

## VASCULAR TECHNOLOGY - Student Information Application

Complete this form and return along with the required documentation\* to: Health and Human Services Division, Health and Human Services Bldg, Room 108; or mail to Kara Swanson, Lansing Community College, Health and Human Services Division, 515 North Washington Square, Suite 108, Lansing, MI 48933, or fax to 517-483-1508.

Please note: if you are not an LCC student you must fill out an LCC application. Admission information, including a link to an online application, can be found at the LCC admissions home page ([www.lcc.edu/admissions/applynow/](http://www.lcc.edu/admissions/applynow/))

Legal Last Name \_\_\_\_\_  
Legal First Name \_\_\_\_\_  
LCC Banner # \_\_\_\_\_  
Middle Initial \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Preferred Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
LCC Email Address \_\_\_\_\_

## Sonography Employment Information

Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_

## Educational Information of Accredited program where sonography degree was obtained

Institution \_\_\_\_\_  
Dates attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
**Or** ARRT  
ARDMS Registry # \_\_\_\_\_ Registry # \_\_\_\_\_

**\*Required documentation: proof of RDMS or RT(S) credential; OR registry eligible (if registry eligible, provide a letter from the Program Director or official transcripts showing graduation from an accredited sonography program); and current sonography employment. Provide letter from supervisor or Human Resources on company letterhead verifying employment dates.**