

**Technical Standards for Admission and Continuation in the  
Radiologic Technology Program  
School of Health Technology and Management  
Health Science Program  
Stony Brook University**

I certify that I have read and understood the Radiologic Technology Program's Technical Standards for Admission and Continuation, and that I meet each of these standards with or without reasonable accommodations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

If you have questions concerning the aforementioned Technical Standards, please contact the Radiologic Technology Program. If you believe that you cannot meet one or more of the Technical Standards, contact the Office of Disability Support Services at Stony Brook University.