2016 Radiologic Technology Program Application
Application deadline is March 30, 2016
Please complete all information. Please type or print clearly using black ink only.

Social Security Number _______ - _______ - _______

Name __________________________________________

_____________________  ___________  ___________  ___________
Last                      First                     Middle                     Maiden

Address __________________________________________

_________________  ___________  ___________  ___________
Street                   City                     State                     Zip

Home Phone (______) ___________________________  Alternate Phone (______) ___________________________

*Students will be notified by mail of their status in the program 4-6 weeks after the deadline.

High School(s) __________________________________________

Graduation Date (Month/Year)______________________________  Cumulative GPA ___________

GED Test Date (Month/Year) ________________________________  GED Test Score ___________

*Please include a copy of either your high school transcripts or GED scores.
An official transcript will be required upon acceptance into the program.

Post-Secondary Education

<table>
<thead>
<tr>
<th>College</th>
<th>State</th>
<th>Dates Attended</th>
<th>Degree(s) Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iowa Central Community College</td>
<td>IA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Please include an unofficial/copy of transcripts from all colleges attended with your application.
Send official transcripts to the Registrar at Iowa Central Community College for review.

Revised 9/21/15
Iowa Central Community College
Radiologic Technology Application

Minimum Requirements for Application
The following criteria are required for admission into the Iowa Central Radiological Technology program. If a student does not meet the requirements below they will not be considered for the program until they have completed specific college courses and/or re-taken the appropriate assessment test(s). Please contact the health science office if you have questions regarding your status or to confirm assessment scores taken at Iowa Central.

**High School Diploma/GED or Equivalent (Eight (8) hours of college credit with a 2.0 GPA)**
- High School GPA: 2.5
- GED Scores: 550

**Assessment Scores**
- ACT: 18 English, 20 Math, 18 Reading
- SAT: 430 Verbal, 475 Math
- Compass: 65 Writing, 46 Math, 80 Reading
- Asset: 40 Writing, 46 Math

*Applicants must submit a copy of their ACT, SAT, Asset, or Compass test, unless taken at Iowa Central Community College (Asset/Compass only). Only one test is required, however applicants who have taken a test more than once, or have taken different tests, are encouraged to send in as many different tests as they would like. The highest scores from each category will always be used for evaluation. Only test scores within three years of a class start date are considered for placement.*

**Personal References**
Students must have two references fill out the Personal Reference Form that is included in the application packet. References must not be friends or family members. References can mail the form to the address on the back page or give it to applicant in a sealed envelope and handed in with application.

**Completion of Prerequisites**
Students must be enrolled in, or have previously completed all prerequisites of the program with a “C” or higher before they will be considered for the program. Students must submit proof of their enrollment in/or completion of these classes prior to the application deadline.

**Clinical Travel**
Students accepted into the program will be responsible for all expenses incurred while traveling to and from all clinical sites or classes.

**Background Check**
All students starting the Radiologic Technology program must complete a Criminal Record/Child and Adult Abuse Check prior to attending clinical. Background check forms will be distributed at the orientation to those students who have been accepted into the Radiologic Technology program.

*The Radiologic Technology Program at Iowa Central Community College is a limited-enrollment program. All students interested in this exciting and challenging program are encouraged to apply.*

Applicant’s Signature ____________________________ Date ____________________________

Revised 9/21/15
Please mark any of the courses below you have completed or are currently enrolled in.

**Prerequisites**
1. Human Anatomy & Physiology I w/lab
   - Enrolled Spring 2016
   - Enrolled Summer 2016
   - Completed

2. College Level Math Course
   - Enrolled Spring 2016
   - Enrolled Summer 2016
   - Completed

3. Medical Terminology
   - Enrolled Spring 2016
   - Enrolled Summer 2016
   - Completed

**General Courses**
1. Introduction to Health Care
   - Enrolled Spring 2016
   - Enrolled Summer 2016
   - Completed

2. Composition 1
   - Enrolled Spring 2016
   - Enrolled Summer 2016
   - Completed

3. Introduction to Psychology
   - Enrolled Spring 2016
   - Enrolled Summer 2016
   - Completed

4. Computer Course
   - Enrolled Spring 2016
   - Enrolled Summer 2016
   - Completed

5. Human Anatomy & Physiology II w/lab
   - Enrolled Spring 2016
   - Enrolled Summer 2016
   - Completed

**Optional Course (Highly recommended)**
1. Limited Radiologic Technology
   - Enrolled Spring 2016
   - Enrolled Summer 2016
   - Completed

