

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

How did you learn about the Radiation Therapy Program?

Are you a ARRT Registered Radiographer?  YES  NO

If yes, what school did you attend? \_\_\_\_\_

Have you ever been convicted of a crime (misdemeanor or felony)?  YES  NO

*If yes, give details on a separate sheet.*

**You should be aware that any conduct or activities that have violated the American Registry of Radiologic Technologist (ARRT) [Standards of Ethics](#) (pdf) might impair your application to the program and your eligibility to take the certification examination given by the ARRT. You must report violations of the *Standards of Ethics* that include a conviction of a crime such as a felony, a gross misdemeanor or a misdemeanor with the sole exception of speeding or parking violations. All alcohol and/or drug related offences must be reported. This means even if you successfully complete all program requirements and get a degree when you apply to take the ARRT certification exam you may be denied. This will prevent you from working as a Radiation Therapist. Contact the program if you have been convicted of a crime. You will be instructed to submit an [Ethics Review Preapplication](#) (pdf) to the ARRT to determine your eligibility to take the examination upon completion of the program. To learn more about the ARRT visit [www.arrt.org](http://www.arrt.org).**

To the best of my knowledge, all information provided on this form is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return the completed application to the Radiation Therapy Program**