



# WALLACE STATE HANCEVILLE

## **Diagnostic Imaging**

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.

## PROGRAM APPLICATION CHECKLIST

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

### **SUBMIT TO THE ADMISSIONS OFFICE**

- \_\_\_\_\_ WSCC application
  - \_\_\_\_\_ Official transcripts from all colleges previously attended
  - \_\_\_\_\_ Proof of high school graduation (transcripts) or GED certificate
  - \_\_\_\_\_ Compass Test Scores in Math, Reading & Writing (within 3 years of application to the program)
- NOTE: *Student should check with the college admissions to ensure that their Compass Test Scores are included along with transcripts.***

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

- \_\_\_\_\_ Program application
- \_\_\_\_\_ Signed Confidentiality Statement and Non-Discrimination Statement
- \_\_\_\_\_ Completed Essential Functions Form
- \_\_\_\_\_ Documentation of 12 hours observation at approved sites (approved sites are any hospital)
- \_\_\_\_\_ 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 [www.wallacestate.edu](http://www.wallacestate.edu).

**\*All** information 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.

**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.

You will be notified by mail if you are accepted into the program. As no information regarding individual admission status will be given via telephone, please do not call the Admissions or Diagnostic Imaging departments to obtain your status. Letters will also be sent to individuals who are not accepted into the program.



# 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)

Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ 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.**

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      5. Alabama Southern 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.			

# Wallace State Community College

801 Main Street N.W. Hanceville, Alabama (256) 352-8000

## DIAGNOSTIC IMAGING PROGRAM

### Diagnostic Imaging Department Observation Form

Name of Applicant: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Radiology Department Visited: \_\_\_\_\_

Radiologic Technologist: Please check the appropriate blanks listed below.

	Observed	Not Available
Chest	_____	_____
Fluoroscopy	_____	_____
IVP	_____	_____
Extremities	_____	_____
Portable	_____	_____
Myelogram	_____	_____
Other areas observed (please list):		

To be completed by the Technologist:		
	Yes	No
Arrived on time	_____	_____
Stayed required time	_____	_____
Neat appearance	_____	_____
Good hygiene	_____	_____
Showed interest	_____	_____
Asked appropriate questions	_____	_____
Followed directions	_____	_____

Signature of Radiologic Technologist \_\_\_\_\_

Total Amount of Time Spent in Radiology Department \_\_\_\_\_

**To the Applicant: In the space provided below, give a summary of your visit at this radiology department. (sign and date form after summary)**

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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