



WALLACE STATE HANCEVILLE

Diagnostic Imaging Program Application Checklist

Congratulations! You have taken the first step toward entering a quality educational program that will prepare you to work in the health care field.

The Diagnostic Imaging program is designed to provide qualified technologists for Diagnostic Imaging departments of hospitals and clinics. Students are taught the fundamental principles underlying all phases of Radiologic Technology. The Program is accredited by the Joint Review Committee on Education in Radiologic Technology in collaboration with the Commission of Accreditation of Allied Health Education Programs. Upon graduation, the student is eligible to apply to take the registry examination of the American Registry of Radiology.

Diagnostic Imaging Purpose & Mission Statement

WSCC Diagnostic Imaging Program's mission is to provide a quality education that enables students to develop the knowledge and skills necessary for entry proficiency as a radiologic technologist and continued growth as a professional. The Associate Degree in Diagnostic Imaging provides the best mechanism to enter basic Radiologic Technology practice and obtain an educational background for continued professional development.

Program Goals & Outcomes

1. The Diagnostic Imaging Program will provide a quality education.
 - 1.1 The program provides an education that promotes student success and retention.
 - 1.2 The program provides an education that prepares graduates to be successful on the ARRT Registry Exam.
 - 1.3 The program produces a graduate who is prepared to enter the workforce.
2. Diagnostic Imaging graduates will possess the knowledge required to function as a beginning level radiologic technologist.
 - 2.1 Graduates will possess the knowledge to pass the ARRT Licensure Examination.
 - 2.2 Students will demonstrate appropriate problem solving and critical thinking.
 - 2.3 Graduates are prepared to perform as entry level practitioners.
3. Diagnostic Imaging graduates will demonstrate competent basic skills in their radiologic technologist practice.
 - 3.1 Graduates will be able to adequately perform routine examinations.
 - 3.2 Graduates will be able to produce films of diagnostic quality.
 - 3.3 Graduates will provide a high standard of patient care to all patients.
 - 3.4 Graduates will demonstrate appropriate communication skills.
4. Diagnostic Imaging graduates will continue to grow as professionals
 - 4.1 Students and graduates will conduct themselves in an ethical and professional manner.
 - 4.2 Graduates advance in the profession through continued formal and informal education.
 - 4.3 Graduates participate in Professional organizations.



DIAGNOSTIC IMAGING PROGRAM APPLICATION

Date: _____

Applications will be accepted until June 15. Applications received after June 15 will be considered on space available basis.

Name: _____ Social Security No. _____
(last) (first) (middle/maiden)

Present Address: _____ Home Phone: _____
_____ E-Mail Address: _____

Permanent Address: _____ Work Phone: _____

Sex: _____ Marital Status: S M Birthdate: _____ Place of Birth: _____

Notify in an Emergency: _____ Relationship: _____ Phone: _____

Previous Education: (High School and/or College)

School City/State Diploma or Degree Date

PROOF OF AGE (unofficial copy of birth certificate) attached.

ATTACH SIGNED COPY OF ACKNOWLEDGMENT OF RECEIPT OF DRUG & ALCOHOL TESTING POLICY

Have you completed prerequisites for admission into the Diagnostic Imaging Program? _____ Yes _____ No

If no, prerequisites needed at time of application _____

I plan to apply for entry into the Diagnostic Imaging Program Fall Semester _____ (year).

Observation complete (12 hours)

Please call the Program Staff (256-352-8309) for any questions.

If you are applying to other allied health or nursing programs, please list your order of preference for admission:

1. _____ 2. _____ 3. _____

Please circle where you plan to attend classes.

1. Wallace State Community College
2. Calhoun Community College
3. Northeast Community College
4. Northwest Shoals Community College

Mail completed application to:

Diagnostic Imaging Program Director
Wallace State Community College
P. O. Box 2000
Hanceville, AL 35077-2000

Student Signature

For official use only:

Date Received: _____

Official Initials: _____

Application Complete _____ Yes _____ No

Additional Documentation Required: _____

CONFIDENTIALITY STATEMENT

I understand and agree that in the performance of my Radiologic Technology observation as a student at (fill in name of medical center) _____, I must hold medical information in confidence. I understand that any violation of this policy will result in legal action.

