



Contact Radiologic Technology and Advanced Modality Assistant Professor, Rachel Dacus, for assistance/questions at rdacus@jeffco.edu The Jefferson College Admissions/ Student Services will not be able to assist with the application.

Office: (636) 481-3497
CTE 174 A

Dear Applicant: Thank you for your interest in the clinical portion of the Advanced Imaging Certificate Program offered by Jefferson College. Please ensure all steps have been completed prior to the deadline date. The Radiology Program Director will review all completed applications. Applicants will be notified by email or phone within 2 weeks after application is received.

*Only technologists and previous Jefferson College Radiology students that have completed the didactic portion (RAD250 CT Review, RAD260 MRI Review or RAD270 Mammography Review) of the

*Additional fees will apply. Drug screening and background check will be completed after student is accepted into Program.

Non-Discrimination Policy

It is the policy of Jefferson College that no person shall, on the basis of age, ancestry, color, creed, disability, genetic information, marital status, national origin, race, religion, sex, sexual orientation, or veteran status, be subject to discrimination in employment or in admission to any educational program or activity of the College. In compliance with Federal Rules and Regulations, Jefferson College has adopted a procedure for resolving complaints of discrimination. The procedure is available to any Jefferson College student, employee, or applicant who feels that he or she has been discriminated against in employment, student programs, or student activities.

The Americans with Disabilities Act Amendments Act (ADAAA) Coordinator for student Disability Support Services Coordinator, Office Technology Center 101, (636)48169/797-3000, ext. 3169. The College Coordinator of Title IX is the Vice President of Student Services, Student Center 205, (636)4813200/797-3000, ext. 3200.

Students with concerns regarding any alleged discriminatory act or occurrence falling within the provisions of any of the Federal Rules and Regulations other than Title IX or ADAAA as specified above may contact the Vice President of Student Services, Office Student Center 205, (636)4813200/797-3000, ext. 3200.

Employees, applicants, or other individuals with concerns regarding any alleged discriminatory act or occurrence falling within the provisions of any of the Federal Rules and Regulations other than Title IX or ADAAA as specified above may contact the Director of Human Resources, Office Administration 133E, (636)4813157/797-3000, ext. 3157.

In addition, if you have any felony or misdemeanor charges, you are advised to contact the Program Director for more information prior to submitting your application. The Radiologic Technology Program's clinical sites may not allow students in their facilities if a felony conviction is found on their background check, regardless of ARRT ethics board results or investigation.

1000 Viking Drive – Hillsboro, MO 63050

I am applying for (check one): CT MRI Mammography



1000 Viking Drive – Hillsboro, MO 63050

REQUEST FOR A LETTER OF RECOMMENDATION

I am applying to the Radiologic Technology Program at Jefferson College in Hillsboro, MO and am asking if you would be willing to complete the letter of recommendation form to support my application. Should you decide to recommend me, I am willing to provide you with any information you may need to help you in this evaluative process. Please note the signed waiver below and include this page in the sealed envelope with the other recommendation forms. Thank you for your time and consideration as I embark upon this new journey.

Applicants: Please indicate whether or not 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 above-named recommender.

Applicant Signature

Date

Name of Recommender _____

1000 Viking Drive – Hillsboro, MO 63050

Please discuss the applicant's characteristics you feel will make him/her a competitive candidate for