Applicants must be complete the following checklist and submit with the above application:

**Academic Standards**
The applicant must have:
- High School transcript (or GED equivalent) sent to Radiologic Technology Program
- College Prerequisite Courses (Completed by February 15)
  - MTH 104 Foundations of Math
  - ENG 101 English
  - BIO 271 Anatomy & Physiology
  - HE 102 Medical Terminology
- Minimum overall college GPA of 2.8. (if you attended multiple colleges your most recent college transcript with at least 13 credits will be used).
- Minimum GPA of 2.0 in the required prerequisite course.

**Application Requirements**
The following items must be submitted:
- Primary application to St. Clair County Community College-ANTAH code
- Secondary application to specific Allied Health Program- AASRD code
- Radiologic Technology Program application (attached)
- Official Transcripts* from high school and college
  *An official transcript must arrive in a sealed envelope bearing the institution’s logo. It is the applicant’s responsibility to insure that transcripts are requested early enough so that they arrive by the deadline (March 15).
- Cover letter (stating future personal and professional goals) sent with application to Radiologic Technology Program
- Complete HESI testing by February 15th
- Attend a mandatory information session (dates are posted on the website) (due Feb. 15)
- Do a two-hour job shadow in a radiology department (due Feb. 15)

Without these items, your application is INCOMPLETE and will not receive further consideration.

**Technical Standards**
Prospective students must be able to:
- Lift and transfer patients to and from the x-ray table.
- Lift a minimum of 30 pounds and support up to 75 pounds.
- Move and manipulate a variety of equipment to perform radiographic procedures.
- Communicate, orally and in writing, with patients, physicians, and other personnel.
- Follow written and verbal instructions.

I have completed or acknowledge the requirements of the Radiologic Technology Program.

____________________________  __________________________
Date                             Signature