



Southern Union

State Community College
Health Sciences Division

Magnetic Resonance Imaging (MRI) Application

Name _____ Date: _____
Last First MI

SS#: _____ / _____ / _____ [] Male [] Female Date of Birth: _____ / _____ / _____

Address: _____
Street or P.O. Box

_____ () _____
City State Zip Area Code Phone

Semester you wish to enter the MRI Program: Fall 20_____

Radiography program completed: Year completed: _____

Program name _____

Address _____

ARRT number _____ (attach copy of ARRT card)

Admission to the MRI Program shall be provisional depending upon the student's ability to pass an initial drug screen. Students may be subjected to random drug testing during the length of the program.

Southern Union State Community College

Attn: Anita Waldrep

Return Health Sciences Admissions

to: PO Box 1000

Wadley, AL 36276

It is the applicant's responsibility to see that all required documents have been received.

According to the American Registry of Radiologic Technologists, application for certification to practice as a MRI Technologist may be denied if a person has been convicted of a felony, is guilty of a crime involving moral turpitude, and/or has displayed other grounds for denial as specified by law. Additionally, many health care facilities will not employ a person, even if fully certified and/or licensed, who has been convicted of a felony or who has unfit personal habits including alcohol or drug abuse.

