

Radiologic Technology Program



Associate of Applied Science Degree Application

Applications are due: April 30, 2024

All applications must be fully completed prior to emailing the application to the Program.

Please submit completed applications to: radiologyapplications@jeffco.edu

Contact Stacy Wilfong, Director of Radiology, for assistance /questions – The Jefferson College Admissions/Student Services will not be able to assist with the online portion of the application.

Office: (636) 481-3524
CTE 179

INSTRUCTIONS: Carefully review all pages of application AND document titled Admission Rubric. Complete each step of the admission checklist (page 2). Please ensure all steps are fully completed prior to the deadline date. Due to the substantial number of applicants, the program is unable to provide confirmation of completion of the application. Applications that are not complete will not be considered, please ensure all application material is completed prior to sending.

Sending application: Complete each page below, keep pages in order and in one document, then attach and send ONE email to radiologyapplications@jeffco.edu. Applicants will be notified approx. 2 weeks after the deadline complete research questions and schedule a pre-Rad coaching session with program faculty member (in person or zoom) to go over the submitted application.

Admission Checklist

<input type="checkbox"/> Done	If new to Jefferson College, submit Jefferson College applications for admission form. This can be done in person or online : www.jeffco.edu (home>future students>apply) or follow this LINK You will need your Jeffco V# for your application
<input type="checkbox"/> Done	Apply for financial aid . The federal financial aid application (FAFSA) is also available online . School code 002468. Students aged 20-24 may qualify for the Fast Track Workforce Incentive Grant- visit the Fast Track Grant page HERE .
<input type="checkbox"/> Done	Complete the general education courses listed with grade specified (page 3).
<input type="checkbox"/> Done	2.75 GPA (overall) for all college level course work.
<input type="checkbox"/> Done	Complete the HESI A2 test by contacting the Testing Center at jhtc@jeffco.edu or 636-481-3147 to set up an appointment. There is a \$67.00 fee to take the test. The fee can be paid at the Testing Center by cash with the exact amount. The Testing Center will be unable to give change if you are paying by cash. Applicants can also pay by cash, check, or credit card at the Cashier's window in the Student Center. Please bring your receipt to the Testing Center. Test scores will need to be uploaded with your application. There is not a minimum required score.
<input type="checkbox"/> Done	Pay the \$50 Radiology Program Application Fee to the Cashier's Window- attached paid receipt to application
<input type="checkbox"/> Done	Complete Radiologic Technology Program Application
<input type="checkbox"/> Done	Submit signed and dated Jefferson College Radiologic Technology Code of Ethics form
<input type="checkbox"/> Done	Submit reference request form that included names and email of one reference
<input type="checkbox"/> Done	4 hours minimum Hospital Observation Submit Evaluation form and Hospital Observation narrative
<input type="checkbox"/> Done	Signed Release for Drug Testing Consent and Release/Background Check Form
<input type="checkbox"/> Done	Copy unofficial transcript and a spring/summer schedule which shows proof of enrollment in pre-requisite (if applicable) and submit with the application packet.
<input type="checkbox"/> Done	Read and sign task inventory and essential qualifications form (essential qualifications found in application instructions and rubric packet found on the website)



1000 Viking Drive – Hillsboro, MO 63050

Radiologic Technology Program Application for Admission

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Social Security Number Date of Birth Student ID (College V number)

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Last Name First Name Middle Name

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Preferred Name Previous Name

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(Area) Home Phone No. (Area) Work Phone No. Jeffco Email Address

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Address – Street, Route, or Box Number

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City State Zip Code

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Emergency Contact NAME Phone number Relation

Transcripts: If you have attended other colleges, request that official transcripts be sent to: Jefferson College, to have the credits evaluated.

Prerequisite/Corequisite Classes:

Course	Name of College Awarding Credit	Semester / Year completed	Letter Grade Received
BIO211 - A&P I			
BIO212 - A&P II			
ENG101 - Eng. Comp. I			
MTH128 - Inter. Algebra or Higher			
Intro. to College or Mastering the College Exp.			
CIS 125 Computer Literacy			
PSY101 General Psychology OR SOC101 Sociology			
PHL203 Medical Ethics			
Civics Course HST103 HST104 OR PSC102			

Cumulative GPA: _____

Spring OR Summer (2022) enrollment (list courses): _____

Previous Degree: Have you previously completed, or will you, by the end of the upcoming spring semester, complete a college degree (AA, AAS, BS)?

