



# Computed Tomography Information Sheet

**YOU MUST HAVE DEPARTMENT APPROVAL TO REGISTER IN THIS COURSE.  
REGISTRATION APPROVAL FORM MUST BE SIGNED BY APPROPRIATE PERSONNEL .**

### *What do Computed Tomography (CT) technologists do?*

- CT technologists use highly sophisticated equipment to diagnose many different diseases and conditions using x-rays in a 3-D format.
- Our classes are designed to prepare people to take the advanced CT registry exam offered by the American Registry of Radiologic Technologists (ARRT). Upon successful completion of the program you will be eligible to take this exam.

### *How much will I earn?*

- Entry-level wages are \$22-25 per hour. Wages will increase with experience and national credentialing.

### *What classes do I have to take?*

RADR2040 – Sectional Anatomy  
CTMT2032 - Principles of Computed Tomography  
CTMT2060 – Computed Tomography Clinic

### *When is it offered/when does it start?*

- Lecture/lab class meets online.
- Clinical time is scheduled during the day according to your schedule and the clinical site.
- See schedule for specific dates and times.

### *How much does it cost?*

- RADR2040 – Sectional Anatomy - \$150
- CTMT2032 - Principles of CT - \$229
- CTMT2060 - CT Clinical - \$500
- TB test - \$5 / Chest x-ray (if skin test is positive)- \$50
- Immunizations - \$0-139 (fees may vary by clinic, list below are estimates)
  - MMR – \$3 per dose at City of Dallas Public Health (2 doses may be required; 4 weeks apart)
  - Tetanus/diphtheria - \$3 per dose at City of Dallas Public Health (1 dose required every 10 years)
  - Varicella/chickenpox - \$20 per dose at Garland Health Department (2 doses required; 4 weeks apart)
  - Hepatitis B - \$30 per dose at El Centro College Health Center (3 doses over a 6 month period)
- Liability insurance – Fall \$18.13
- Criminal Background Check - \$45
- Urinalysis Drug Screen - \$39
- **Total - \$952.13-1136.13\* (subject to change)**

**\*Total does not include required health insurance. Various factors affect individual health insurance costs. If you do not currently have personal health insurance, information is included in this packet about some available student insurance programs.**

***What are the application procedures?***

- You must be a Registered Radiologic Technologist prior to entry in the program.
- Acceptance is on a first come/first served basis. Proof of ARRT Registration, immunizations and CPR certification are required to receive registration approval

***How do I register?***

- Upon acceptance into the program, you must register at the Continuing/Workforce Education division office of El Centro College.

***Am I certified when I finish the program?***

- No, to become certified requires passing the CT exam offered by the ARRT. You will be given information on the exam in class.

***Where are the classes held?***

- El Centro College and various clinical sites.

Prerequisites and required documentation:

**APPLICATION**

- Completed CT Program application

**PREREQUISITES**

- Proof of certification in Radiography
- Proof of completion of a 32 hour (2 credit hours) course on sectional anatomy within the last 4 years.

**If you are currently enrolled in such a class, a copy of your paid fee receipt will be sufficient. However, acceptance will depend upon successful completion of the course.**

**IDENTIFICATION**

- Clear and legible photocopy of your valid (non-expired) U.S. or state government-issued photo I.D. (i.e. passport, driver's license, state identification card)

**CPR CERTIFICATION**

- American Heart Association CPR for Health Care Provider Card. American Red Cross CPR certification must be approved by the Assistant Dean.

**CPR card must be valid for the entire period you are enrolled in the CT Program. If your card is set to expire at some point during your enrollment in the CT Program (i.e. before May of the following calendar year), you will need to attend a recertification class BEFORE you apply for the program.**

**IMMUNIZATIONS**

- Provide proof of immunity from Measles, Mumps, Rubella, Tetanus/Diphtheria, Varicella/Chickenpox, and Hepatitis B (all 3 shots of the 3 shot series required). Detailed information on immunizations is included in this packet.
- Provide results from a tuberculosis screening (a negative skin test within the last six months or, if skin test is positive, a chest x-ray taken within the last year indicating the absence of active disease).

