## **MOLLOY UNIVERSITY**

## Division of Continuing Education and Professional Development C.T. Cross Training Program

Name			Home Phone ()	
Address				
City	St	Zip	E-mail	
NYS. License #				
Expiration Date		Years of Experience		
Name of Employer				
Please indicate how yo	ou intend to comple	ete the clinica	al component of the course:	
do not need to take out	t separate malpract	tice insurance	ne facility that I am employed with (if this is the case, you e or complete the health forms).  Sough a Molloy clinical site (if this is the case you will need alth forms on the following pages).	
Professional Malpracti	ce Policy #			
Physical Exam:			Date(Completed or scheduled)	
I certify that all informat	tion I have provided	in this applica	ation is true and complete to the best of my knowledge.	
Signature			Date:	
The completed forms	can be mailed to:			

Marc Fischer, MBA, LNMT, RT, CNMT Continuing Education and Professional Development Molloy College- PO BOX 5002 1000 Hempstead Avenue Rockville Centre, New York 11571-5002

The forms may also be faxed to: 516-323-3560 or scanned and emailed to: conted@molloy.edu.

## **Registration Process:**

You will be notified of your admission status to the course within 2 weeks of the receipt of your application. If you are accepted into the program you will be required to make a tuition deposit of \$1,000 towards the total tuition of \$2,500 within two weeks of your acceptance. The balance is due two weeks prior to the start of the course. A refund of the deposit will be made only if written notification of withdrawal is made 2 weeks prior to the start of the program. After this date, deposit will not be returned.

If you have any questions concerning the application or registration process, please call Molloy College Continuing Education and Professional Development at (516) 323-3558 or (516)-323-3550.