YES NO

If yes, please attach a copy of your diploma to the application.

College Awarding Degree	City/State	Dates Attended

Do you have any felony/ misdemeanor convictions? Yes No If yes see page 5 for ARRT requirements.)

If yes, please indicate your felony class/ conviction: _____

I certify that I am physically and mentally able to perform the essential duties and functions (with reasonable accommodations if necessary) of a Radiologic Technologist, and that all information is correct. I understand that if any facts provided in this application packet have been misrepresented, it will be sufficient cause for being declared ineligible or dismissed from the program.

Signature

Date

Observation Form

To the applicant: Those considering a career in any health science field can make a more informed choice based on personal experience or observation. Therefore, prospective students are required to perform a minimum of 4 hours of observation time (not including CT, MRI, Ultrasound, etc.) in a diagnostic radiology department, preferably a hospital. Applicants should contact their site of choice in advance to schedule a time and determine the site’s requirements for observation.

Things to remember:

- Take this form with you to the observation experience and obtain the technologist’s signature to confirm your observation hours,
- Use a new form for each site if going to more than one, and
- Return each form with your application packet.

While at any clinical site, applicants must maintain the highest level of professional behavior. Specifically, please do not wear jeans, T-shirts, sweatshirts, or open-toed sandals. Tattoos should not be visible, and jewelry should be limited to one earring per ear lobe. Your overall look must be neat and clean to inspire confidence in the patient-provider interaction. As a professional courtesy, you are expected to arrive early and to contact the facility immediately should a need to reschedule occur.

Release of Observation Form

I authorize the Radiologic Technology Program to contact the site/evaluator, named on the observation form if questions arise regarding this observation experience.

All completed Observation Forms are the express and sole property of the Jefferson College Radiology Technology Program. Students waive rights to view this observation form now or in the future.

Applicant’s Name: _____

Applicant’s Signature: _____

Date: _____

To the Technologist: As an admission requirement to the Radiology Program offered at Jefferson College, applicants are required to observe for a minimum of 4 hours in clinical settings (**not including** CT, MRI, Ultrasound, etc.). If the information for the prospective student is correct for today's observation, then please **complete the form below and return it to the student.**

Facility/Clinical Site: _____ Total Hours Observed: _____

Date Observed	Time Observed	Technologist Initials

Printed Name of Observed RT: _____

RT Signature and Credentials: _____

Department Phone number: _____

- Did the applicant observe general diagnostic exams? Yes No
- Did the applicant present himself/herself in a professional manner? Yes No
- Did the applicant arrive on time? Yes No
- Did the applicant demonstrate interest in the patients and their exams? Yes No
- Did the applicant show enthusiasm toward the profession? Yes No

Additional Comments _____

Thank you for sharing your time and expertise. We appreciate the support. Please contact Stacy Wilfong, MAT, RT (R)), Program Director 636-481-3524, or jswilfon2@jeffco.edu if you have comments regarding this applicant or if you would like information about our program.

Radiologic Technology Program
Application for Admission

Applicant: Please write a short narrative of your experiences during your job shadowing

Your Name: _____

Date of shadowing: _____

Facility you shadowed at: _____

**APPLICANT WAIVER OF ACCESS
TO LETTER OF RECOMMENDATION**

Applicants: Please indicate whether you waive your right to review this letter of recommendation by signing the correct line at the bottom of this page.

NOTE: Waivers of access to letters of recommendation are *optional* and *voluntary*. Departments or programs at Jefferson College may request waivers, but do not deny admission, awards, employment, or any service or other benefit to students who fail to supply waivers. However, individual recommenders may choose to make the recommendation conditional on a signed waiver of access.

Printed Name of Applicant _____

By signing below, I **agree** to waive my right to access and examine, now or at any time in the future, the letter of recommendation (or copies) written by the below named recommender.

Applicant Signature

Date

Please LIST the name of your recommender and their email address.

Make sure you inform them they will be getting an email from swilfon2@jeffco.edu or rdacus@jeffco.edu regarding their recommendations. Recommenders do not need to contact the Program. All information will be emailed to the recommender **after** the application due date.

