Date: _____

St. Clair County Community College (SC4)
Radiologic Technology Program Application

This application is required to be completed and signed, when applying to the Radiologic Technology Program. It is part of the application process.

Section I
Name: _____
           Last   First   Middle   Maiden/former (if applicable)

Address: _____
        Number & street   city, state, & zip code

Home phone _____ Mobile/alternate _____

Email_____ Student ID #_____

Section II: Education:

_____
High School/GED   City, State   Dates

_____
College/University   City, State   Dates

_____
College/University   City, State   Dates

Course of Study Pursued in College: _____ _____
                                  Major/Minor   Degree Obtained

Note: It is to the advantage of the student to submit all college transcripts, because information is used in the ranking process.

Section III: Work experience
(Please list most recent employment first) Use a separate sheet of paper if more Employers need to be listed.

_____
Employer   Position

_____
Street Address   City, State, Zip   Telephone

_____
Dates Employed   Reason for leaving

_____
Employer II (if applicable)   Position

_____
Street Address   City, State, Zip   Telephone

_____
Dates Employed   Reason for leaving

Volunteer experience: _____
                                (Include details including the amount of hours)

Have you had any medical or patient care experience (work or volunteer related)? ☐ Yes ☐ No
If yes, please explain (include place, year & documentation)   _____

_____

Have you ever applied to a radiography program in the past? If so, where and when?

_____

Please list any industry specific professional clubs/professional program affiliations, leadership
positions, and academic honors received?

_____

_____

I understand that I cannot be accepted into the Radiologic Technology Program until I have passed a physical
examination, drug testing, and a criminal background check. Note: Students who plan to seek credentialing
through The American Registry of Radiologic Technologists (ARRT) exam, should be aware that certain
misdemeanor or criminal convictions may disqualify you from taking the ARRT or from qualifying for ARRT
credentials. For this reason, the College recommends that students with misdemeanor or criminal convictions
contact ARRT (www.arrt.org) for more information to determine if they are qualified to sit for the ARRT exam
and/or for ARRT credentials. Such approval is beyond the control of the college. I further understand that any
falsification of information on this application will cause termination as a student. My signature below indicates
that I am in agreement with the above statements and information I have received on the application guidelines
check off sheet.

_____   _____
Date   Signature

Applications must be returned by mail and postmarked on or before February 15.
(HESI testing is also due February 15). Transcripts must be received no later than March 15.

Submit the Radiologic Technology Application, Checklist, & Cover letter.
In addition, high school transcript must be sent to:
St. Clair County Community College
Radiologic Technology Program Department
323 Erie Street P.O. Box 5015
Port Huron, MI 48061-5015

Official college transcripts must be sent to:
St. Clair County Community College
Enrollment Services
323 Erie Street P.O. Box 5015
Port Huron, MI 48061-5015

St. Clair County Community College is an equal opportunity institution and complies with all federal and state
laws and regulations prohibiting discrimination. It is the policy of St. Clair County Community College that no
person shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be
subjected to discrimination on the basis of race, color, religion, national origin or ancestry, age, sex, marital
status, height, weight, handicap, or any other criteria prohibited by law in its academic and vocational
programs, activities, admissions, financial assistance, or employment.
Note: Students in the Radiography Program must follow vaccine requirements of the clinical sites they are
assigned to.

St. Clair County Community College - Radiologic Technology application guidelines and check list

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 Feb. 15)
  - ☐ 1. MTH 104 Foundations of Math
  - ☐ 2. ENG 101 English
  - ☐ 3. BIO 271 Anatomy & Physiology
  - ☐ 4. 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 courses

Application requirements

The following items must be submitted:

- ☐ Primary application to St. Clair County Community College-ANTAH code
- ☐ Secondary application to specific Health Sciences 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 ensure 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 15
- ☐ 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:

- ☐ 1. Lift and transfer patients to and from the x-ray table.
- ☐ 2. Lift a minimum of 30 pounds and support up to 75 pounds.
- ☐ 3. Move and manipulate a variety of equipment to perform radiographic procedures.
- ☐ 4. Communicate, orally and in writing, with patients, physicians, and other personnel.
- ☐ 5. Follow written and verbal instructions.

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

_____   _____

Date   Signature