



Clinical Thermographic Technician Course Application

Date: _____

Name: _____
Last First Middle

Address: _____
Street

_____ *City and State*

_____ *ZIP and Country*

Phone#: _____ Email: _____

Gender: Male Female Age: _____

Yes No I have a high school diploma or GED (equivalency examination).

List all the colleges that you have attended in the order of earliest to the most recent:

Name of College	City/State	Dates Attended	Major/Degree	Graduation Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been dismissed from a college, graduate, or professional school?

Yes No (If "yes", explain the circumstances on a separate sheet of paper)

The following guidelines for admission to this course must be agreed to and initialed by the applicant:

- 1.) I have not been convicted of a felony. **Initialed:** _____
- 2.) I have a high school level minimum education. **Initialed:** _____
- 3.) I have not previously held any form of health care credential that has been revoked or currently suspended for any cause. **Initialed:** _____
- 4.) I agree to uphold the by-laws of the I.A.C.T., all imaging guidelines and protocols set forth by the I.A.C.T., and to any disciplinary action (up to and including immediate termination of reading services and potential revocation of certification) being necessary by the Board of Directors of the I.A.C.T. in order to maintain high quality standards and protection of the public. **Initialed:** _____
- 5.) I will maintain the highest quality control of my laboratory and/or insure the environmental controls of any facility wherein I may perform thermographic evaluations and further consent to allow officials of the I.A.C.T. to make spot inspections of said facilities to insure quality control. **Initialed:** _____
- 6.) I agree not to perform thermography in violation of any of the above codicils nor without image interpretation by a doctor who is formally trained in clinical diagnosis and board certified in clinical thermographic analysis by a reputable association. **Initialed:** _____
- 7.) It is my responsibility to insure that the terms of this order are not in violation of state, federal, province, or country law or other judicial notices local or otherwise which may preclude me from performing the role of a thermographic technician. I also understand that as a person contemplating a career as a clinical thermographic technician it is in my best interest to consult with legal representation to insure that no such violation of law will affect in any way my ability to successfully perform thermographic laboratory services. **Initialed:** _____

Application Certification –

I certify that all the information presented in this course application is correct and accurate.

Signature of Candidate: _____

Date: _____

Reservation of Rights and Notice of Non-Discrimination –

The International Academy of Clinical Thermology (IACT) reserves the right, without notice, to modify the requirements for admission; to change the arrangements or content of the modules/course, the instruction materials used, the tuition; to cancel any module or course at any time; to alter any regulation affecting an attendee; to refuse admission to any person at any time, or to dismiss any person from the course at any time, should it be in the interest of the IACT or the attendee to do so. The IACT does not discriminate on the basis of race, color, sex, national origin, age or handicap in the process of admission. Having read and fully understanding all of the information enclosed, I the undersigned agree to all the stipulations as outlined in this admissions packet.

Signature of Candidate: _____

Date: _____

To insure the promptness of processing your application, please E-mail the completed application back to the address it was sent from.