Dear Radiology Applicant:

Thank you for applying to the Radiology program at Iowa Central Community College. In order to be considered for the upcoming Radiology program you must first complete the enclosed application packet, and submit all of the required documentation together in an individual envelope by March 9, 2018, pending openings for the radiology program. Failure to include all of the required information will affect consideration for the program. Your completed application packet should include documentation all of the following information.

- Assessment Scores within three years (Unless taken at Iowa Central)
- High School Transcripts or GED Scores (Unless already submitted)
- College Transcripts (Unless classes taken at Iowa Central)
- Proof of enrollment/completion of Human Anatomy & Physiology I with lab, Medical Terminology and a college-level Math course
- Two completed Personal Reference forms
- Two completed Job Shadow forms
- Radiology Application Essay

To ensure consideration for the Radiology Program, application packets must be received. It is the students’ responsibility to make sure their application packet is complete. If submitted after the deadline, students will be accepted pending openings for the program. Please submit your completed packet to:

Iowa Central Community College
Radiology Application
One Triton Circle
Fort Dodge, IA 50501

The Radiology Program is a limited enrollment program, and completion of the prerequisites and/or minimum requirements does not guarantee acceptance into the program. This is a competitive program, with an emphasis placed on academic performance, knowledge and experience of the health field, and the determination to succeed.

If you have any questions concerning the application process for the Radiology Program please contact Iowa Central Community College at 800-362-2793.

Sincerely,

Emily Holtapp
Health Science Associate
Fort Dodge Center
515-574-1309
holtapp@iowacentral.edu
2018 Radiologic Technology Program Application
Application deadline is March 9, 2018
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 (_____) ____________________________

Email Address ____________________________________________

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

<table>
<thead>
<tr>
<th>High School Diploma/GED or Equivalent (Eight (8) hours of college credit with a 2.0 GPA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School GPA</td>
</tr>
<tr>
<td>GED Scores</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessment Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT - 18 English 20 Math 18 Reading</td>
</tr>
<tr>
<td>Accuplacer - 4 Writeplacer NA Math 65 Reading</td>
</tr>
<tr>
<td>SAT - 430 Verbal 475 Math NA</td>
</tr>
<tr>
<td>Compass - 65 Writing P64 Math or 51 Algebra 80 Reading</td>
</tr>
<tr>
<td>Asset - 40 Writing 46 Math 40 Reading</td>
</tr>
<tr>
<td>ALEKS - 30</td>
</tr>
</tbody>
</table>

*Applicants must submit a copy of their ACT, SAT, Asset, Accuplacer, or Compass test, unless taken at Iowa Central Community College (Asset/Accuplacer 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 ___________________________
Iowa Central Community College  
Radiologic Technology Program of Study

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 2018  
   - Enrolled Summer 2018  
   - Completed

2. College Level Math Course  
   - Enrolled Spring 2018  
   - Enrolled Summer 2018  
   - Completed

3. Medical Terminology  
   - Enrolled Spring 2018  
   - Enrolled Summer 2018  
   - Completed

**General Courses**

1. Introduction to Health Care  
   - Enrolled Spring 2018  
   - Enrolled Summer 2018  
   - Completed

2. Composition 1  
   - Enrolled Spring 2018  
   - Enrolled Summer 2018  
   - Completed

3. Introduction to Psychology  
   - Enrolled Spring 2018  
   - Enrolled Summer 2018  
   - Completed

4. Computer Course  
   - Enrolled Spring 2018  
   - Enrolled Summer 2018  
   - Completed

5. Human Anatomy & Physiology II w/lab  
   - Enrolled Spring 2018  
   - Enrolled Summer 2018  
   - Completed

**Optional Course (Highly recommended)**

1. Limited Radiologic Technology  
   - Enrolled Spring 2018  
   - Enrolled Summer 2018  
   - Completed

2. Health Science College Experience  
   - Enrolled Spring 2018  
   - Enrolled Summer 2018  
   - 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:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Dates of Employment: From ____________________  To __________________________________________
Name of Facility _______________________________
Total Hours Worked ____________________________
Phone Number ________________________________ Supervisor ______________________________
Briefly describe your job responsibilities:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
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
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)
# Radiologic Program of Study

