



WALLACE STATE HANCEVILLE

DIAGNOSTIC IMAGING - 2017

Program Application Checklist

Applications received after June 1st will be considered on a space available basis

Congratulations! You have taken the first step toward entering a quality educational program that will prepare you for a rewarding healthcare career.

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 Wallace State Community College Diagnostic Imaging program is currently accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). The JRCERT develops educational standards that are accepted by professionals in the radiologic sciences. They are the only organization recognized by the U. S. Department of Education to evaluate and accredit education programs in radiography.

Diagnostic Imaging Purpose and Mission Statement

The mission of the WSCC Diagnostic Imaging program 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

Goal #1 Students will be prepared to function as an entry level technologist.

- Students will demonstrate proper positioning skills.
- Students will apply principles of radiation protection.
- Students will deliver quality patient care.

Goal #2 Students will demonstrate appropriate problem solving and critical thinking skills.

- Students will critique images for errors in positioning.
- Students will critique images for errors in technical factors.

Goal #3 Students will demonstrate effective communication skills.

- Students will demonstrate effective oral communication.
- Students will demonstrate effective written communication.

Goal #4 Students will demonstrate professionalism.

- Students will demonstrate professional behavior.
- Students will participate in professional activities which promote professional development.

Wallace State Community College does not discriminate on the basis of race, color, sex, religion, national origin, disability, sexual orientation, or age.



DIAGNOSTIC IMAGING - 2017 PROGRAM APPLICATION CHECKLIST

Prior to APPLICATION to the program, the following must be complete:

SUBMIT TO THE ADMISSIONS OFFICE

- WSCC application or re-entry form
- Official transcripts from all colleges previously attended/Proof of high school graduation (transcripts)/GED certificate
- Documentation of ACT Test Score
- Any other documents required by Admissions

NOTE: Student should check with the college admissions to ensure that their ACT Test Score are included along with transcripts.

SUBMIT TO THE FINANCIAL AID OFFICE

- If seeking Financial Aid, submit FAFSA application (fafsa.gov), School Code: 007871, by June 1, 2017

Submit a *COMPLETE program application packet to the Diagnostic Imaging Program Director that includes

- Program application
- Attach Documented ACT minimum score of 18
- Attach Completed Essential Functions Form
- Attach Diagnostic Imaging Ranking Form
- Attach ALL Unofficial College Transcripts (High School transcript if no prior college)
- Students with no prior college – Attach Accuplacer/Compass scores.
- Attach Proof of age, (**copy of birth certificate**) 18 by August 15 (Alabama Regulations For Control of Radiation Rule 420-3-03(6), “Occupational Radiation Dose Limits”, states that all occupational workers employing ionizing radiation must be at least 18 years of age).

Upon acceptance all health science division students are required to have drug screenings and background check. Drug Policy and Background Check Policy are available for viewing online at http://www.wallacestate.edu/Content/Uploads/wallacestate.edu/files/Policy_Drug_Alcohol_Testing_Students_Enrolled_Health_Programs.pdf and http://www.wallacestate.edu/Content/Uploads/wallacestate.edu/files/Background_Check_Policy_F10.pdf.

***All information requested must be included for a packet to be complete. Any piece of missing documentation will result in the application not be considered for admission. Information will not be accepted via fax - it must be delivered in person or via mail by the deadline date. When mailing your application, to ensure receipt, please send completed packet by certified mail. Due to the high number of applications, the receipt of an application will not be confirmed.**

You will be notified by mail of your status for Fall admission. No information will be given over the telephone. PLEASE do not call Admissions or the Program Department for information regarding your application packet.

YOU SHOULD RETAIN COPIES OF THE APPLICATION PACKET YOU SUBMIT. If you reapply in the future, information will not be released from previous application packet.

NOTE: It is the responsibility of each applicant to ensure that the application is complete and that all information is on file. If application packet does not include all information listed above at the time it is submitted to the department, **it will be rejected.**

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Diagnostic Imaging Application - 2017

Applications will be accepted between April 1st and June 1, 2017
Applications received after June 1st will be considered on a space available basis.

