



# RADIOLOGIC TECHNOLOGY PROGRAM APPLICATION For Fall 2024 clinical placement

APPLICATION DEADLINE: Thursday April 18, 2024 – 4:00 p.m.

\*Applications received after this date/time will receive a deduction in points and may not be considered

Carefully read and review your application for completeness before signing and submitting AN INCOMPLETE AND/OR UNSIGNED APPLICATION WILL NOT BE CONSIDERED

referred E-mail Addre *Notification of acceptan	ess ce/non-acceptance will be sent to this e	email <i>after</i> spring 2024 gra	ades post and selective
Nailing Address	City	State	Zip
elephone Number			

25 Basin Creek Road Butte, MT 59701

In person: Highlands College front office during regular office hours

Please mark application packet ATTN: Rad Tech

Via Email: radtech@mtech.edu

All application materials must be complete and attached to the email

## \*DOCUMENTATION -

Submit copies/documentation of  $\underline{each}$  of the following with application – please ensure copies are full-size and legible – failure to properly include any of the following is an incomplete application

■ VACCINATION RECORDS – proof of each of the following must be included		
$\circ$ MMR (measles, mumps, rubella) $\rightarrow$ 2 doses or positive titer		
<ul> <li>→ Hepatitis B series → completion of 3 dose series or positive titer</li> </ul>		
<ul> <li>○ Varicella → 2 doses or positive titer</li> </ul>		
$\circ$ <u>tDap</u> $\rightarrow$ tetanus/pertussis, must be within the past 10 years		
Fill in vaccination dates corresponding to your included vaccination records below as applicable (Please print clearly):		
MMR (measles, mumps, rubella) *2 doses or positive titer*  Vaccination date 1/  Vaccination date 2/  OR Positive Titer/		
Use below only if measles, mumps and rubella vaccinations were administered separately  Measles/Mumps/Rubella/  Measles/Mumps/Rubella/		
Varicella (chickenpox) *2 doses or positive titer*  Vaccination date 1/		
Hepatitis B *Completion of 2 or 3 dose series or positive titer*  3 dose series – (Engerix-B)  Vaccination date 1/  Vaccination date 2/  Vaccination date 3/  2 dose series – (Heplisav-B)  Vaccination date 1/  Vaccination date 2/  Positive Titer  Titer date/  tDap (tetanus/pertussis) *Within the past 10 years. Note this must be Tdap not TD or DPT*  Vaccination date/		
PROOF OF FREEDOM FROM TUBERCULOSIS  Droof of a current clear DDD ckin test, chest v ray or negative blood test		
<ul> <li>Proof of a current clear PPD skin test, chest x-ray or negative blood test</li> <li>Must be completed annually while in program</li> </ul>		
Tuberculosis – proof of freedom  Date/		
Check which one:PPD skin testBloodX-ray		

☐ CURRENT CPR CERTIFICATION
<ul> <li>Must be a Basic Life Support (BLS) course covering infant through adult from either the American</li> </ul>
Heart Association or American Red Cross
Must be current at time of application and kept current throughout program for those accepted
CPR: BLS – Basic Life Support  Renew By Date:/
□ ESSAY
<ul> <li>Prompt: Describe a topic, idea, or concept you find so engaging that it makes you lose all track of time. Why does it captivate you? What or who do you turn to when you want to learn more?</li> <li>Essay must be: Typed – 12-point font – Double-spaced – At least one page, no more than two pages – grammar and content are considered</li> </ul>
PROFESSIONAL LETTER OF RECOMMENDATION  Submit one professional letter of recommendation
<ul> <li>Letter must be:         <ul> <li>Submitted in a sealed envelope with reference signature over the seal, or emailed from the letter writer directly to radtech@mtech.edu prior to the application deadline</li> </ul> </li> <li>Signed and dated within the last 2 years &amp; includes contact information</li> <li>From someone like a current or prior employer, coach, or mentor; it may not be from a family member or friend</li> </ul>
JOB SHADOW – HOUR CONFIRMATION & SYNOPSIS: <ul> <li>Complete &amp; signed Job Shadow Experience Form confirming shadow hours</li> <li>Shadow requirements and synopsis questions are included on the Job Shadow Experience Form</li> <li>Synopsis answers need to be typed and at least 12-point font</li> </ul>
*FT.U.C.C
*ETHICS —
Have you ever been convicted of a misdemeanor or felony?  ☐ YES ☐ NO
Have you ever been suspended or expelled from a post-secondary education program? ☐ YES ☐ NO
Have you had any professional license or certification revoked, suspended or put on probation?  ☐ YES ☐ NO
→ If the answer is 'yes' to any of the questions above, please contact radtech@mtech.edu before submitting your application. The ARRT may not allow you to take the national registry exam upon completion of the program. Additionally, all accepted students must pass a background check for clinical placement.

# \* REQUIRED PREREQUISITE COURSES I understand that all prerequisite courses:

understand that all prerequisite courses:
*Check off each to indicate understanding
Must be complete by the end of spring semester 2024
☐ May only be repeated once, with the most recent final grade used in the selective GPA
Must be complete with a final grade of C or higher

