



|  |          |
|--|----------|
| \ _____<br>License Number:                         | Expires: |
| #hk (Must be for the Healthcare Worker)<br>Agency: | Expires: |

o y o

- @

---

---

" ' ' ' ' ' #

To ensure your application is complete have you:

- Attached copies of your ARRT and CPR certification(s)?
- Attached copies of any medical imaging licenses that you currently hold?
- Distributed your three reference forms (two, if a department observation is required) and followed up with your references to ensure they are submitted to the radiography program director at least 90 days prior to the start of the registration block?
- (If applicable) Made arrangements to complete an eight-hour observation in the medical imaging modality at least 90 days prior to the start of the registration block?
- Completely answered all of the items on the Application Form?
-