Specialty Diagnostic Imaging Program Application

Application deadlines: Fall – April 30th | Spring – November 15th

*Specialty Imaging cohorts begin only in the Fall semester. All other students may start in any semester. Applications received after the deadline will be considered on a case by case basis.

Legal Name ___________________________________________________

First Middle Last

Mailing Address _______________________________________________________________________________

Street City State Zip Code

Home Phone (_____)________________________

Mobile Phone (_____)_______________

E-mail address: ________________________________

Section II: Please mark your current credentials

Imaging Credentials

☒ No credentials ☐ ARRT Radiography ☐ ARRT CIT ☐ ARRT CT

☒ ARRT MRI ☐ ARRT Mammo ☐ ARRT NM ☐ ARRT VI

☒ ARRT CI ☐ ARRT Rad Therapy ☐ ARRT RRA ☐ ARRT QM

☒ ARRT Sonography ☐ ARRT Vasc Sono ☐ ARRT Breast Sono ☐ ARRT Bone Densitometry

☒ ARDMS ☐ ARDMS RVT ☐ ARDMS RDCS

☐ Other – Please specify:

Current Academic Degree(s)

☐ No degree ☐ Certificate ☐ Associate’s Degree ☐ Bachelor’s Degree

Section III: Indicate the specialty track for which you are applying (mark only one)

Imaging Specialties

☒ Computed Tomography (CT) ☐ Diagnostic Medical Sonography (DMS) ☐ DMS-Echocardiography (ECH)

☒ Interventional Radiography (IR) ☐ Magnetic Resonance Imaging (MRI)

Non-Imaging Specialty

☐ Interprofessional Leadership (IPL)

BSDI Completion Track

☒ I am already credentialed in a specialty imaging modality and wish to enroll in the BSDI

Section IV: Academic Intent

1. Do you plan on completing the full BS in Diagnostic Imaging degree program?

☐ Yes ☐ No ☐ Undecided

2. Are you applying for one of the following specialty imaging tracks: Computed Tomography, Diagnostic Medical Sonography, Echocardiography, Interventional Radiography, or Magnetic Resonance Imaging?

☐ Yes ☐ No

If yes, proceed to Section V. If no, proceed to section VI.

Section V: Clinical Sites:

Applicants may request to use pre-arranged clinical sites in the CoxHealth system or other regional clinical affiliates. Clinical sites are subject to availability. Please indicate your preferred clinical site:

☒ CoxHealth Affiliates

Includes all CoxHealth facilities and affiliates.

☐ Other

Students requesting to complete clinicals outside of the CoxHealth system must complete the Clinical Affiliate Request available for download at coxcollege.edu. Diagnostic Medical Sonography track applicants should not complete this form.
Section VI: Professional References:
1. Name________________________________________________________________________
   First    Middle    Last
   Home Phone (___)_________________________ Work Phone (___)__________________________
   Occupation ______________________________ Organization ______________________________

2. Name________________________________________________________________________
   First    Middle    Last
   Home Phone (___)_________________________ Work Phone (___)__________________________
   Occupation ______________________________ Organization ______________________________

Section VII: Application Documents
Submit the following to Cox College by application due date:
1. Copy of professional credentials if applicable (ARRT, ARDMS, etc.)
   Students applying to a specialty imaging track should also submit the following:
   1. Personal resume
   2. Job Shadowing Form (if non-RT(R))
   3. Two (2) letters of recommendation
   4. Clinical Affiliate Request Form if requesting a clinical site outside of the CoxHealth system

Section VIII: Application and Acceptance Procedure
1. Applicants may submit an application prior to graduation from the prerequisite program and/or obtaining required credentials. Admission will be contingent on the successful completion of the program and subsequent certification.
2. Before this program application will be processed, a completed Cox College admission application must be submitted and processed. This application is good only for the academic year in which you are applying. If you are not selected for this cohort, you MUST complete a new application if you wish to be considered for future admission to the program.
3. Cox College will only accept grades of “C” or better in transfer. Admissions to the BSDI minimum GPA of 3.0.
4. All applicants must be a citizen of the United States or have permanent residency in the United States.
5. If applicable, the student MUST provide the Clinical Affiliate Request Form at the time of interview (if required).
6. An interview for program admissions may or may not be required, depending on the availability of clinical sites. BSDI Completion students are not required to interview.
7. By my signature below, I certify that the preceding information is accurate. I understand false statements, answers or omissions will result in termination from the program. I authorize any person(s) or organization(s) listed within my application file to release any information about me which they may contain in their records or files.

If accepted, I hereby agree to abide by the rules and policies of Cox College. I realize that acceptance into the program is contingent upon passing a required drug screen and background check. I understand that a non-refundable $175 background and drug screen fee will be due upon acceptance into the program.

Signed _____________________________________________ Date____________

Submit application to
Cox College, Admissions
1423 N. Jefferson
Springfield, MO 65802

Revised 2/2018