| 1 JeffCo_logo_186.jpg  1000 Viking Dr. Hillsboro, MO 63050 | Applications must be submitted via email to: [radiologyapplications@jeffco.edu](mailto:radiologyapplications@jeffco.edu) |
| --- | --- |

**Radiologic Technology Program**



**Associate of Applied Science Degree**

**Application**

**Applications are due: April 30, 2025**

All applications must be fully completed before emailing/submitting to the Radiology Technology Program.

Please submit completed applications to: [radiologyapplications@jeffco.edu](mailto:radiologyapplications@jeffco.edu)

Contact Stacy Wilfong, Director of Radiology, for assistance/questions – The Jefferson College Admissions/ Student Services will not be able to assist with the online portion of the application.

Office: (636) 481-3524

CTE 179

**INSTRUCTIONS:** Carefully review all the pages of the application AND the document titled “Admission Rubric”. Complete each step of the admission checklist (page 2). Please ensure all steps have been completed before the deadline date. No applicant files will be reviewed until after the April deadline. Due to the large number of applicants, the program is unable to confirm completion of the application. Applications that are not complete will not be reviewed. Please ensure all application materials are completed before sending.

**Sending application:** Complete each page below, keep pages in order, then attach and send ONE email to [radiologyapplications@jeffco.edu](about:blank)  Applicants will be notified approximately two weeks after the deadline to complete a series of research questions.

**Admission Checklist**

| * Done | If new to Jefferson College, submit Jefferson College applications for admission form. This can be done in person or online: [www.jeffco.edu](http://www.jeffco.edu) (home>future students>apply) or follow this [LINK](http://www.jeffco.edu/future-students/admissions/newtransfer-students#.WMMV9FUrLIX)  You will need your Jeffco V# for your application |
| --- | --- |
| * Done | Apply for [financial aid](https://www.jeffco.edu/future-students/financial-aid/how-apply-financial-aid/steps-apply-financial-aid). The federal financial aid application (FAFSA) is also available [online](https://studentaid.gov/). The school code is 002468. Students aged 20-24 may qualify for the Fast Track Workforce Incentive Grant- visit the Fast Track Grant page [HERE.](https://www.jeffco.edu/financial-aid/fast-track) |
| * Done | Complete the general education courses listed with the grade specified (page 3) |
| * Done | 2.75 GPA (overall) for all college-level coursework. |
| * Done | Complete the HESI A2 test by contacting the Testing Center at jchtc@jeffco.edu or 636-481-3147 to schedule an appointment. There is a $67.00 fee to take the test. The fee can be paid at the Testing Center with the exact amount of cash. The Testing Center will not give change if you pay with cash. Applicants can also pay by cash, check, or credit card at the Cashier's window in the Student Center. Please bring your receipt to the Testing Center. **Test scores will need to be uploaded with your application**. |
| * Done | Pay the $50 Radiology Program application fee to the cashier’s window- attached paid receipt to the application |
| * Done | Complete the Radiologic Technology Program application |
| * Done | Submit signed and dated Jefferson College Radiologic Technology Code of Ethics form |
| * Done | Submit a reference request form that includes the name and email of 1 reference |
| * Done | 4 hours minimum hospital observation.  Submit the evaluation form and hospital observation narrative |
| * Done | Signed Release for Drug Testing Consent and Release/Background Check form |
| * Done | Copy the unofficial transcript **and** a spring/summer schedule showing proof of enrollment (if applicable) and submit it with the application packet. |
| * Done | Read and sign the essential qualifications form (essential qualifications found in application instructions and rubric packet found on the website) |
| * Done | Read and obtain the attestation form for licensure requirements if needed (page 12). |

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|  |  |  |
| --- | --- | --- |

Social Security Number Date of Birth Student ID (College V number)

|  |  |  |
| --- | --- | --- |

Last Name First Name Middle Name

|  |  |
| --- | --- |

Preferred Name Previous Name

|  |  |  |
| --- | --- | --- |

(Area) Home Phone No. (Area) Work Phone No. Jeffco Email Address

|  |
| --- |

Address – Street, Route, or Box Number

|  |  |  |
| --- | --- | --- |

City State Zip Code

|  |  |  |
| --- | --- | --- |

Emergency Contact NAME Phone number Relation

**Transcripts**: If you have attended other colleges, request the official transcripts be sent to Jefferson College to have the credits evaluated.

**Prerequisite/Corequisite Classes:**

| **Course** | **Name of College Awarding Credit** | **Semester / Year completed** | **Letter Grade Received** |
| --- | --- | --- | --- |
| BIO211 - A&P I |  |  |  |
| BIO212 - A&P II |  |  |  |
| ENG101 - Eng. Comp. I |  |  |  |
| MTH128 - Inter. Algebra or Higher |  |  |  |
| Intro. to College or  Mastering the College Exp. |  |  |  |
| CIS 125 Computer Literacy |  |  |  |
| PSY101 General Psychology **OR** SOC101 Sociology |  |  |  |
| PHL203 Medical Ethics OR COM 100 Fundamentals of Communications |  |  |  |
| Civics Course HST103 HST104 OR PSC102 |  |  |  |

**Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Spring OR Summer (2022) enrollment (list courses): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Degree:** Have you previously completed, or will you, by the end of the upcoming spring semester, complete a college degree (AA, AAS, BS)?

