# Florida State College Radiation Therapy Certificate Program (6153)

Mail in after completing (or transferring) all general education courses or Sept. 30, whichever occurs first.

## PLEASE TYPE OR PRINT CLEARLY

Date	*Social Security #					
compliance with Florida Statute 119.071(5), Florida State College at Jacksonville issues this notification regarding the purpose of the ection and use of Social Security numbers. Florida State College will collect your Social Security Number (SSN) for record identification, te and federal reporting. Providing your SSN on this application means that you consent to the use of your number in the manner cribed. If you choose not to provide your SSN, you will be provided an alternate identification number. All Social Security Numbers are tected by Federal regulations and are not to be released to unauthorized parties. Read more about the collection and use of social securibers (http://www.fscj.edu/ssn).						
Name						
Last	First	Middle Initial	Maiden			
Current Address						
	Street address		Apt. #			
City		State	Zip			
Phone #						
Home	Work	Cell (d	optional)			
e-mail address						
**Please include a copy of the returned. If registry scores are Date Graduated	e pending, send a transcript fi	• • • • • • • • • • • • • • • • • • • •				
<b>Employment</b> Please list any a	allied health positions you hol	d or have held:				
Employer	Address	Position	Dates Employed			
		1	'			
Signature of Applicant Date Subm			Submitted			

Thank you for your interest in the Florida State College Radiation Therapy program. If you have questions or any problems with the application process, please call (904) 766-6689. **Return the application to:** 

Pamela Dotson RT (R) (T) Radiation Therapy Program Florida State College, North Campus Room A-309 4501 Capper Road Jacksonville, FL 32218

# Florida State College Radiation Therapy certificate program (6153)

# **Selection Criteria**

Date	
Name	
*Social Security #	
*In compliance with Florida Statute 119.071(5), Florida State College at Jacollection and use of Social Security numbers. Florida State College will co state and federal reporting. Providing your SSN on this application means described. If you choose not to provide your SSN, you will be provided an protected by Federal regulations and are not to be released to unauthorize numbers ( <a href="http://www.fscj.edu/ssn">http://www.fscj.edu/ssn</a> ).	ellect your Social Security Number (SSN) for record identification, that you consent to the use of your number in the manner alternate identification number. All Social Security Numbers are
How many years have you been an R.T.(R)?	or a CNMT?
Selection Criteria	
The first criterion is number of years in the field of radiogror more years in-field are place field. If there are not enougapplicants with scores on the ARRT examination will be us is an example. The top scores will be accepted until the cl	ugh applicants to fill the program, then the sed. The maximum possible score is 50. What follows
Example	Your Scores (please provide copy)
Radiation Protection8.3	Radiation Protection
Equipment Operation & Maintenance6.8	Equipment Operation & Maintenance
Image Production & Evaluation8.1	Image Production and Evaluation
Radiographic Procedures	Radiographic Procedures
Patient Care9.7	Patient Care

Total Points \_\_\_\_\_

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### **Selection Criteria**

(if registry results are pending)

Date		-		
Name			 	
*Social Sec	curity #			

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#### **Selection Criteria**

Grades from the Radiologic Technology school transcripts are used. The maximum possible score is 100. What follows is an example. Only the highest score(s) will be accepted until the class is filled.

## **QUALITY POINTS**

				Points for
Course	Grade	Points		Course
Radiation Physics	Α	4	x 5 =	20
Radiation Biology	В	3	x 5 =	15
Technique course(s)	\c //	2	x 5 =	10
Procedures average	A	4	x 5 =	20
Clinical Average	В	3	x 5 =	15

Total Points: 80