If you are accepted to the program, you will be responsible for the following items:

Tuition must be **paid in full** at the time of registration. Financial Aid in the form of the Texas Public Education Grant (TPEG) is available to qualified students. TPEG applications are available from the Continuing Education window, but the El Centro College Financial Aid office, located at 701 Elm St., determines eligibility. TPEG covers up to \$500 per semester of tuition only.

**LIABILITY INSURANCE – \$18.13 Fall 11.00 (Spring)**

Liability insurance form indicating payment amount will be issued at the time of registration. Payment must be made at the cashier's office. Receipt from cashier's office indicating paid liability insurance must be brought back to the Continuing Education office/window so a copy can be made for the student's file.

**Once you have registered, you will be responsible for the following items:**

**I.D. BADGE – free**

Once you have a paid fee receipt from the Cashier's Office indicating payment has been made for your classes, you can obtain an El Centro College I.D. Badge from the SPAR office on the 2<sup>nd</sup> floor of the B Building in room B270. The I.D. Badge is to be worn at all times on campus and at the clinical training site.

**OTHER**

Some hospitals have their own requirements for new students; Parkland and Methodist both have online training modules you must complete. Parkland requires you to have a Parkland ID badge. Other hospitals may require you to have flu shots (in season). If you are assigned to one of these facilities you will have to meet their requirements.

**HEALTH INSURANCE**

In order to meet recently updated clinical site requirements, you must provide proof of personal health insurance. If you do not currently have personal health insurance, information is included in this packet about some available student insurance programs. This requirement IS NOT MET by the purchase of Liability Insurance.

**RELEASE FORM**

Complete the El Centro College release form for release of information to the clinical site. Failure to sign this document will prevent you from attending the clinical portion of this program.

**CRIMINAL BACKGROUND CHECK - \$45**

Background checks are required for all students entering into a clinical environment involving patients. Background checks from other sources are not accepted. The results of the background check are only released to the program coordinator. The results of the background check will not be released to students. See Group One Student Background Check Instructions sheet included in this packet.

**DO NOT SUBMIT ANY INFORMATION OR PAYMENT TO GROUP ONE UNTIL YOU HAVE BEEN GIVEN A DIRECTIVE TO DO SO BY YOUR INSTRUCTOR.**

**DRUG SCREENING - \$39**

Drug screenings are required for all students entering into the CT program. Urinalysis specimens will be collected by a representative of SurScan on-campus. SurScan representative will accept cash and money orders, **NO PERSONAL CHECKS**. Drug screenings from other sources are not accepted. The results of the drug screening are only released to the Assistant Dean over the program. The results of the drug screening will not be released to students or instructors.

**IT IS THE STUDENT'S RESPONSIBILITY TO OBTAIN AND PROVIDE ALL REQUIRED DOCUMENTATION TO RECEIVE REGISTRATION APPROVAL. ONCE A STUDENT IS APPROVED TO REGISTER IT IS THE STUDENT'S RESPONSIBILITY TO REGISTER AND MEET ALL FINANCIAL OBLIGATIONS INCURRED BY REGISTRATION IN THE COURSE. (IF THE STUDENT HAS APPLIED FOR FINANCIAL AID, IT IS THE STUDENT'S RESPONSIBILITY TO FOLLOW UP WITH THE FINANCIAL AID OFFICE TO ENSURE TIMELY PROCESSING OF HIS/HER FINANCIAL AID APPLICATION.) ONCE A STUDENT IS REGISTERED IN THE COURSE IT IS THE STUDENT'S RESPONSIBILITY TO MEET ALL CLASSROOM, LAB, AND CLINICAL REQUIREMENTS OF THE PROGRAM IN ORDER TO SUCCESSFULLY COMPLETE THE COURSE.**

For any further questions, please contact the Continuing Education office at (214) 860-2147.



