

Radiologic Technology Program

Associate of Applied Science Degree Application

radiologyapplications@jeffco.edu

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) 483-524
CTE 179

INSTRUCTIONS: Carefully review all pages of application AND document the Admission Rubric. Complete each step of the admission checklist (page 4 of 4)

Admission Checklist

Done	<p>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</p> <p>You will need your Jeffco V# for your application</p>
Done	<p>Apply for financial aid. The federal financial aid application (FAFSA) is also available. School code 002468. Students aged 20+ may qualify for the Fast Track Workforce Incentive Grant- visit the Fast Track Grant page HERE.</p>
Done	<p>Complete the general education courses listed with grade specified (page 3)</p>
Done	<p>2.75 GPA (overall) for all college level course work.</p>

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1000 Viking Drive Hillsboro, MO 63050

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 any facts provided in this application packet have been misrepresented, it will be sufficient cause for being declared ineligible and dismissed from the program.

Signature

Date

1000 Viking Drive ±Hillsboro, MO 63050



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1000 Viking Drive Hillsboro, MO 63050

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

YourName: _____

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

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1000 Viking Dr. Hillsboro, MO 6305

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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.

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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 agent

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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 _____