



Attach this form to your application as your Education Goal Statement

Current Certifications: RT(R) RT(N) CNMT RT(T)

Please select the advanced registry you are inquiring about:

Computer Tomography Magnetic Resonance Imaging Mammography

Current Employer

Prior Experience of the advanced registry which you are interested? Yes No

Please Explain:

The date you completed the ARRT structured education requirement?

* Documentation of completion of your ARRT structured education requirement will need to be uploaded along with this form or sent to:

Department of Medical Imaging & Radiation Sciences
College of Allied Health
1200 N Stonewall Ave, Suite 3021
Oklahoma City, OK 73117

What is the maximum amount of hours per week you are willing to **commit** to clinical rotations?

What rotation time frame would you prefer? Day Evenings

Would you be willing to rotate on Saturdays? Yes No

When do you anticipate to sit for the advanced registry:

How did you hear about us?

Please list any additional advanced registry which you might be interested.