## Program of Study

### First Semester

<table>
<thead>
<tr>
<th>Pre-requisite</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>

### Second Semester

<table>
<thead>
<tr>
<th>Pre-requisite</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>
</tbody>
</table>

### Total Hours

- First Semester: 16
- Second Semester: 16

### Third Semester

<table>
<thead>
<tr>
<th>Pre-requisite</th>
<th>Sem. Hrs.</th>
</tr>
</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>
</tr>
</tbody>
</table>

### Fourth Semester

<table>
<thead>
<tr>
<th>Pre-requisite</th>
<th>Sem. Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAD-870 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>
</tbody>
</table>

### Summer Session (9 wks.)

<table>
<thead>
<tr>
<th>Pre-requisite</th>
<th>Sem. Hrs.</th>
</tr>
</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>
</tbody>
</table>

### Total Hours

- Third Semester: 16.5
- Fourth Semester: 13
- Summer Session: 7

### Total Hours

- First Year: 35.5
- Second Year: 29
- Third Year: 13

### Total Hours

- Three Years: 87.5

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.*

---


If you have questions or complaints related to compliance with this policy, please contact Kim Whitmore, Director of Human Resources, phone number 515-574-1138, whitmore@iowacentral.edu; or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60606, phone number 312-730-1560, fax 312-730-1576.
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.


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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></th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unable to Judge</th>
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<tbody>
<tr>
<td>Responsibility: Ability and willingness to accept responsibility; arranges then arrives prior to or on time for scheduled shadowing.</td>
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<td>Interpersonal Relationships: Ability to interact &amp; communicate in a positive manner with technologists, patients, peers, etc.</td>
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<td>Organizational Skills: Uses down time wisely to discuss exams and/or ask radiologic questions.</td>
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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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_____________________________________________________________________________________
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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 515-574-1321, Attn: Radiology Department.

If you have any questions please contact Althea Rouse (Radiology Instructor), 515-574-1302 or rouse@iowacentral.edu or Joan Sappingfield (secretary), 515-574-1322 or sappingfield@iowacentral.edu.
Job Shadow Reference Form

Applicant is to give this to the R.T. overseeing the applicant’s 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.

It is the policy of Iowa Central Community College not to discriminate on the basis of race, color, national origin, sex, disability, age (employment), sexual orientation, gender identity, creed, religion, and actual or potential paternal, family or marital status in its programs, activities, or employment practices as required by the Iowa Code §§ 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), Age Discrimination Act of 1975 (34 CFR Part 110), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.).

If you have questions or complaints related to compliance with this policy, please contact Kim Whitmore, Director of Human Resources, phone number 515-574-1138, whitmore@iowacentral.edu; or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312-730-1560, fax 312-730-1576.

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

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Please check one of the following categories that best describes your overall rating of the candidate:

_____ Recommend with enthusiasm
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_____ Do not recommend

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

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Title/Position

________________________________________
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Signature                  Date

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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>Responsibility: Ability and willingness to accept responsibility; complete tasks; honor commitments.</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>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Problem-Solving: Takes initiative and has the ability to identify, confront, and solve problem situations.</td>
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</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Stress/Anxiety Response: Ability to handle or cope with stressful/anxious situations.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respect: Demonstrates respect for self and others.</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
Personal Reference Form

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.

If you have questions or complaints related to compliance with this policy, please contact Kim Whitmore, Director of Human Resources, phone number 515-574-1138, whitmore@iowacentral.edu; or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60601, phone number 312-730-1560, fax 312-730-1576.

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.