YES NO

If yes, please attach a copy of your diploma to the application.

| **College Awarding Degree** | **City/State** | **Dates Attended** |
| --- | --- | --- |
|  |  |  |

Do you have any felony/ misdemeanor convictions? Yes No (If yes see page 5 for ARRT requirements.)

If yes, please indicate your felony class/ conviction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I am physically and mentally able to perform the essential duties and functions (with reasonable

accommodations if necessary) of a Radiologic Technologist and that all information is correct. I understand that if

any facts provided in this application packet have been misrepresented, it will be sufficient cause for being declared ineligible or dismissed from the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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| --- | --- |

Observation Form

**To the applicant:** Generally, those considering a career in any health science field can make a more informed choice based on personal experience or observation. Therefore, prospective students must observe at least 4 hours (not including CT, MRI, Ultrasound, etc.) in a diagnostic radiology department, preferably a hospital. Applicants should contact their site of choice in advance to schedule a time and determine the site's requirements for observation. Please note that the Program does not help find a clinical site for observation.

Things to remember:

* take this form with you to the observation experience and obtain theTechnologist’s signature to confirm your observation hours,
* use a new form for each site if going to more than one, and
* scan and return each form with your application packet

While at any clinical site, applicants must maintain the highest professional behavior. Specifically, please do not wear jeans, T-shirts, sweatshirts, or open-toed shoes. Tattoos should not be visible, and jewelry should be limited to one earring per ear lobe. Your overall look must be neat and clean to inspire confidence in the patient-provider interaction. As a professional courtesy, you are expected to arrive early and to contact the facility immediately should a need to reschedule occur.

**Release of Observation Form**

I authorize the Radiologic Technology Program to contact the site/evaluator named on the observation form if questions arise regarding this observation experience.

All completed Observation Forms are the express and sole property of the Jefferson College Radiologic Technology Program.

Applicant’s Name:

Applicant’s Signature:

Date:

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| --- | --- |

**To the Technologist:** As an admission requirement to the Radiology Program offered at Jefferson College, applicants must observe at least 4 hours in a clinical setting (**not includin**g CT, MRI, Ultrasound, etc.). If the information for the prospective student is correct for today’s observation, please complete the form below and return it to the student for submission with their application.

Facility/Clinical Site: Total Hours Observed: \_\_\_\_\_\_

| **Date Observed** | **Time Observed** | **Technologist Initials** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Printed Name of Observed RT:

RT Signature and Credentials:

Department Phone number:

Did the applicant observe general diagnostic exams? Yes No

Did the applicant professionally present himself/herself? Yes No

Did the applicant arrive on time? Yes No

Did the applicant demonstrate an interest in the patients and their exams? Yes No

Did the applicant show enthusiasm toward the profession? Yes No

Additional Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for sharing your time and expertise. We appreciate the support. Please contact Stacy Wilfong, MAT, RT (R), Program Director 636-481-3524, or [swilfon2@jeffco.edu](mailto:swilfon2@jeffco.edu) if you have comments regarding this applicant. Please also contact Mrs. Wilfong to request more information about the program (s) offered.

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| --- | --- |

Applicant: Please write a short narrative of your experiences during your job shadowing



Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of shadowing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility you shadowed at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 can make the recommendation conditional on a signed waiver to prevent student 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 recommender named below.

Applicant Signature Date

**Please LIST the name of your recommender and their email address.**

Please inform the recommender they will receive an email from [swilfon2@jeffco.edu](mailto:swilfon2@jeffco.edu) or [rdacus@jeffco.edu](mailto:rdacus@jeffco.edu) regarding their recommendations. Recommenders do not need to contact the Program. All information will be emailed to the recommender **after** the application due date.

Name of Recommender and email address:

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| --- | --- |

**Jefferson College Radiologic Technology Code of Ethics**

To promote excellence in patient care, the Jefferson College Radiologic Technology student shall:

• Treat patients with respect for their dignity, rights, and values.

• Provide nondiscriminatory and equitable treatment for all patients.

• Promote and strive to protect the health, safety, and rights of patients, including the care of the patient, before their well-being.

• Maintain confidentiality of patient information following privacy regulations required by law.

• Not reference any person, place, or affiliated agency associated with the clinical experience in or on any form of social media including, but not limited to, blogs, networking (Facebook, Snapchat, Instagram, etc.), Twitter, or video sharing (YouTube, TikTok, etc.). Information displayed in these formats is considered public and could be identified as a HIPAA violation.

• Perform procedures or functions within his/her level of education in the profession.

• Refuse to participate in any illegal, unethical, or incompetent acts.

• Disclose any illegal, unethical, or incompetent acts of others to the proper authority.

• Avoid any conduct that creates a conflict of interest.

• Demonstrate behavior that reflects integrity.

• Follow principles of ethical and professional behavior, as identified in the code of ethics of their chosen health career.