ALL UNOFFICIAL COLLEGE TRANSCRIPTS MUST BE ATTACHED TO APPLICATION

Prior to APPLICATION to the program, the following must be complete:

- Yes No Official ACT test score submitted to Admissions (minimum score of 18 for Diagnostic Imaging Program Consideration)
- Yes No _____ (Your Initials) Reviewed WSCC Health Division Background Policy
http://www.wallacestate.edu/Content/Uploads/wallacestate.edu/files/Background_Check_Policy_F10.pdf
- Yes No _____ (Your Initials) Reviewed WSCC Health Division Drug Screening
http://www.wallacestate.edu/Content/Uploads/wallacestate.edu/files/Policy_Drug_Alcohol_Testing_Students_Enrolled_Health_Programs.pdf

Date of Application _____ Plan to Enter Program Fall Semester (Year) _____

WSCC Student No. _____ Social Security No. _____

Full Name _____
 Last Name First Name Middle Initial Maiden

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone _____

Email _____

Previous Education (Attach UNOFFICIAL Transcript for each College) List additional college on separate sheet and attach

Transcript Attached	College Name	City/State	Diploma or Degree	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____

If you are applying to other allied health or nursing programs, please list in order of preference for admission:
 1. _____ 2. _____ 3. _____

Have you completed a 2 year allied health patient care related program? Yes No Which field: _____

STUDENTS PLEASE COMPLETE THE BELOW INFORMATION:

Insert Grade	Class	Credit Hours	PD Verified	Comments:
	ORI 101 Orientation to College	1		
	ENG 101 English Composition I	3		
	ENG 102 English Composition II	3		
	or SPH 106 Fundamentals of Oral Communications			
	or SPH 107 Fundamentals of Public Speaking			
	HUM Humanities/Fine Arts Elective	3		
	MTH 100 Intermediate College Algebra	3		
	BIO 201 Human Anatomy & Physiology I	4		
	BIO 202 Human Anatomy & Physiology II	4		
	PSY 200 General Psychology	3		
ATTACH to this application:				
	Completed Essential Functions Form			
	Diagnostic Imaging Ranking Form			
	Documented ACT score (Minimum 18)			
	Copy of Birth Certificate			
	All UNOFFICIAL College Transcripts (High School transcript if no prior college)			
Students with no prior college – Attach Accuplacer/Compass scores.				

Student Signature _____ Date _____

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Mail completed application to: Diagnostic Imaging Program
 Attn: James Malone (#52)
 Wallace State Community College
 P. O. Box 2000, Hanceville, AL 35077-2000

For official use only:
 Date Application Received _____ Application Complete: Yes No
 Application Reviewer's Initials: _____ Additional documentation required _____

Radiologic Technology Program Essential Functions

Area	Function	Yes	No	If no, please comment
Mobility	1. Have physical stamina to stand and walk for 8 hours or more in a clinical setting	<input type="checkbox"/>	<input type="checkbox"/>	
	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>	<input type="checkbox"/>	<input type="checkbox"/>	
Flexibility	1. Can bend the body downward and forward by bending at the spine and waist.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Can flex and extend all joints freely.	<input type="checkbox"/>	<input type="checkbox"/>	
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>	<input type="checkbox"/>	<input type="checkbox"/>	
	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).	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Motor Skills and Hand/Eye Coordination	1. Possess manual dexterity, mobility, and stamina to perform CPR.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Can seize, hold, grasp, turn and otherwise work with both hands.	<input type="checkbox"/>	<input type="checkbox"/>	
	3. Can pick, pinch, or otherwise work with the fingers.	<input type="checkbox"/>	<input type="checkbox"/>	
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>	<input type="checkbox"/>	<input type="checkbox"/>	
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>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication	1. Possess verbal/nonverbal and written communication skills adequate to exchange ideas, detailed information, and instructions accurately.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Able to read, comprehend, and write legibly in the English language.	<input type="checkbox"/>	<input type="checkbox"/>	
Interpersonal Skills	1. Able to interact purposefully and effectively with others.	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Able to convey sensitivity, respect, tact, and a mentally healthy attitude.	<input type="checkbox"/>	<input type="checkbox"/>	
	3. Oriented to reality and not mentally impaired by mind-altering substances.	<input type="checkbox"/>	<input type="checkbox"/>	
	4. Able to function safely and effectively during high stress periods.	<input type="checkbox"/>	<input type="checkbox"/>	

If you are unable to fully meet any of the listed criteria, you will need to meet with the WSCC ADA Coordinator.