<table>
<thead>
<tr>
<th>Responsibility: Ability and willingness to accept responsibility; complete tasks; honor commitments.</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>
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<td>Attitude: Displays positive actions and behaviors.</td>
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<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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<td>Motivation: Degree to which candidate applies self without prompting.</td>
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<td>Appearance: Extent to which professional standards of neatness or cleanliness are met.</td>
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<td>Stress/Anxiety Response: Ability to handle or cope with stressful/anxious situations.</td>
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<td>Interpersonal Relationships: Ability to interact &amp; communicate in a positive manner with co-workers, peers, etc.</td>
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Name of Evaluator (Please Print)   Signature of Evaluator       (date)

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Fort Dodge, IA 50501

Form courtesy of University of Iowa
Iowa Community colleges have developed the following Core Performance Standards for all applicants to Health Care Career Programs. These standards are based upon required abilities that are compatible with effective performance in health care careers. Applicants unable to meet the Core Performance Standards are responsible for discussing the possibility of reasonable accommodations with the designated institutional office. Before final admission into a health career program, applicants are responsible for providing medical and other documentation related to any disability and the appropriate accommodations needed to meet the Core Performance Standards. These materials must be submitted in accordance with the institution’s ADA Policy.

<table>
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<tr>
<th>CAPABILITY</th>
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<th>SOME EXAMPLES OF NECESSARY ACTIVITIES (NOT ALL INCLUSIVE)</th>
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| Cognitive-Perception| The ability to gather and interpret data and events, to think clearly and rationally, and to respond appropriately in routine and stressful situations. | • Identify changes in patient/client health status  
• Handle multiple priorities in stressful situations |
| Critical Thinking   | Utilize critical thinking to analyze the problem and devise effective plans to address the problem. | • Identify cause-effect relationships in clinical situations  
• Develop plans of care as required |
| Interpersonal       | Have interpersonal and collaborative abilities to interact appropriately with members of the healthcare team as well as individuals, families and groups. Demonstrate the ability to avoid barriers to positive interaction in relation to cultural and/or diversity differences. | • Establish rapport with patients/clients and members of the healthcare team  
• Demonstrate a high level of patience and respect  
• Respond to a variety of behaviors (anger, fear, hostility) in a calm manner  
• Nonjudgmental behavior |
| Communication       | Utilize communication strategies in English to communicate health information accurately and with legal and regulatory guidelines, upholding the strictest standards of confidentiality. | • Read, understand, write and speak English competently  
• Communicate thoughts, ideas and action plans with clarity, using written, verbal and/or visual methods  
• Explain treatment procedures  
• Initiate health teaching  
• Document patient/client responses  
• Validate responses/messages with others |
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| Technology Literacy              | Demonstrate the ability to perform a variety of technological skills that are essential for providing safe patient care. | • Retrieve and document patient information using a variety of methods  
• Employ communication technologies to coordinate confidential patient care |
| Mobility                         | Ambulatory capability to sufficiently maintain a center of gravity when met with an opposing force as in lifting, supporting, and/or transferring a patient/client. | • The ability to propel wheelchairs, stretchers, etc. alone or with assistance as available |
| Motor Skills                     | Gross and fine motor abilities to provide safe and effective care and documentation | • Position patients/clients  
• Reach, manipulate, and operate equipment, instruments and supplies  
• Electronic documentation/ keyboarding  
• Lift, carry, push and pull (50 lbs. minimum)  
• Perform CPR |
| Hearing                          | Auditory ability to monitor and assess, or document health needs          | • Hears monitor alarms, emergency signals, ausculatory sounds, cries for help |
| Visual                           | Visual ability sufficient for observations and assessment necessary in patient/client care, accurate color discrimination | • Observes patient/client responses  
• Discriminates color changes  
• Accurately reads measurement on patient client related equipment |
| Tactile                          | Tactile ability sufficient for physical assessment, inclusive of size, shape, temperature and texture | • Performs palpation  
• Performs functions of physical examination and/or those related to therapeutic intervention |
| Activity Tolerance               | The ability to tolerate lengthy periods of physical activity              | • Move quickly and/or continuously  
• Tolerate long periods of standing and/or sitting as required |
| Environmental                    | Ability to tolerate environmental stressors                               | • Adapt to rotating shifts  
• Work with chemicals and detergents  
• Tolerate exposure to fumes and odors  
• Work in areas that are close and crowded  
• Work in areas of potential physical violence  
• Work with patients with communicable diseases or conditions |