## Please include the following Checklist and information with your Application

(Applicants Name) Date of completed a	application
mpleted 2016 RT Application form – completely filled out and includes:	
☐ ECC student ID #	
□ ECC email address	
□ Personal Email Address :	
□ Social Security number : (last 4 digits)	
☐ Send an email to Mrs. Charman to complete the Application withi	n 48 hours of filing
application with the counselor – failure to email Director will void a	pplication (pg 2)
☐ Photo Identification card: submit a good copy of a current California Driver's State issued ID card with the application. Poor copies will be returned	License (CDL) or
☐ El Camino College Student ID card (if you already have one)- provide a cop	у
□ Cover letter and Resume – include with application	
☐ <u>1 Letter of Recommendation</u> —written within <u>2 years</u> from the date of applic	cation.
(must be signed and dated, or will not be considered)  □ (Copies) of Transcripts for all prerequisite courses –	
☐ Supporting Documentation for additional Points – (see instructions-for Check all that apply:	r specific requirements
☐ American Veteran (see pg 6)	
☐ Copies of Certificates /Licenses in Health Care related occupations (see	pg 7)
☐ Letters / forms documenting Experience such as (see pg 7)  ○ Work/Volunteer hours, Radiology Observations, Community Serv	vice, etc.
PLEASE NOTE – As the final step to your application appointment - you must send a	n FMAII to the

PLEASE NOTE – As the final step to your application appointment - you must send an EMAIL to the PROGRAM DIRECTOR :RadTechDirector@elcamino.edu from BOTH of your email accounts:

Send the Email from your El Camino College Email account, and put your personal email address in the CC line.

Failure to send the email within 48 hours of filing the application with the counselor will VOID your application. Please follow instructions on page 2

## **FINAL INSTRUCTIONS FOR APPLICANT:**

☐ PLEASE NOTE — As the final step to y	our application appoint	ment - you must send an
EMAIL to the PROGRAM DIRECTOR:	Mrs. Charman : RadTechl	Director@elcamino.edu
☐ From BOTH of your email accounts	<b>:</b>	
→ Send the Email from your El C	amino College Email acco	ount, and put your personal
email address in the CC line.	_	
→ Type the following message:		
SUBJECT LINE: 2017 RT Applicati	on Submission	
Include the following informatio	n in your e-mail message	e:
My name is	<i>,</i> on <u>(DATE)</u>	I met with
(name of counselor) to file a con	npleted application for t	he Radiologic Technology
Program		
My contact information is:		
☐ Address:		
☐ Phone (Cell or other #)		
☐ Personal Email Account:		
☐ El Camino Email Account		
You will be notified of your ranking via	your El Camino email ado	dress by <b>May 1, 2017.</b>
☐ <b>DO NOT SUBMIT</b> any original certific	cates, make <u>copies</u>	
(example: XI Certificate, Milita	ary Service, etc.) Do not s	submit W-2 forms
The 2017 application and su	pporting documents will not	be returned.

Thank you for your interest in the ECC Radiologic Technology Program