Students shall be denied admission to the Radiologic Technology program for any of the above breaches of ethics.

**Please check each box to ensure each item has been carefully read and agreed upon:**

* I have read and understand the Radiologic Technology program Code of Ethics and understand that any breach of ethics will result in an inability to apply for admission.
* I attest all information in my application packet is complete and accurate to the best of my knowledge.
* I understand that withholding or providing false information may be grounds for my dismissal from the Jefferson College Radiologic Technology Program.
* I understand that before, and possibly throughout my participation in Jefferson College Radiologic Technology Program, I will be asked to submit to a background check and drug testing as required by the clinical sites.
* I understand that at any time if I test positive for any prohibited substance, I may be removed from the Program.
* I understand that if I have any felony or misdemeanor convictions, the Program may be unable to place me in a clinical site.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

**Radiologic Technology Program**

DRUG TESTING CONSENT AND RELEASE

BACKGROUND CHECK CONSENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a condition of admission into the Radiologic Technology program, voluntarily agree to submit a sample of my urine and possibly a blood sample for chemical analysis when requested by the College. I understand the purpose of this analysis is to determine the absence or presence of drugs or alcohol in my system.

I also consent to the disclosure of test results by the testing laboratory to the Program and its designated agents for use by the Program in deciding whether or not to allow my continuance in the Radiologic Technology program and any other lawful purposes. I understand a positive test result is grounds for dismissal from the program. I agree all information disclosed to the Program by the testing laboratory will be kept confidential by the Program and can be released only to those College employees, agents, clinical sites, and itsr third parties (such as government agencies), with a need to know.

I understand that at any time I test positive for any prohibited substance, I may be removed from the Program.

I release and hold harmless the College and its employees and agents from any liability arising from this request to furnish specimens, the testing of these specimens, and the test results to the Program and its agents. I also understand at any time during the program I may be subjected to random screening.

I also attest I will be requesting this background check on myself and have not or will not falsify my identity to obtain a background check on anyone other than myself. The information I provide will be true to my knowledge and belief.

I understand that the College requiring this check will automatically have access to my report once it is available. I also understand the College may authorize designated affiliate hospitals, clinical sites, and other school officials to view my report if such information is required before being assigned to such facilities.

I understand that if I have any felony or misdemeanor convictions, the Program may be unable to place me in a clinical site.

Print Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\* INITIAL TESTING WILL BE COMPLETED ONCE ENROLLED IN THE PROGRAM\*\*\***

**Radiologic Technology Program**

**Essential Qualifications for Admission and Continuance**

All individuals, including persons with disabilities, who apply for admission to the radiologic technology program, must be able to perform specific essential functions with or without reasonable accommodation.

The applicant should carefully review the essential qualifications for the program and question the nonfamiliar activities or functions listed. The applicant must decide if he or she has any limitations that may restrict or interfere with the satisfactory performance of the requirements. It is ultimately the applicant's responsibility to meet these essential qualifications if accepted into the program.

These requirements are consistent with the employment requirements of our clinical education sites.

I have read the information regarding the physical, mental, and emotional demands of the Jefferson College Radiologic Technology Program, and I attest that I can perform all functions expected of a Radiologic Technologist.

Print Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Radiologic Technology Program**

**Licensure Requirements**

**As required by the federal regulations outlined in** [**34 CFR 668.43(a)(5)(v)**](https://www.federalregister.gov/documents/2019/11/01/2019-23129/student-assistance-general-provisions-the-secretarys-recognition-of-accrediting-agencies-the#p-1593)**, before enrollment in courses, applicants for programs that require professional certification or licensure in the State of Missouri are required to acknowledge the professional certification and licensure requirements in the state considered their permanent address.**

**If a student applies/intends to apply to a program requiring professional licensure, but the Jefferson College program does not meet the certification/licensure requirements in the student’s state of permanent address, the student must complete the** [**attestation form**](https://www.jeffco.edu/wp-content/uploads/old_files/files/enroll_serv/Website/Website/professional_licensure_attestation.pdf) **before enrollment in courses indicating they plan to work in a state in which the Jefferson College program does meet the educational certification/licensure requirements. Students who do not complete the attestation will not be able to enroll in that program.**

[**https://www.jeffco.edu/Professional-Licensure-Disclosure**](https://www.jeffco.edu/Professional-Licensure-Disclosure)

**Radiologic Technology Program Statement:  
The ARRT certifies Radiologic Technologists and is a National Registry. Some states do have specific requirements. Please see the ASRT website for those states requiring additional qualifications.**

[**https://www.asrt.org/main/standards-and-regulations/legislation-regulations-and-advocacy/states-that-regulate**](https://www.asrt.org/main/standards-and-regulations/legislation-regulations-and-advocacy/states-that-regulate)

I have read the Licensure information regarding my permanent residency and the licensure requirements. The American Registry of Radiologic Technologists is a National Licensure but if I live or move outside of the United States, I will meet with the Admissions department to fill out the appropriate documentation and understand the ARRT Licsensure may not be applicable.

Print Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_