2. Health Science College Experience
   - Enrolled Spring 2016
   - Enrolled Summer 2016
   - Completed

Please enclose an official transcript if the above courses were completed at an institution other than Iowa Central Community College. If a transcript was previously sent to Iowa Central, please include an unofficial/copy of the transcripts in this packet. **No points will be awarded if we do not have documentation of the courses completed.**
Please list all previous work experience you have had in the health field, beginning with the most recent. All areas on this form must be completed for each position held or you will not be given credit for your work/volunteer experience. If you have no previous work experience in the health field, we recommend 15 hours of voluntary work in a health care facility. Voluntary positions should also be included when completing this form, please note which positions were on a voluntary basis.

Dates of Employment: From ______________________ To ______________________
Name of Facility ______________________ Total Hours Worked ______________________
Phone Number ______________________ Supervisor ______________________
Briefly describe your job responsibilities: ____________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Dates of Employment: From ______________________ To ______________________
Name of Facility ______________________ Total Hours Worked ______________________
Phone Number ______________________ Supervisor ______________________
Briefly describe your job responsibilities: ____________________________________________
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Phone Number ______________________ Supervisor ______________________
Briefly describe your job responsibilities: ____________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Iowa Central Community College
Job Shadow Verification Form

All students wanting to be considered for the Radiologic Technology Program must complete a minimum of 12 hours of job shadow experience prior to applying for the program. Any hours completed after the packet deadline will not be considered in the application process. Students should visit at least 2 different locations to get a variety of experiences in the radiology department. All aspects of this form must be completed or you will not receive credit for your job shadow experience.

Applicant’s Name ____________________________________________________________

Location One
The above named applicant has spent _________ hours shadowing in the Radiology Department at ________________________________.

Hospital/Clinic

The applicant has observed the following procedures:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

____________________________________

Signature of Technologist

Date

( ______ )

Telephone Number of Hospital/Clinic

____________________________________

Printed Name of Technologist

Location Two
The above named applicant has spent _________ hours shadowing in the Radiology Department at ________________________________.

Hospital/Clinic

The applicant has observed the following procedures:

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

____________________________________

Signature of Technologist

Date

( ______ )

Telephone Number of Hospital/Clinic

____________________________________

Printed Name of Technologist

If you have visited more than 2 locations please make copies of this page for documentation

Revised 9/21/15
Iowa Central Community College
Radiology Application Essay

Submitted essay must be typed.
Failure to complete all aspects will affect consideration for acceptance into the program.

1. What stimulated your interest in the field of medical imaging?

2. What is the role of a Radiologic Technologist in the diagnosis and treatment of patients?

3. Explain the different areas of advancement and specialization available to Radiologic Technologists.

4. Describe your short and long term professional goals.

5. Describe your strengths and weaknesses.

6. Describe your personal characteristics and life experiences you feel will contribute to your success as a student and professional technologist.

7. List all research resources used
   a. Research should include a minimum of 2 sources
   b. Possible sources to use: books, internet sources (ASRT.org), professional magazines, or interviews (student technologist, technologist, or radiologist -must include name of individuals interviewed)
# Iowa Central Community College
## Radiologic Program of Study

### Program of Study

<table>
<thead>
<tr>
<th>Prerequisite</th>
<th>Sem. Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO-168 Human Anatomy &amp; Physiology I w/lab</td>
<td>4</td>
</tr>
<tr>
<td>HSC-113 Medical Terminology</td>
<td>2</td>
</tr>
<tr>
<td>College Level Math Course</td>
<td>3</td>
</tr>
</tbody>
</table>

### First Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Sem. Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO-173 Human Anatomy &amp; Physiology II w/lab</td>
<td>4</td>
</tr>
<tr>
<td>HSC-104 Intro to Health Care</td>
<td>2</td>
</tr>
<tr>
<td>RAD-320 Imaging I</td>
<td>2</td>
</tr>
<tr>
<td>RAD-122 Radiographic Procedures I</td>
<td>4</td>
</tr>
<tr>
<td>RAD-210 Clinical Education I</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total Hours</strong></td>
<td><strong>16</strong></td>
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</tbody>
</table>

