

AMARILLO COLLEGE RADIATION THERAPY PROGRAM INFORMATION ACKNOWLEDGMENT FORM

Name: _____
last Mi first

Date: _____

Social security number: _____ - _____ - _____

By my signature on this document, I acknowledge that i have been provided written documentation for admission into the Radiation Therapy program at Amarillo College.

In particular, I have received each of the following:

1. A list of specific criteria for admission into the Radiation Therapy program.
2. Step-by-step description of the process used to make select students for admission into the Radiation Therapy program to include notification procedures.

I understand the application process and the process by which students are selected into the Radiation Therapy program. I also understand that it is my responsibility to notify the radiation therapy program director in writing of any address or phone number changes. Amarillo College is not responsible for any student not receiving information due to out-of-date address or telephone information. I also understand that, if accepted into the program, I will have to complete the requirements stated in the "conditional acceptance" information (TB test, CPR certification, criminal background check, etc. before the program begins) and fill out a form verifying my ability to perform the physical tasks necessary while in training.

note-only applicants that have completed the admission procedure (portfolio) will receive any communications. Any applicant that does not complete a portfolio will not be considered for any communications and will not be considered for admission into the program.

applicant signature

date