



IMAGING ACADEMY APPLICATION

Please complete the following application and send the completed application along with the following information to one of the faculty on the bottom of the next page.

1. Copy of Certification by the American Registry of Radiologic Technologist.
2. Copy of New Jersey Department of Environment Protection license in Diagnostic Radiography.
3. Current Resume.

Date of Application: _____ Student ID: _____

Name: _____

Date of Birth: _____ Social Security Number (Optional): _____

Street Address: _____

City: _____ State: Zip Code: _____

Phone Number: _____

E-mail Address: _____

Did you attend? Passaic County Community College Community Community College of Morris

PCCC ID: _____

CCM ID: _____

Gender: Male Female

Hispanic/Latino: Yes No I do not wish to answer

- Race:
- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Hawaiian Native or Pacific Islander
 - I do not wish to answer
 - More than one race
 - White

I am interested in the following courses. Please check the space in front of the course or courses that you plan to register for the upcoming semester.

____ MRI Lecture

____ MRI Clinical

____ Cross Sectional Anatomy

____ CT Lecture

____ CT Clinical

____ Mammography Lecture

____ Mammography Clinical ****Atlantic Health**

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