Name of Recommender and email address: _____

Jefferson College Radiologic Technology Code of Ethics

To promote excellence in patient care, the Jefferson College Radiologic Technology student shall:

- Treat patients with respect for the dignity, rights, and value of everyone.
- Provide nondiscriminatory and equitable treatment for all patients.
- Promote and strive to protect the health, safety, and rights of each patient, including placing the wellbeing of the patient before his or her own well-being.
- Maintain confidentiality of patient information following privacy regulations required by law.
- Not reference any person, place or affiliated agency associated with the clinical experience in or on any form of social media including, but not limited to, blogs, networking (Facebook, SnapChat, Instagram, etc.), Twitter, or video sharing (YouTube, TikToc, etc.). Information displayed on these formats is considered public and could be identified as a HIPAA violation.
- Perform procedures or functions within his/her level of education in the profession.
- Refuse to participate in any illegal, unethical, or incompetent acts.
- Disclose any illegal, unethical, or incompetent acts of others to the proper authority.
- Avoid any conduct that creates a conflict of interest.
- Demonstrate behavior that reflects integrity.
- Follow all principles of ethical and professional behavior, as identified in the code of ethics of his/her chosen health career.

Students shall be denied admission to the Radiologic Technology program for any of the above breaches of ethics.

Please check each box to ensure each item has been carefully read and agreed upon:

- I have read and understand the Radiologic Technology program Code of Ethics and understand that any breach in ethics will result in an inability to apply for admission.
- I attest all information in my application packet is complete and accurate to the best of my knowledge.
- I understand that withholding or providing false information may be grounds for my dismissal from the Jefferson College Radiologic Technology Program.
- I understand that before, and possibly throughout the course of my participation in Jefferson College Radiologic Technology Program, I will be asked to submit to a background check and drug testing as required by the clinical sites.
- I understand that at any time, if I test positive for any prohibited substance, I may be removed from the Program.
- I understand, that if I have any felony or misdemeanor convictions, the Program may not be able to place me in a clinical site.

Print Full Name

Student Signature

Date

Radiologic Technology Program
DRUG TESTING CONSENT AND RELEASE
BACKGROUND CHECK CONSENT

I, _____ as a condition of admission into the Radiologic Technology program, hereby voluntarily agree to submit a sample of my urine and/or blood for chemical analysis when requested by the College. I understand that the purpose of this analysis is to determine the absence or presence of drugs or alcohol in my system.

I also hereby give my consent to the disclosure of test results by the testing laboratory to the Program and/or its designated agents for use by the Program in deciding whether to allow my continuance in the Radiologic Technology program and any other lawful purposes. I understand that a positive test result is grounds for dismissal from the program. I understand that all information disclosed to the Program by the testing laboratory will be kept confidential by the Program and will be released only to those College employees, agents, clinical sites and/or third parties (such as government agencies), with a need to know.

I understand that at any time, if I test positive for any prohibited substance, I may be removed from the Program.

I hereby release and hold harmless the College and its employees and agents from any liability whatsoever arising from this request to furnish specimens, the testing of these specimens, and the disclosure of the test results to the Program and/or its agents and/or third parties. I also understand at any time during the program I may be subjected to random screening.

I also attest that I will be requesting this background check on myself and have not or will not falsify my identity to obtain a background check on anyone other than myself. The information I provide will be true to the best of my knowledge and belief.

I understand that the College requiring this check will automatically have access to my report once it is available. I also understand that the College may authorize designated affiliate hospitals, clinical sites and/or schools to view my report if such information is required prior to gaining entrance into such facilities.

I understand that if I have any felony or misdemeanor convictions, the Program may not be able to place me in a clinical site.

Print Full Name _____

Signature _____

Date _____

***** INITIAL TESTING WILL BE COMPLETED ONCE ENROLLED IN THE PROGRAM*****

Radiologic Technology Program

Essential Qualifications for Admission and Continuance

All individuals, including persons with disabilities, who apply for admission to the radiologic technology program, must be able to perform specific essential functions with or without reasonable accommodation.

The applicant should carefully review the essential qualifications for the program and ask questions if not familiar with the activities or functions listed. The applicant must decide if he or she has any limitations that may restrict or interfere with the satisfactory performance of any of the requirements. It is ultimately the applicant's responsibility to meet these essential qualifications if accepted into the program.

These requirements are consistent with the employment requirements of our clinical education sites.

I have read the aforementioned information regarding the physical, mental and emotional demands of the Jefferson College Radiologic Technology Program, and I attest that I can perform all functions expected of a Radiologic Technologist.

Print Full Name _____

Signature _____

Date _____