## Immunizations for CE Health Careers Students

In order to comply with the Texas Administrative Code (Title 25 Health Services, Rules 97.61-97.72) regarding immunization records for students enrolled in health-related courses, the following guidelines are now in force for students in El Centro College Continuing Education Health Careers courses and programs. Health Careers students must present the following documentation with their application:

### I. Immunization Record Form

An immunization record form is included with this information sheet. The completed form verified by a physician or nurse practitioner will document dates of all required immunizations and/or date of a positive titer (blood test) result for each.

NOTE: If immunization records have been recorded on separate documentation such as a hospital printout, health department card, office call invoice, etc., a clear photocopy of that documentation may be attached to the Physical Examination and Immunization Record form.

#### A. Tuberculosis Screening

An intradermal PPD (Mantoux) “skin” test is required for all applicants. The PPD must be current within six (6) months of the applicant’s anticipated entry into a Health Careers course, course sequence, or program. When accepted to a Health Careers course, course sequence, or program, a student must repeat the PPD every twelve (12) months for the duration of his/her enrollment in the program.

If the PPD indicates a positive reaction, the applicant must also obtain a chest x-ray verifying the absence of active disease. Chest x-rays are valid for two (2) years. Individuals with a history of tuberculosis or positive PPD results should obtain a chest x-ray rather than the PPD.

#### B. Immunizations

An applicant must have completed the following immunizations according to the indicated guidelines and time constraints:

1. **Measles** – Two (2) doses of measles vaccine is required either in a separate injection or in combination with mumps and rubella (“MMR”). Both measles immunizations must have been received after January 1, 1968. A titer (blood test) is also accepted if the results indicate the presence of measles antibodies. Individuals who were born prior to 01/01/57 are exempt from the measles immunization requirements.
2. **Mumps** – One (1) dose of mumps vaccine is required either in a separate injection or in combination with measles and rubella (“MMR”). A titer (blood test) is also accepted if the results indicate the presence of mumps antibodies. Individuals who were born prior to 01/01/57 are exempt from the mumps immunization requirement.
3. **Rubella** – One (1) dose of rubella vaccine is required either in a separate injection or in combination with measles and mumps (“MMR”). A titer (blood test) is also accepted if the results indicate the presence of rubella antibodies. Individuals born prior to 01/01/57 ***are not*** exempt from the rubella immunization requirement.
4. **Tetanus/diphtheria** – One (1) dose of T/D is required within the past ten (10) years.
5. **Varicella (chickenpox)** – Two (2) doses of varicella vaccine are required. However, if one dose was received before the age of 13, only one dose is required. A titer (blood test) is also accepted if the results indicate the presence of varicella antibodies. Individuals who have a history of

varicella disease may present a notarized statement signed by his/her parent, guardian, physician, or school nurse as verification of varicella immunity.

6. **Hepatitis B series** – Three (3) doses of Hepatitis B vaccine are required per the timetable below:

Initial dose  
2<sup>nd</sup> dose one month after the initial dose  
3<sup>rd</sup> dose five months after the second dose

A titer (blood test) indicating the presence of Hepatitis B antibodies is also acceptable.

## **II. Exceptions**

Exceptions from meeting certain immunizations requirements are allowed for such circumstances as medical conditions, i.e. pregnancy, religious beliefs, etc. Applicants must present documentation as indicated below. Requests for exceptions are reviewed on an individual basis.

### **A. Medical Exceptions**

The applicant must present a statement signed by their physician with personal knowledge of the applicant's medical history. The statement must indicate in detail that a specific vaccine poses a significant health risk to the individual. If the statement requests exemption from the Hepatitis B series, the applicant must also complete a separate waiver form (available in the El Centro College Continuing Education Office) to accompany the physician's statement.

