

Advanced Imaging Modalities Clinical Training Application



Certificate Program- CT, MRI & Mammography

Complete this application **ONLY** if you will be needing clinical placement for the exam/clinical requirement portion of the ARRT certification and registration post-primary exam.

Contact Radiologic Technology and Advanced Modality Assistant Professor, Rachel Dacus, for assistance/questions at rdacus@jeffco.edu The Jefferson College Admissions/ Student Services will not be able to assist with the application.

Office: (636) 481-3497
CTE 174 A

Dear Applicant: Thank you for your interest in the clinical portion of the Advanced Imaging Certificate Program offered by Jefferson College. Please ensure all steps have been completed prior to the deadline date. The Radiology Program Director will review all completed applications. Applicants will be notified by email or phone within 2 weeks after application is received.

*Only technologists and previous Jefferson College Radiology students that have completed the didactic portion (RAD250 CT Review, RAD260 MRI Review or RAD270 Mammography Review) of the certificate program are eligible for clinical rotation. If you have not taken one of these courses, please contact the Radiology Director prior to completing this application.

<input type="checkbox"/> Done	Complete application form
<input type="checkbox"/> Done	Hand (3) three confidential evaluation forms to former instructors, supervisors, or professional colleagues to fill out and send directly to the Program Director
<input type="checkbox"/> Done	Include copy of current CPR/BLS certification
<input type="checkbox"/> Done	Include copy of current ARRT credentials

Course Description:

RAD190 Independent Study: This independent study course is designed to give the student the opportunity to study and be tested on specific areas of radiologic technology that they may be interested in. This self-paced course is designed to assist the radiologic technology student to obtain a deeper education in the selected area of the radiologic sciences including, but not limited to, CT, MRI, nuclear medicine, radiation therapy and ultrasound career paths. Students have the opportunity to repeat this course as many times as they would like.

Once admitted into the program, the student will be required to complete the following:

- Immunization records/ verifications from physician
- Physical exam from physician
- Drug screening*
- Background check*

*Additional fees will apply. Drug screening and background check will be completed after student is accepted into Program.

Non-Discrimination Policy

It is the policy of Jefferson College that no person shall, on the basis of age, ancestry, color, creed, disability, genetic information, marital status, national origin, race, religion, sex, sexual orientation, or veteran status, be subject to discrimination in employment or in admission to any educational program or activity of the College. In compliance with Federal Rules and Regulations, Jefferson College has adopted a procedure for resolving complaints of discrimination. The procedure is available to any Jefferson College student, employee, or applicant who feels that he or she has been discriminated against in employment, student programs, or student activities.

The Americans with Disabilities Act Amendments Act (ADAAA) Coordinator for students is the Disability Support Services Coordinator, Office – Technology Center 101, (636)481-3169/797-3000, ext. 3169.

The College Coordinator of Title IX is the Vice President of Student Services, Office – Student Center 205, (636)481-3200/797-3000, ext. 3200.

Students with concerns regarding any alleged discriminatory act or occurrence falling within the provisions of any of the Federal Rules and Regulations other than Title IX or ADAAA as specified above may contact the Vice President of Student Services, Office – Student Center 205, (636)481-3200/797-3000, ext. 3200.

Employees, applicants, or other individuals with concerns regarding any alleged discriminatory act or occurrence falling within the provisions of any of the Federal Rules and Regulations other than Title IX or ADAAA as specified above may contact the Director of Human Resources, Office – Administration 133-E, (636)481-3157/797-3000, ext. 3157.

In addition, if you have any felony or misdemeanor charges, you are advised to contact the Program Director for more information prior to submitting your application. The Radiologic Technology Program's clinical sites may not allow students in their facilities if a felony conviction is found on their background check, regardless of ARRT ethics board results/investigation.



1000 Viking Drive – Hillsboro, MO 63050

Advanced Imaging Modalities Application of Clinical Placement

I am applying for (check one): CT MRI Mammography

--	--	--

Social Security Number

Date of Birth

Student ID

--	--	--

Last Name

First Name

Middle Name

--	--

Preferred Name

Previous Name

--	--	--

(Area) Home Phone No.

(Area) Work Phone No.

Email Address

--

Address – Street, Route, or Box Number

--	--	--

City

State

Zip Code

Previous College	City/State	Dates Attended	Degree Awarded

Employment History – Radiology Related

Hospital/Clinic Name	Dates Employed	Job Title

Professional Certification / Licensure

Description	Granting Authority	Date Received

Do you have any felony/ misdemeanor convictions? Yes No

Have you ever had your professional licensure suspended or revoked? Yes No

What Radiology Program did you complete? _____ Year of Graduation _____

Signature

Date



Advanced Imaging Modalities Application for Admission

1000 Viking Drive – Hillsboro, MO 63050

REQUEST FOR A LETTER OF RECOMMENDATION

I am applying to the Radiologic Technology Program at Jefferson College in Hillsboro, MO and am asking if you would be willing to complete the letter of recommendation form to support my application. Should you decide to recommend me, I am willing to provide you with any information you may need to help you in this evaluative process. Please note the signed waiver below and include this page in the sealed envelope with the other recommendation forms. Thank you for your time and consideration as I embark upon this new journey.

APPLICANT WAIVER OF ACCESS TO LETTER OF RECOMMENDATION

Applicants: Please indicate whether or not you waive your right to review this letter of recommendation by signing the correct line at the bottom of this page.

NOTE: Waivers of access to letters of recommendation are *optional* and *voluntary*. Departments or programs at Jefferson College may request waivers, but do not deny admission, awards, employment, or any service or other benefit to students who fail to supply waivers. However, individual recommenders may choose to make the recommendation conditional on a signed waiver of access.

Printed Name of Applicant _____

By signing below, I **agree** to waive my right to access and examine, now or at any time in the future, the letter of recommendation (or copies) written by the above-named recommender.

Applicant Signature

Date

Name of Recommender _____



1000 Viking Drive – Hillsboro, MO 63050

Advanced Imaging Modalities Application for Admission

CONFIDENTIAL EVALUATION OF APPLICANT

Applicant: _____

Date: _____

The above-named applicant has given you this recommendation form as needed for application to the Radiologic Technology Program at Jefferson College.

How long have you known this applicant? _____

In what capacity have you been associated with this applicant? _____

Please indicate your impression of this applicant with regard to each of the following factors by checking the appropriate rating.

Characteristic	Excellent (5)	Above Average (4)	Average (3)	Below Average (2)	Unknown (0)
Motivation					
Punctuality					
Reliability					
Integrity					
Initiative					
Ability to Perform Under Pressure					
Critical Thinking					
Resourcefulness					
Quality of Work/Thoroughness					
Communication Skills					
Interpersonal Skills					
Maturity					
Emotional Control					
Empathy					
Appearance					
Perseverance					

CONFIDENTIAL EVALUATION OF APPLICANT

Please discuss the applicant's characteristics you feel will make him/her a competitive candidate for this professional program.

- I recommend this applicant with confidence.
- I recommend this applicant.
- I recommend this applicant with some reservations.
- I would not recommend this applicant for admission.

Evaluator's Name: _____

Evaluator's Signature: _____

Contact Information: _____

If you have any questions, please feel free to call the Radiology Director

Scan and Email this 3-page form to:

rdacus@jeffco.edu