### Second Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Sem. Hrs.</th>
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</thead>
<tbody>
<tr>
<td>PSY-112 Psychology of Human Relations</td>
<td>3</td>
</tr>
<tr>
<td>or PSY-111 Introduction to Psychology</td>
<td>3</td>
</tr>
<tr>
<td>RAD-430 Radiographic Physics</td>
<td>3</td>
</tr>
<tr>
<td>RAD-365 Imaging II</td>
<td>2</td>
</tr>
<tr>
<td>RAD-142 Radiographic Procedures II</td>
<td>4</td>
</tr>
<tr>
<td>RAD-230 Clinical Education II</td>
<td>4</td>
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<tr>
<td><strong>Total Hours</strong></td>
<td><strong>16</strong></td>
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</tbody>
</table>

### Summer Session (9 wks.)

<table>
<thead>
<tr>
<th>Course</th>
<th>Sem. Hrs.</th>
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</thead>
<tbody>
<tr>
<td>RAD-162 Radiographic Procedures III</td>
<td>3</td>
</tr>
<tr>
<td>RAD-270 Clinical Education III</td>
<td>3</td>
</tr>
<tr>
<td>RAD-182 Special Procedures</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Hours</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

### Third Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Sem. Hrs.</th>
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</thead>
<tbody>
<tr>
<td>ENG-105 Composition I</td>
<td>3</td>
</tr>
<tr>
<td>RAD-770 Film Critique &amp; Evaluation</td>
<td>2.5</td>
</tr>
<tr>
<td>RAD-896 Quality Assurance</td>
<td>2</td>
</tr>
<tr>
<td>RAD-510 Clinical Education IV</td>
<td>6</td>
</tr>
<tr>
<td>Computer Course</td>
<td>2</td>
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<tr>
<td><strong>Total Hours</strong></td>
<td><strong>15.5</strong></td>
</tr>
</tbody>
</table>

### Fourth Semester

<table>
<thead>
<tr>
<th>Course</th>
<th>Sem. Hrs.</th>
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</thead>
<tbody>
<tr>
<td>RAD-570 Clinical Education V</td>
<td>8</td>
</tr>
<tr>
<td>RAD-738 Radiologic Pathology</td>
<td>2</td>
</tr>
<tr>
<td>RAD-850 Radiation Protection &amp; Biology</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Hours</strong></td>
<td><strong>13</strong></td>
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</tbody>
</table>

### Summer Session (9 wks.)

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<tr>
<th>Course</th>
<th>Sem. Hrs.</th>
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</thead>
<tbody>
<tr>
<td>RAD-690 Cross Sectional Anatomy</td>
<td>1</td>
</tr>
<tr>
<td>RAD-946 Seminar</td>
<td>2</td>
</tr>
<tr>
<td>RAD-620 Clinical Education VI</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Total Hours</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

Students may extend the Radiologic Technology Program over three years by taking the Arts and Science courses the first year and the Radiologic Technology courses during the second and third years.

*Test out option is available. See Health Sciences Department Chair or Program Coordinator.*
Job Shadow Reference Form

Applicant is to give this to the R.T. overseeing the applicants job shadowing. Pursuant to Public Law 93-380, all letters of job shadow recommendation written after January 1, 1975 are not considered confidential unless the applicant waives right of access. The signature below constitutes a waiver of the applicant’s right of access to this job shadow recommendation should he/she be accepted into the Radiology Technology program.

Signature ___________________________ Date ________________

If not signed, this job shadow recommendation can be available to the applicant. Iowa Central Community College prohibits discrimination and it its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associated preference. Iowa Central Community College also affirms its commitment to providing equal opportunities and equal access to Iowa Central facilities. For additional information on nondiscrimination policies, contact the Special Populations Coordinator, (515) 574-1045, Iowa Central Community College, One Triton Circle, Fort Dodge, Iowa 50501.

The applicant named below has requested admission to the Radiology Technology program at Iowa Central Community College. Your response to this inquiry will assist the Admissions Committee in assessing the applicant. The program’s faculty and administration believes these are important items to be considered along with other data in predicting the potential professional success of persons in health care clinical settings. Your candid appraisal of the applicant’s characteristics is vital to our evaluation and subsequent decisions. Your assistant is appreciated.

Applicant’s Name (please print): __________________________________________________________

How long have you known the applicant? ___________________________________________________

In what capacity do you know the applicant (job shadowing, friend, etc.)? _____________________

Please complete the following table by marking in the appropriate box.

