepted to the college, complete my admissions file, turn in all of my transcripts, and must have completed and turned in this advisement form to be considered for the program.

_____ I understand that GTC's graduates from any of the following programs: RADT, DMS, ECHO, CT, or MRI will have priority for acceptance into the program.

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, Nuclear Medicine, or 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 healthapp@gwinnettech.edu or in person at the Lawrenceville 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, Active NMTCB status, or Active ARDMS status	
_____ Student's Driver's license has not expired	
_____ Permanent Resident Card has not expired	_____ Year graduated from GTC
_____ Student graduated from one of the following programs at GTC: RADT <input type="checkbox"/>	DMS <input type="checkbox"/>
_____ Date Advisement Form was processed	ECHO <input type="checkbox"/> CT <input type="checkbox"/> MRI <input type="checkbox"/>