



Specialty Diagnostic Imaging Program Application

Application deadlines: Fall – April 1st | 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
Credentials

Mailing Address _____
Street
City
State
Zip Code

Home Phone (____) _____ Mobile Phone (____) _____

E-mail address: _____

Section II: Please mark your current credentials

Imaging Credentials			
<input type="checkbox"/> No credentials	<input type="checkbox"/> ARRT Radiography	<input type="checkbox"/> ARRT CIT	<input type="checkbox"/> ARRT CT
<input type="checkbox"/> ARRT MRI	<input type="checkbox"/> ARRT Mammo	<input type="checkbox"/> ARRT NM	<input type="checkbox"/> ARRT VI
<input type="checkbox"/> ARRT CI	<input type="checkbox"/> ARRT Rad Therapy	<input type="checkbox"/> ARRT RRA	<input type="checkbox"/> ARRT QM
<input type="checkbox"/> ARRT Sonography	<input type="checkbox"/> ARRT Vasc Sono	<input type="checkbox"/> ARRT Breast Sono	<input type="checkbox"/> ARRT Bone Densitometry
<input type="checkbox"/> ARDMS	<input type="checkbox"/> ARDMS RVT	<input type="checkbox"/> ARDMS RDCS	
<input type="checkbox"/> Other – Please specify: _____			
Current Academic Degree(s)			
<input type="checkbox"/> No degree	<input type="checkbox"/> Certificate	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree

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

Imaging Specialties		
<input type="checkbox"/> Computed Tomography (CT)	<input type="checkbox"/> Diagnostic Medical Sonography (DMS)	<input type="checkbox"/> Nuclear Medicine (NUC)
<input type="checkbox"/> Magnetic Resonance Imaging (MRI)		
Non-Imaging Specialty		
<input type="checkbox"/> Health Care Leadership		
BSDI Completion Track		
<input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided
2. Are you applying for one of the following specialty imaging tracks: Computed Tomography, Diagnostic Medical Sonography, Magnetic Resonance Imaging, Nuclear Medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, proceed to Section V. If no, proceed to section VII.

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.

