# COLLEGE OF DUPAGE

## Computed Tomography Program

### Advanced Certificate

# Spring 2027

**Two registration cycles per year**
**Program starts in the Spring & Fall semester**
**Program is in-person only and admits approximately 10 students per cycle**

# Registration Deadline:

## Start of the semester or until the course fills
## Registration is on a first-come, first serve basis.

**Program Chair:**
Tom Oldham, MSRS, RT(R)(CT)
Assistant Professor, Program Chair
(630) 942-2074 or oldhamt@cod.edu

**Health Science Division Refund Policy**
Health Science students acknowledge that program-related expenses are non-refundable if they voluntarily withdraw or are dismissed from the program for any reason. Non-refundable expenses include, but are not limited to, program application costs, tuition, laboratory fees, malpractice insurance, clinical site software account fees, health and clinical compliance requirements, Medical Document tracking software account fees, uniforms/scrubs, textbooks, supplies, and other expenses associated with enrollment or participation in the Health Science Program.

By accepting admission or registering for the program, students acknowledge their financial responsibility for these expenses and understand that withdrawal or dismissal from the program does not constitute grounds for refund of reimbursement.

# Registration Checklist

Your checklist must be complete in order to be considered for registration and allowed to register for the course. The **Registration Deadline** is the start of the semester or until the course fills.

***NOTE: The program has the right to deny admission to any student that they feel is unable to fulfill or abide by the policies and procedures as described on the Computed Tomography website and in this packet.***

1. Schedule a Computed Tomography individual Information Session with Program Chair, Tom Oldham at oldhamt@cod.edu. **It is required that an applicant attend an information session within a 12-month period prior to registration.**

2. Health Insurance proof **– Does not need to be submitted**
   Students are expected to provide proof of a **Comprehensive Health Insurance Plan** prior to the start of the program. The comprehensive health insurance plan must cover you **throughout the length of your clinical experience**, which in most cases, consists of the entire length of the program. If you are in need of health insurance, please see important dates below and visit https://cod.studentbenefitplans.com/bpg-insurance-individual/.

   **IMPORTANT DATES:**
   **November 1st** through **mid-January - Open Enrollment** (only option to apply)

   *If you miss open enrollment but have a qualifying life event, you can apply during a Special Enrollment Period.*

   *While we **cannot** guarantee your official acceptance into the program, you need to be aware that there is short timeframe of when you can purchase a health insurance plan. The purpose of this step is to make you aware that the time to research is **NOW**. Purchasing health insurance outside of this timeframe may take months and prohibit your admittance into the program.*

   **NOTE**: Obtaining health insurance is NOT an application requirement so nothing needs to be submitted, but it is a requirement to be in the program.

3. If you are not a College of DuPage student, complete the **non-refundable** $20 College of DuPage General Admissions Application online. **This application is for general admission to College of DuPage only.**

4. To ensure that all of your eligible credits are evaluated towards the admission requirements, turn in **ALL** official transcripts from institutions that you have attended.
   a. Submit your official transcript(s) to **College of DuPage, Office of Student Records**. ***If College of DuPage is the only institution you have attended, you do not need to request official transcripts.***

   b. Verify receipt of your transcript(s). Log into myACCESS account, click on 'myACCESS for Students', select '**My Profile**'. The receipt status of your transcript will be listed under '**Transcript Institutions**'.

   NOTE: If you have an international transcript from high school or college, it must first be evaluated. Please visit the following website https://cod.edu/records/international-transcript-evaluation.aspx for details.

5. Must have active national certification and registration from the American Registry of Radiologic Technologists (ARRT) in Radiology **OR** hold active Certification in Nuclear Medicine Technology from

ARRT or NMTCB. E-mail documentation and proof of current and active ARRT or NMTCB Certification to hsadmissions@cod.edu.

6. Must be licensed in Medical Radiation Technology from IEMA, Department of Nuclear Safety. E-mail proof of active Illinois license in Medical Radiation Technology from IEMA, Department of Nuclear Safety to hsadmissions@cod.edu.

7. **Sign** and **submit** the "Clinical Requirement Acknowledgement Form" (page 4) to hsadmissions@cod.edu. **Note: Clinical Requirements** – This program requires you to complete Health Requirements, Background Check, and a Drug Test prior to clinical rotation. You will be given instructions via e-mail once you receive permission to register. Please continue to monitor your e-mail for instructions. The due date for completion is will be on the instruction sheet**.** Failure to complete the clinical requirements within the given timeframe will prohibit you from starting your clinical rotation. Please do not begin these requirements until you are instructed to do so.

8. Once you have completed the above requirements, please email hsadmissions@cod.edu to notify us of your interest to register for the CT program. You will be given permission to register. Your participation in the program will be dependent upon your completion of the below clinical requirements.

## COURSE SEQUENCE – COMPUTED TOMOGRAPHY (CT) PROGRAM

**FALL SEMESTER**

**1st 8-week session:**

DMIN 2500 Sectional Anatomy and Pathology for CT (3 credit hours)
DMIN 2501 Principles of CT and Patient Care (3 credit hours)
DMIN 2511 Clinical Applications of CT I (3 credit hours)

**2nd 8-week session:**

DMIN 2502 Physics and Instrumentation of CT (3 credit hours)
DMIN 2503 Radiation Safety and Quality Management for CT (3 credit hours)
DMIN 2512 Clinical Applications of CT II (3 credit hours)

This sequence is subject to change. For further assistance in scheduling of courses, please contact a faculty member in the Computed Tomography (CT) program.

The program curriculum incorporates the national curriculum for Computed Tomography established by the American Society of Radiologic Technologists (ASRT). The curriculum includes all academic and clinical competencies required for eligibility for the American Registry of Radiologic Technologists (ARRT) national certification examination in Computed Tomography (CT). Before a student is enrolled in the College of DuPage Certificate Program in Computed Tomography can be deemed eligible to apply for ARRT or NMTCB certification, the exam applicant must fulfill the following requirements:

- The student must have successfully completed the academic requirements of the program.
- The student must have all fees and other program charges paid in full.
- The student must return all College of DuPage and clinical site property in their possession, or else remit payment(s) for lost, stolen or damaged property.

In addition to passing the CT examination, students must also be licensed in Illinois by IEMA. State licensure requirements for CT vary by state.

# College of DuPage
# Nursing & Health Sciences Division
# Clinical Requirement Acknowledgement

In this program, clinical requirements must be completed prior to the first clinical rotation. Please see the Clinical Requirement packet for details. **Please do not complete these requirements until you are instructed to do so.** Failure to complete the clinical requirements may result in dismissal from the program.

I, hereby, acknowledge that:

a. I have reviewed the Clinical Requirement packet for the program and understand that the program has requirements that must be completed during specific time periods as directed.

b. I have reviewed and understand that enrollment and participation in the clinical component of the program is subject to the practices and requirements of the clinical site, which may necessitate additional clinical requirements.

c. I understand that failure to complete and maintain the clinical requirements mandated by the program, and/or the clinical site, may delay program start, prevent registration or lead to program dismissal.

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**Signature** **Date**

_____

**Print**

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**Program Name**

**Email to clinicalrequirements@cod.edu**

Revised 11/12/25