CT Technologist Employment Training

Johns Hopkins Schools of Medical Imaging

Computed Tomography (CT) Technologist Employment Training

Application deadline: April 9, 2021.

Training Description

- Set to commence July 2021.
- No tuition required.
- Full benefits including health insurance.
- Five month on-the-job training.
- Designed for full-time employees/technologists interested in pursuing a career in CT.
- Provides an integrated curriculum combining classroom hours and clinical training.
- Headquartered in Baltimore, Maryland.
- Accredited by ASRT and exceeds education requirements for ARRT certification in CT.

Training Requirements

- U.S. citizens or permanent residents.
- Pending ARRT certified in Radiography.
- Pending MD state license.

Contact

Email CTprogram@jhmi.edu.
Visit somi.jh.edu/computed-tomography-ct/.

1800 Orleans Street, Blalock B179
Baltimore, MD 21287

JOHNS HOPKINS
MEDICINE

CT Technologist Employment Training
Additional Information

Hours of the Training

- Classroom Instruction – every Thursday 8:00AM to 4:30PM
- Clinical Rotations – Monday through Friday, rotating day and evening hours

Didactic Inclusions

- Patient Safety, Contrast Media, and Venipuncture
- Cross Sectional Anatomy
- CT Principles and Instrumentation
- Pathology
- CT Procedures and Protocols

Clinical Rotations

- The Johns Hopkins Hospital and Johns Hopkins Outpatient Center
  - Inpatient, Outpatient, Oncology, Pediatric, and Emergency Department
- Johns Hopkins Medical Imaging Satellite Campuses
  - Bethesda, Columbia, Green Spring Station, and White Marsh

Application Process

- All application materials must be submitted by the application deadline. Failure to complete any required section will be grounds to disqualify the applicant from consideration.
- 30 – 60 minute interview
- Possibility to shadow in JHH CT

The Johns Hopkins Hospital
CT Technologist Employment Training Application

CTProgram@jhmi.edu
1800 Orleans Street Blalock B179
Baltimore, MD 21287

1. Please type or print legibly.
2. E-mail or mail all application materials to the address noted above.
3. Failure to complete any required section will be grounds to disqualify the application from consideration.
4. Request all previous school/college transcripts and references to be mailed to the address noted above.
5. Reference forms must be submitted by the applicant in a sealed envelope with a signature across the seal or emailed directly by the reference to CTProgram@jhmi.edu

Personal Data

Name:

_____
Last   First   Middle

Present Address:

_____
Street Address

_____
City   State   Zip Code

Permanent Address:

_____
Street Address

_____
City   State   Zip Code

Contact Information:

Home: _____ Cell: _____ Work: _____

Email: _____

Education: List all schools and/or colleges attended with the most recent first. If transcripts are under another name, please indicate that name. _____

School/College and Location	Years Attended		Graduate		Degree/Diploma Awarded
	From	**To**	**Yes**	**No**	

List all professional certifications and/or licenses (i.e. RN, CNMT, RDMS, etc.)

License/Certification	Number	Effective Date

Employment: List all employers for the last five (5) years beginning with the most recent.

Employer	Address	Position	From / To	Contact Number

Describe any volunteer work you may have done. Use an additional page if necessary.

_____

_____

_____

Statement of Intent: On a separate sheet of paper, in 200 words or less, state why you chose a career in healthcare and outline your specific career goals in medical imaging.

Reference Forms: All applicants are required to submit two references in sealed envelopes with a signature across the seal. References may email their completed forms directly to CTProgram@jhmi.edu. *Only the attached reference form will be accepted.*

Applicants must request a reference from a professor or instructor of one of the prerequisite science courses (Anatomy & Physiology is preferred) and a reference from your current employer.

***Applicants certified in a clinical healthcare specialty must request a reference from the Program Director of your training course and a reference from your current employer.

I hereby certify that the statements set forth in the above application are true and complete to the best of my knowledge. I understand that, if accepted, falsified statements on this application will be considered sufficient cause for dismissal from the program.

I also understand that admission into the Computed Tomography Program implies my agreement to adhere to all hospital and Computed Tomography policies and regulations.

If selected to the Computed Tomography Program, I agree to submit to a pre-employment physical administered by the Occupational Health department of The Johns Hopkins Hospital prior to beginning classes.

Signature: _____ Date: _____

Please tell us how you heard about the Computed Tomography Program at The Johns Hopkins Hospital Schools of Medical Imaging.

_____

The Johns Hopkins Hospital Schools of Medical Imaging admits students of any race, color, sex, disability, and national or ethnic origin and extends to all the rights, privileges, program benefits, and activities generally accorded or made available to students of the Schools of Medical Imaging.

Recommendation Form
Academic/Employer Reference

Part 1: This part to be completed by the applicant.

Name:

_____
Last   First   Middle

Address:

_____
Street Address

_____
City   State   Zip Code

I hereby authorize the release of an evaluation to assist in the admission process by The Johns Hopkins Hospital Schools of Medical Imaging. I understand that such materials will be kept confidential, both from the public and me. I waive any right of access that I might have by law. I further understand that The Schools of Medical Imaging does not require that I sign this statement. I understand that the application will be reviewed without the waiver.

Signature: _____ Date: _____

Part 2: This part to be completed by the reviewer.

Please make every attempt to complete this document in a timely fashion as it is an integral part of the applicant's packet. The application may be declined if this is not received by the application deadline. Please complete the evaluation candidly and carefully. Your professional opinion is an important part of the selection process. Once the form has been completed, please either email the form or mail it in a sealed envelope with your signature across the seal to:

The Johns Hopkins Hospital
CTProgram@jhmi.edu
1800 Orleans Street Blalock B179
Baltimore, MD 21287

Name or Referrer: _____

Title of Referrer: _____

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Phone: _____Email: _____

Please rate the applicant using the following scale.

Criteria	Outstanding Top 5%	Above Average Top 25%	Average Top 50%	Below Average	No Opportunity to Observe
Ability to avoid and resolve conflict					
Ability to complete a task					
Academic ability					
Accepts constructive criticism and attempts to improve					
Attendance					
Attention to detail					
Coping skills in a stressful environment					
Judgment and maturity					
Leadership capability					
Morale booster vs. morale depressor					
Motivation					
Oral communication					
Problem solving ability					
Quality of written expression					

Please provide any additional remarks that you feel the admissions committee may find helpful. You may attach a separate paper if needed.

_____

_____

_____

_____

_____

_____

What is your recommendation for the admissions committee of the Schools of Medical Imaging?

- ☐ Strongest recommendation
- ☐ Recommend with confidence
- ☐ Recommended
- ☐ Recommend with reservation
- ☐ Not recommended

Signature: _____ Date: _____

Thank you for your time and thoughtfulness in assisting in this applicant's admission process.

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