Coastal Bend College
3800 Charco Road
Beeville, TX 78102
361.354.2302
Applications for Fall accepted until April 30

Radiography Program Application

Date: / /

SS# - -

For program ID use only

Print Name in Full _____
Last Name First Name Middle Name

☐ Home Phone _____ ☐ Cell Phone _____ ☐ Work Phone _____
(Please check the box of the number for your primary contact.)

Mailing Address _____
Number and Street City State Zip Code

Are you a U. S. Citizen ◯ Yes ◯ No

High School Graduation: _____
School Name City State

Date of High School Graduation _____ Month _____ Year

or

GED Certification ◯ Yes ◯ No

If you have attended another college, university, or other school, please list below.

Name of Institution	City & State	Dates (From – To)	Degree Received

Transcripts on file ◯ Yes ◯ No

Have you previously made application to the Coastal Bend Radiography Program? ◯ Yes ◯ No
Date / /

How did you hear about this program?

_____

_____

_____

Because a person can find it difficult, if not impossible, to be eligible for the ARRT examination to practice as a Registered Technologist under certain circumstances, please answer the following questions.

1. Have you ever been convicted of a felony or a misdemeanor?	◯ Yes	◯ No
2. Do you have any charges pending?	◯ Yes	◯ No
3. Have you ever been suspended, dismissed, or expelled from an educational program that you attended in order to meet ARRT certification requirements?	◯ Yes	◯ No
4. Have you ever had any license, registration, or certificate denied, revoked, suspended, placed on probation, or subjected to discipline by a regulatory authority or certification board (other than the ARRT)?	◯ Yes	◯ No

If yes on any question, please contact the American Registry of Radiologic Technologists at 615.687.0048. The ARRT will determine if you are eligible for their examination. For more information, visit www.arrt.org.

Falsifying any records pertinent to this application can lead to ineligibility or immediate dismissal from the program.

IMPORTANT INFORMATION:

I understand that the health care industry requires drug testing upon employment and random testing throughout employment. Also, I understand that Coastal Bend College and the State of Texas requires drug testing and criminal background checks for all students in health care programs and during my enrollment, the program may require additional drug testing for the following reasons: 1) scheduled testing at unannounced designated times throughout the program, 2) random testing as required by the clinical education site, or 3) for cause.

Signature _____ Date _____

Coastal Bend College does not discriminate on the basis of race, color, national origin, sex, or qualified handicap in any of its policies, practices, or procedures. This provision includes but is not limited to admissions, employment, financial aid, and other educational services.

Please return completed application to:
Radiologic Technology Program Director
Coastal Bend College
3800 Charco Road
Beeville, TX 78102

Clear Form Print Form