Unless the statement specifies that a lifelong condition exists, the exemption is valid for one year only from the date of the signed statement. The signed statement must be submitted with the applicant's Physical Examination and Immunization Record form.

### **B. Exceptions Based on Religious Belief/Reasons of Conscience**

The applicant must obtain an Exclusion Affidavit from the Texas Department of Health by submitting a written request and including the applicant's full name and date of birth. The written request must be mailed to the following agency:

Texas Department of Health  
Bureau of Immunization and Pharmacy Support  
1100 West 49<sup>th</sup> Street  
Austin Texas 78756

The affidavit form will be mailed to the applicant who must complete and sign the form which must include the basis for the exception. The affidavit will be valid for a two-year period. The signed affidavit must be submitted with the applicant's Physical Examination and Immunization Record form.

## **III. El Centro College Health Center Services**

The El Centro College Health Center offers the PPD tuberculosis screening and many of the required immunizations at a reduced cost. Please call 214-860-2113 to make an appointment for immunizations. Chest x-rays are not provided at the El Centro College Health Center.

# Continuing Education Health Careers

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## IMMUNIZATION RECORD FORM

Once submitted, this document and any immunization or lab result attachments are considered official student records and **WILL NOT BE RETURNED OR PHOTOCOPIED FOR THE STUDENT'S USE**. Students should photocopy this form and any attachment to archive with their personal records.

SOCIAL SECURITY NO. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Last First Middle I. Month/Day/Year

ADDRESS \_\_\_\_\_  
Street City and State ZIP

TELEPHONE ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Business/Mobile

I am applying for \_\_\_\_\_.

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## HEALTH QUESTIONNAIRE - (To be completed by the applicant)

Do you have any physical limitations which would affect your ability to lift, turn, or transfer patients? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any limitations in use of your senses, such as in sight or hearing, which would limit your ability to practice a health profession? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any other condition which might interfere with your ability to practice a health profession? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you have answered "yes" to any of the above, please explain your limitations in detail on a separate sheet of paper.*

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## TUBERCULOSIS SCREENING

Documentation requires a **physician's signature** or verification from the Health Center.

**Intradermal PPD (Mantoux)** - within six (6) months unless previously positive

Date \_\_\_\_\_ Results \_\_\_\_\_ Physician's Signature \_\_\_\_\_

**Chest x-ray** - within one (1) year if PPD positive (Must also include positive PPD verification above.)

Date \_\_\_\_\_ Results \_\_\_\_\_ Physician's Signature \_\_\_\_\_

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**IMMUNIZATIONS REQUIRED\***

Dates of immunizations or dates of lab results indicating positive titer (seropositivity) required. Each line requires a doctor's signature or verification from the Health Center. \*

|  | Date of Immunization | If Seropositive, Date of Positive Titer | Doctor's Signature or Health Center Signature |
|--|----------------------|---|---|
| 1. <b>Measles – 2 doses</b> since 01/01/68 if born on or after 01/01/57; <b>or positive Titer</b>  | #1                   |   |   |
|  | #2                   |   |   |
| 2. <b>Mumps – 1 dose</b> if born on or after 01/01/57; <b>or positive Titer</b>  |                      |   |   |
| 3. <b>Rubella – 1 dose; or positive Titer</b>  |                      |   |   |
| 4. <b>Tetanus/diphtheria – 1 dose</b> within past 10 yrs.  |                      |   |   |
| 5. <b>Varicella</b> (chickenpox) - <b>2 doses</b> (only 1 if taken before age 13); <b>or positive Titer</b>  | #1                   |   |   |
|  | #2                   |   |   |
| 6. <b>Hepatitis B series</b><br><ul style="list-style-type: none"> <li>➤ 1<sup>st</sup> initial dose</li> <li>➤ 2<sup>nd</sup> dose after 1 month</li> <li>➤ 3<sup>rd</sup> dose after 5 months</li> </ul> |                      |   |   |
|  |                      |   |   |
|  |                      |   |   |
|  |                      |   |   |

\*See attached appendix for details of immunization requirements.