DATE

SIGNATURE OF STUDENT

NON-DISCRIMINATION STATEMENT

I understand and agree that in the performance of my Radiologic Technology observation as a student at (fill in name of medical center) _____, I will not harass the employees or visitors nor discriminate against any patient in rendering patient care (including, but not limited to the quality and quantity of patient care) because of race, color, national origin, sex, age, marital status, religion, veteran's status, financial status, or mental or physical handicap. I understand that any violation of this policy will result in legal action.

DATE

SIGNATURE OF STUDENT

**Radiologic Technology Program
Essential Functions**

		Yes	No	If no, please comment
Mobility	1. Have physical stamina to stand and walk for 8 hours or more in a clinical setting			
	2. Can stand on both legs, move from room to room, And maneuver in small spaces. <i>Physical disabilities must not pose a threat to the safety of the student, faculty patients, or other health care workers.</i>			
Flexibility	1. Can bend the body downward and forward by bending at the spine and waist.			
	2. Can flex and extend all joints freely.			
Strength	1. Can raise objects from a lower to a higher position or move objects horizontally from position to position. <i>This factor requires the substantial use of the upper extremities and back muscles.</i>			
	2. Possess mobility, coordination and strength to push, pull or transfer heavy objects. (Strength to lift 25 lbs. frequently and 50 lbs. or more occasionally).			
Fine Motor Skills And Hand/Eye Coordination	1. Possess manual dexterity, mobility, and stamina to perform CPR.			
	2. Can seize, hold, grasp, turn and otherwise work with both hands.			
	3. Can pick, pinch, or otherwise work with the fingers.			
Auditory Ability	1. Possess sufficient hearing to assess patient's needs, follow instructions, communicate with other health care workers, as well as respond to audible sounds of radiographic equipment. <i>Please comment if corrective devices are required.</i>			
Visual Acuity	1. Possess the visual acuity to read, write and assess the patient and the environment. <i>Possess comment if corrective devices are required.</i>			
Communication	1. Possess verbal/nonverbal and written communication skills adequate to exchange ideas, detailed information, and instructions accurately.			
	2. Able to read, comprehend, and write legibly in the English language.			
Interpersonal Skills	1. Able to interact purposefully and effectively with others.			
	2. Able to convey sensitivity, respect, tact, and a mentally healthy attitude.			
	3. Oriented to reality and not mentally impaired by mind-altering substances.			
	4. Able to function safely and effectively during high stress periods.			

**CLINICAL EXPERIENCE DOCUMENTATION FORM
DIAGNOSTIC IMAGING PROGRAM - WALLACE STATE COMMUNITY COLLEGE**

Name of Applicant _____ Social Security No. _____

The Diagnostic Imaging program requires that applicants complete a minimum of 12 quality hours of observation in a hospital Radiology Department. By quality experience we mean actual time spent observing patient care, not time spent observing department "down time". Credit should not be given for anything outside of patient care activities (i.e., lunch, secretarial duties, videos, etc.)

Hours of observation may be performed under a Radiologist or a Registered Technologist.

DAY	STARTING TIME HR MIN AM/PM	ENDING TIME HR MIN AM/PM	# of Hours	Name of Facility	Location (City, State)	Telephone Number	Printed Name of Supervisor
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
/	:	:					
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____ TOTAL DAYS TOTAL HOURS ____ (This form may be reproduced as necessary to document hours of observation)

I certify that the hours listed above were performed by me. I understand that the WSCC Admissions Committee may verify this document for authenticity and realize that falsification of this document will result in my application to the Diagnostic Imaging Program being withdrawn from consideration.

Signature

Date