### **COMPLETE THE FOLLOWING:**

*If there is an OR option, please select the course taken or if you've taken both – which course you would like used in your selective GPA	SELECT  Currently Enrolled SPR 2024  OR  If complete – fill in year and select semester taken
BIOH 201/202 Anatomy & Physiology I Lecture & Lab	☐ Currently Enrolled SPR 2024 ORYear ☐ Fall ☐ Spring ☐ Summer
BIOH 211/212 Anatomy & Physiology II Lecture & Lab	☐ Currently Enrolled SPR 2024 ORYear ☐ Fall ☐ Spring ☐ Summer
☐ M 121 College Algebra  OR ☐ M 140 College Math for Healthcare	☐ Currently Enrolled SPR 2024 ORYear ☐ Fall ☐ Spring ☐ Summer
□ WRIT 101 College Writing I OR □ WRIT 121 Intro to Technical Writing	OR  Year  Fall  Spring  Summer
☐ CHMY 121 Intro to General Chemistry  OR ☐ AHXR 104 Intro to Radiologic Sciences	Currently Enrolled SPR 2024  OR Year
AHXR 100 Intro to Diagnostic Imaging	☐ Currently Enrolled SPR 2024 ORYear ☐ Fall ☐ Spring ☐ Summer
HCI 316 Healthcare Ethics & Regulations	Currently Enrolled SPR 2024 ORYear

# \*RECOMMENDED PREREQUISITES — COMPLETE THE FOLLOWING

	☐ Course not taken
AHMS 144	☐ Currently Enrolled SPR 2024
Medical Terminology	OR
-	Year 🔲 Fall 🖵 Spring 🖵 Summer
	☐ Course not taken
CAPP 131	☐ Currently Enrolled SPR 2024
Basic MS Office	OR
	Year 🔲 Fall 🖵 Spring 🖵 Summer

*"	**Directions to view your Tech unofficial transcript: Login to your MyMtech account, under OrediggerWeb select:  Student & Financial Aid – Student Records – View Academic Transcript – Unofficial
	All college courses have been taken at MT Tech and are listed on my MT Tech unofficial transcript $\rightarrow$ No further action required
	I have attended other college(s) <i>prior</i> to spring 2024 – all transfer credits have been officially submitted, aluated by MT Tech enrollment services, I have confirmed they appear on my MT Tech unofficial transcript $\rightarrow$ No further action required
	I am currently taking prerequisite courses at another college
	Name of other college you are currently attending
	→ Include a current copy of your unofficial transcript(s) from all other universities attended with your

→ Upon *completion* of Spring 2024 semester – email <u>radtech@mtech.edu</u> a copy of your unofficial transcript from the transfer institution reflecting your Spring 2024 final grades as soon as they post

*Great Falls Satellite –	PLEASE READ CAREFULLY AND SELECT <b>ONE</b> OF THE FOLLOWING:
--------------------------	---

☐ If selected, I will accept placement at either Butte area sites *or* the Great Falls satellite location ☐ If selected, I *prefer* placement at the Great Falls satellite location ☐ If selected, I only want to be considered for Butte area clinical sites

(Anaconda – Bozeman – Butte – Dillon – Helena)

### Notes on Great Falls:

- Students interested in Great Falls are part of the same applicant pool as Butte area students
- Students placed here complete all clinical hours and course work in Great Falls
- In-person weekly labs are held in Great Falls during the first fall semester of the program remaining coursework is then online/via zoom besides clinical hours

\*Carefully read through the following information and <a href="check-off">check-off</a> each item indicating your understanding and agreement before signing and submitting your application

☐ This program is highly competitive — not all qualified applicants will gain acceptance to the program
lacktriangle Selection is based solely on a 100-point selection system – qualified applicants earning the most points
will be selected for clinical placement in the program

→ Point System: 75% from selective GPA of required prerequisite courses 25% from proper submission & content of application materials

→ Notification will occur *after* Spring semester final grades post; notification will be via email by mid-June 2024 – *the decision of the selection committee is final* 

<sup>\*</sup>Students selected for the program may be required to (re)apply for admission to MT Tech and submit official transcripts, please wait until selections are made for directions on how to initiate this process. Any discrepancies in grades from those emailed and official transcripts will result in revocation of clinical placement.

Applicant Signature	Date
☐ I have retained a copy of this application and its contents for and up to date	my records, all material included is accurate
□ Notifications are via email – all applicants will receive an emainformation will only be communicated via email, do not call or email be contacted as soon as possible – those selected are require notification (so check your email frequently!)	email to check on your application status – you
Clinical students are involved in direct patient care experience behavior is of utmost importance. Following professional stands appearance, demonstrating empathy, and using appropriate consuccess, and are part of student assessment and grading. Student and performance there determines if this program stays viable.	ards like punctuality, appropriate hygiene/ nmunication and behavior are critical to
☐ The radiologic technology program is demanding and rigorous Montana Tech student requirements – attendance, travel, no prexpectations, uniforms, grade expectations, etc. Clinical hours nevenings. There are extra expenses associated with this program expenses and must have dependable vehicle/travel arrangement	ogram course repetition, clinical hour nay be scheduled on days, weekends and n. Students are responsible for all travel
☐ Selected students will start the program Fall semester 2024: semester offered; there is no part-time enrollment in the program program is four full-time semesters including the summer semesters.	m, or variations to the curriculum – the
☐ Clinical site assignments are made after program selections a program – students <i>cannot</i> be guaranteed a preferred clinical sit	•
☐ Some affiliated clinical facilities may annually require seasons	al flu vaccinations or appropriate declination
☐ COVID-19 Vaccination Attestation: some clinical facilities are vaccinated against COVID-19 and may request declaration of vacadmission process. While COVID-19 vaccination status is not requested for clinical placement.	ccination status as a part of the clinical
lacksquare Selected students may be required to submit for a drug scree	en for clinical entrance (at program's expense)
<ul> <li>All selected students will be required to submit a clear backg</li> <li>Directions on obtaining a background check is sent to accompany</li> </ul>	
<ul><li>□ "Plan B" – I have a plan B if not accepted to the program – if</li><li>I have contacted my advisor to register for those back-up course</li></ul>	