<table>
<thead>
<tr>
<th>Responsibility: Ability and willingness to accept responsibility; arranges then arrives prior to or on time for scheduled shadowing.</th>
<th>Above Average</th>
<th>Average</th>
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<tr>
<td>Attitude: Displays positive actions and behaviors.</td>
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<td>Enthusiasm: Displays a genuine interest for radiologic technology.</td>
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Please check one of the following categories that best describes your overall rating of the candidate:
_____ Recommend with enthusiasm
_____ Recommend with confidence
_____ Recommend with reservations
_____ Do not recommend

Name of Evaluator (Please Print)   Signature of Evaluator       (date)

_____________________________  ______________________________
Title/Position

_____________________________  ______________________________
Address       Phone number can be reached at.

Thank you for your cooperation in evaluating this applicant.

When completed with the evaluation fax to ensure confidentiality. Please fax to 515-574-1323, Attn: Chantel Burns --Radiology applicant job shadow reference form.

If you have any questions please contact Chantel Burns (Radiology Program Coordinator), 515-574-1302 or burns@iowacentral.edu or Joan Sappingfield (secretary), 515-574-1322 or sappingfield@iowacentral.edu.
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Applicant’s Name (please print): __________________________________________________________

How long have you known the applicant? ___________________________________________________

In what capacity do you know the applicant (supervisor, instructor, etc.)? ________________________

Please complete the following table by marking in the appropriate box.

<table>
<thead>
<tr>
<th></th>
<th>Exceptional top 2%</th>
<th>Above Average top 1/3</th>
<th>Average 50%</th>
<th>Below Average</th>
<th>Poor Below 1/3</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsibility: Ability and willingness to accept responsibility; complete tasks; honor commitments.</td>
<td></td>
<td></td>
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<tr>
<td>Problem-Solving: Takes initiative and has the ability to identify, confront, and solve problem situations.</td>
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<td>Honesty: Extent to which the candidate displays an ethical code of integrity.</td>
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<tr>
<td>Stress/Anxiety Response: Ability to handle or cope with stressful/anxious situations.</td>
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<tr>
<td>Respect: Demonstrates respect for self and others.</td>
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<tr>
<td>Constructive Criticism: Ability to accept and handle positive and constructive criticism.</td>
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<tr>
<td>Verbal/Writing Skills: Ability to clearly express oneself.</td>
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<tr>
<td>Attendance Reliability:</td>
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<tr>
<td>Organizational Skills: Uses time wisely and prepares for upcoming events</td>
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Please check one of the following categories that best describes your overall rating of the candidate:

_____ Recommend with enthusiasm
_____ Recommend with confidence
_____ Recommend with reservations
_____ Do not recommend

Name of Evaluator (Please Print) _______________________________ Signature of Evaluator _______________________________ (date)

Title/Position ________________________________________________

Address ____________________________________________________ Phone number can be reached at.

Thank you for your cooperation in evaluating this applicant.

When completed with the evaluation, enclose this form in an envelope and sign over the sealed portion to ensure confidentiality. Return it to the applicant or send it to the address below.

Iowa Central Community College
Attn: Radiology applicant reference
One Triton Circle
Fort Dodge, IA 50501

Form courtesy of University of Iowa
Pursuant to Public Law 93-380, all letters of recommendation written after January 1, 1975 are not considered confidential unless the applicant waives right of access. The signature below constitutes a waiver of the applicant’s right of access to this recommendation should he/she be accepted into the Radiology Technology program.

Signature ___________________ Date ______________

If not signed, this recommendation can be available to the applicant.

Iowa Central Community College prohibits discrimination and its educational programs and activities on the basis of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associated preference. Iowa Central Community College also affirms its commitment to providing equal opportunities and equal access to Iowa Central facilities. For additional information on nondiscrimination policies, contact the Special Populations Coordinator, (515) 574-1045, Iowa Central Community College, One Triton Circle, Fort Dodge, Iowa 50501.

The applicant named below has requested admission to the Radiology Technology program at Iowa Central Community College. Your response to this inquiry will assist the Admissions Committee in assessing the applicant. The program’s faculty believes these are important items to be considered along with other data in predicting the potential professional success of persons in health care clinical settings. Your candid appraisal of the applicant’s characteristics is vital to our evaluation and subsequent decisions. Your assistant is appreciated.

Applicant’s Name (please print): __________________________________________________________

How long have you known the applicant? ___________________________________________________

In what capacity do you know the applicant (supervisor, instructor, etc.)? ______________________

Please complete the following table by marking in the appropriate box.

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<th>Exceptional top 2%</th>
<th>Above Average top 1/3</th>
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Please feel free to make comments explaining selections made in the previous table, as well as present additional information you believe would be relevant to this applicant’s pursuit of admission.

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