Moorpark College
Nuclear Medicine Program Certificate Application

1. Last Name: _____ First Name: _____ Previous Name(s) if any _____

   **Gender: ☐ Female   ☐ Male

   **Ethnicity: ☐ Asian-NonFilipino ☐ African American ☐ Hispanic ☐ White ☐ American Indian ☐ Filipino ☐ Other _____

   If you do not have a Moorpark College Student ID # please submit an application to the college.

   MC Student ID#: _____ S.S.N._____ **Date of Birth _____

   Address _____ City _____ State: _____ Zip Code _____

   Daytime Telephone No. _____ Evening/Cell No._____ Email_____@my.vcccd.edu
   **For statistical purposes only

   All Veterans and spouses must attach a copy of form DD-214.

   ☐ Veterans Eligibility: active military, naval, or air service and discharged under conditions other than dishonorable. Includes full-time duty in the National Guard.

   ☐ Spouse Eligibility: (widow/er of a veteran that otherwise meets this criteria)

2. Radiologic Technology Program Graduation Date_____

   Name of School/College _____ Highest Degree held _____

3. **Required Documents:** **Include with** application:

   - A copy of current ARRT license in Radiologic Technology
   - A copy of Associate Degree Diploma
   - Official transcripts showing degree in progress (if applicable)
   - A copy of Radiologic Technology Program School Diploma
   - A copy of current CPR card (BLS for Health Care Provider through the American Heart Association)
   - A copy of current Los Angeles Fire Safety Card
   - A copy of venipuncture certificate

   Admission to the program is contingent on clearance of: Health Appraisal, Background Check, and Drug Screen**

   *I authorize the use of this information to evaluate my qualifications. By signing this application I certify under penalty of perjury that the information on this **application is complete and correct**. I understand that falsification or failure to report may result in my dismissal. **Incomplete application materials will result in your application not being considered, and all materials will be discarded.** APPLICATION WILL NOT BE ACCEPTED IF NOT SIGNED AND DATED BY APPLICANT*

   Beginning January 1, 2015, an Associate Degree is required by the ARRT to apply for the Nuclear Medicine Board examination

   Print Name: _____ Student Signature: _____ Date: _____

To be completed by Program Director

☐ Copies of all documents included in application   ☐   Approved   ☐   Denied

Program Director Signature: _____ Date: _____