**NOTE:** Form will not be accepted without doctor's signature or health center verification for each immunization and TB screening. The PPD screening, MMR, T/D, and Hepatitis B immunizations are available at the El Centro College Health Center **by appointment** at a reduced cost. The El Centro College Health Center can be reached at (214) 860-2113.

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**ALL IMMUNIZATIONS INDICATED ABOVE ARE REQUIRED PRIOR TO SUBMITTING AN APPLICATION PACKET.**

**EXCEPTIONS:**

MEDICAL INTERPRETATION STUDENTS ARE REQUIRED TO HAVE THE 1<sup>ST</sup> AND 2<sup>ND</sup> SHOTS OF THE 3-SHOT HEPATITIS B SERIES BEFORE SUBMITTING AN APPLICATION PACKET FOR MEDICAL INTERPRETATION COURSES. THE 3<sup>RD</sup> SHOT OF THE 3-SHOT HEPATITIS B SERIES IS REQUIRED BEFORE REGISTRATION APPROVAL FOR THE MEDICAL INTERPRETATION PRACTICUM WILL BE GRANTED.

PHLEBOTOMY STUDENTS ARE REQUIRED TO HAVE THE 1<sup>ST</sup> AND 2<sup>ND</sup> SHOTS OF THE 3-SHOT HEPATITIS B SERIES BEFORE SUBMITTING AN APPLICATION PACKET FOR PHLEBOTOMY. THE 3<sup>RD</sup> SHOT OF THE 3-SHOT HEPATITIS B SERIES IS REQUIRED BEFORE REGISTRATION APPROVAL FOR PHLEBOTOMY CLINICAL WILL BE GRANTED.

RN/LVN REFRESHER STUDENTS ARE REQUIRED TO HAVE THE 1<sup>ST</sup> AND 2<sup>ND</sup> SHOTS OF THE 3-SHOT HEPATITIS B SERIES BEFORE SUBMITTING AN APPLICATION PACKET FOR RN/LVN REFRESHER. THE 3<sup>RD</sup> SHOT OF THE 3-SHOT HEPATITIS B SERIES IS REQUIRED BEFORE REGISTRATION APPROVAL FOR RN/LVN CLINICAL WILL BE GRANTED.

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## *CRIMINAL BACKGROUND CHECK*

### DO NOT START GROUP ONE'S BACKGROUND CHECK PROCESS UNTIL YOU ARE GIVEN A DIRECTIVE BY YOUR INSTRUCTOR TO DO SO

**Background check requests are now processed online.** You must have access to a printer when you input your information in order to print a confirmation page as your receipt.

The cost of the background check is \$45.00. Payment is made via credit card or money order. Instructions for either payment method are found below.

Information you will need to have at hand before you begin this process:

- Valid Mastercard or Visa credit card (no other credit cards or debit cards are accepted)
- FULL legal name (first, middle, last)
- Maiden names and/or former names
- Date of birth
- Home phone number
- Social Security Number
- Current address (complete address; not necessarily what is printed on your drivers license)
- Zip codes where you have lived during the past seven (7) years (There is a U.S. Postal Service zip code lookup link on GroupOne's homepage below to help you with this.)