Students who are seeking accommodations and services on the basis of a disability are required to submit documentation to verify their eligibility for services. Receiving academic accommodations at Wallace State is a **4-step procedure**: 1. Students must complete an accommodation request form from the ADA Office each semester. 2. Students may hand-deliver the letter or have it sent via WSCC intra-mail to each instructor. 3. Students must arrange a meeting with their instructor(s) to discuss the proposed accommodations listed in the letter. 4. Students report any concerns about accommodations to the ADA Office as soon as possible. **Students with disabilities must maintain the same responsibility for their education as students who do not have disabilities.** This includes maintaining the same academic levels, maintaining appropriate behavior and giving timely notification of any special needs. Utilize accommodations available to you; asking for assistance is not a sign of weakness or dependence. It is our goal to help you achieve your educational pursuits.

Upon reading and reviewing the Essential Functions, I have selected the appropriate boxes above attesting to my ability to perform the indicated function area. I further understand that I may be required by the Diagnostic Imaging faculty to be re-evaluated if deemed necessary based on my ability to perform the essential functions during the program, for retention, and progression through the program.

Please mark the box that meets your ability at this time:

- I currently have the ability to perform the Essential functions.
- I currently am unable to perform the Essential functions indicated without accommodations.

Please Print Your Name

WSCC Student No.

Student Signature

Today's Date

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(For Official Use) Rank # _____

Diagnostic Imaging Ranking Form - 2017 Wallace State Community College

Print Name: _____ Student Number: _____

General Required Course GPA (exclude ORI): _____ (minimum 2.5 on 4.0 scale)

1. ACT Score: Minimum Composite score of "18" is required for program consideration.

ACT Composite Score: _____
(36 points possible)

2. Grading Points:

OR

College Points: (A=30, B=20, C=10)

Place grade number on each line and total points.

Use your highest grade in ENG 101/102 and in BIO 201/202 for points. If a challenge exam of CLEP test was taken in lieu of a course the applicant will be awarded the points for a letter grade of "B".

MTH 100 – Intermediate College Algebra _____
Highest score from BIO 201 or BIO 202 _____
Highest score from ENG 101 or ENG 102 _____

Students without prior college:

High School Points: (A=30, B=20, C=10)

Place grade number on each line and total points.

Use your highest section grade in 12th grade ENG and your highest section grade in Biology or Anatomy & Physiology for points.

Math: Algebra II or higher _____
English: 12th Grade Level only _____
Science: Biology or Anatomy & Physiology _____
Student must be eligible for MTH 100, ENG 202, & BIO 201 as determined by Compass/Accuplacer or ACT score during the first semester of DI courses. Must attach score results.

Total Grading Points from either College OR High School: _____
(90 points possible)

If no College or High School Points:

GED Score: Successful completion of GED is awarded points for a "B"
Applicant GED Date: _____

OR

GED Score: _____
(20 points possible)

3. General Education Courses: Give yourself **1 point** for each general education course required in curriculum that has been completed with a "C" or better.

BIO 201 _____ HUM _____
BIO 202 _____ MTH 100 _____
ENG 101 _____ PSY 200 _____
ENG 102 or SPH 106 or SPH 107 _____

Total Points from General Ed. Course: _____
(7 points possible)

Total Score: Add results of 1. ACT Score, 2. Grading points and 3. General Education Course points.

Total Application Point Score = _____

Make a copy for your records.

Total should not exceed: **133**

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