#### **PROCEDURE IF PAYING BY CREDIT CARD**

Go to the following website: [www.gp1.com/students](http://www.gp1.com/students) and make the following sequenced menu selections:

1. Read the information on the main page, scroll down and click on the arrow by "Continue".
2. On the pull-down menus, select the following:
  - i. "Texas"
  - ii. "El Centro College"
  - iii. On the Discipline pull-down menu, select your health careers program, course, or course sequence.
3. Click on "Add" then click "Continue" (click on the arrow).
4. The next page will indicate the charges for the background check. To accept the charges and continue to the payment procedure, "Continue". To exit the menu without paying, click "Back".
5. Read the agreement information and make your selection at the bottom to agree or not agree to the terms. To continue, type your full name where indicated and "Continue".
6. On the next page, fill out the information completely in the format indicated and "Continue".
7. Fill out the next page (additional names/addresses) if applicable and "Continue".
8. Verify that the information is correct (go "Back" to correct as necessary) and "Continue".
9. On the next page, fill in your credit card information. (Ignore the Payment Code field.)
10. Sign your name "electronically" and after the credit card payment is confirmed, you will be prompted to print the page as your receipt.

- OVER -

## PROCEDURE IF PAYING BY MONEY ORDER

Obtain a Money Order payable to GroupOne Services for \$45.00. On a sheet of paper, provide the following information:

FULL Legal Name (first, middle, last)  
Your Email address  
Telephone Number

Mail the Money Order and the above information to the address below (You may also deliver the Money Order and information sheet to GroupOne offices in person):

GroupOne Services  
250 Decker Drive  
Irving, TX 75062

Within 2-4 business days after money order payment has been processed, you will receive an email from GroupOne with a payment code to use when you enter your data on-line. Follow the instructions below to proceed.

Go to the following website: [www.gp1.com/students](http://www.gp1.com/students) and make the following sequenced menu selections:

1. Read the information on the main page, scroll down and click on the arrow by "Continue".
2. **On the pull-down menus, select the following:**
  - i. "Texas"
  - ii. "El Centro College"
  - iii. On the Discipline pull-down menu, select your CE health careers program, course, or course, sequence.
3. Click on "Add" then click "Continue" (click on the arrow).
4. The next page will indicate the charges for the background check. To accept the charges and continue to the payment procedure, "Continue". To exit the menu without paying, click "Back".
5. Read the agreement information and make your selection at the bottom to agree or not agree to the terms. To continue, type your full name where indicated and "Continue".
6. On the next page, fill out the information completely in the format indicated and "Continue".
7. Fill out the next page (additional names/addresses) if applicable and "Continue".
8. Verify that the information is correct (go "Back" to correct as necessary) and "Continue".
9. On the next page, fill in the Payment Code field with the information emailed to you from GroupOne. and click on the "Continue" arrow. Do not fill in any other information.
10. You will be prompted to print the page as your receipt.

## GROUP ONE SERVICES

[www.GP1.com](http://www.GP1.com)

250 Decker Dr.

Irving, TX 75062



# COMPUTED TOMOGRAPHY

## Application Packet Information

**This is not a competitive or ranked application. Registration approval for Computed Tomography is given to students with complete application (incomplete packets will not be considered) packets on a first-come first-serve basis. You will also need to obtain an application form by attending an orientation, if you are unable to attend an orientation please call me directly, 214-860-2262.**

Applicants must submit a complete application packet to the El Centro College Continuing Education Office either in person or by mail on or before the application deadline date for a course, course sequence, or program. The application deadline date is ten (10) business days (i.e. not counting Saturday, Sunday, and official school closure days) prior to the start of class. An application packet is considered to be complete when the application form is accompanied by clear and legible photocopies of all required documentation. **Complete** application packets will be honored in the order in which they are received. Space is limited and a spot is not promised to students, if class fills you will be given notice of the next available course.

**Application packets will be processed within five (5) business days of receipt in the El Centro College Continuing Education Office.** Applicants accepted into a course, course sequence, or program will be required to return a confirmation form within a specified timeframe to verify their space in the class.

In the case of a full class, students with complete application packets will be put on a waiting list and notified via telephone when/if space becomes available.

When submitting your application by mail, address your envelope containing complete application materials to:

Alma Martell  
CE Health Careers Applications  
Computed Tomography  
Continuing/Workforce Education  
El Centro College  
801 Main Street, Room A260  
Dallas, Texas 75202

