



**MARION**  
TECHNICAL COLLEGE

**Radiologic Technology**  
2023 Program Application  
Information

1014 SW 7<sup>th</sup> Road  
Ocala, Fl. 34471  
(352) 671-7223

### **Radiologic Technologists**

Radiologic Technology is a high-tech, high-touch career field. Registered Technologists in Radiography, RT(R), perform diagnostic imaging examinations and often specialize in advanced imaging modalities such as Computed Tomography (CT), Magnetic Resonance Imaging (MR), Cardiac-Interventional Technology (CI) and more. Radiographers routinely provide care to patients and perform tasks involving heavy lifting and pushing. Radiographers work on their feet for long hours. The images produced by Radiographers are used for diagnostic interpretation by Radiologists enabling physicians to diagnose and treat a vast array of patient conditions. This profession requires critical thinking, maturity, caring, and dependability. Radiographers must have a solid knowledge base in Radiologic Sciences and patient care, and demonstrate a reliable work ethic. Radiographers must work well in a team environment and autonomously as independent thinkers and problem-solvers.

### **The Program**

The Radiologic Technology program is a 22-month, full-time certificate program; 8 hours per day, 5 days per week. The program is designed to provide students with the knowledge and skills necessary to become radiologic technologists. This program maintains high standards of excellence in education that assures quality patient care and safe technologist practices. Graduates of the program will be eligible for licensure in the State of Florida as Certified Radiologic Technologists and for application to the certification examination administered by the American Registry of Radiologic Technologists. (ARRT) The curriculum is competency-based and incorporates extensive practical experience in local hospitals and imaging facilities. The clinical model is designed to promote competency and technical proficiency in all ARRT-required diagnostic imaging procedures for general radiography.

### **Program Accreditation**

The program is accredited by the Joint Review Committee on Education in Radiologic Technology. [www.JRCERT.org](http://www.JRCERT.org)

### **Job Outlook**

According to the Bureau of Labor Statistics, the median annual wage in 2021 for Radiologic Technologists was \$61,980. The estimated total pay for a Radiologic Technologist is \$68,330 per year in the Florida area, with an average salary of \$66,275 per year. The demand for diagnostic imaging personnel is strong and expected to increase sharply over the next decade (according to the U.S. Department of Labor).

### **Program Costs**

Tuition for Florida residents:	\$7,884.00
Textbooks (approximately)	\$1,244.48
Lab Fees	\$ 675.00
Miscellaneous Fees (approximately)	\$1,089.20

### **Additional Costs**

ARRT Licensure Examination	\$200
Florida Dept. of Health License	\$ 55
BSSRT membership	\$ 40
Student Radiography Conference (approx.)	\$ 600

### **Admission Policies and Procedures**

Radiography is a selected admission program. Attendance at an Information Session at MTC is mandatory. Applications are accepted year around. Applicants must have a college degree (minimum Associate degree) with a 2.75 GPA or higher and include Anatomy & Physiology, and Medical Terminology. Applicants must be able to meet the Program's published Technical Standards. Financial aid is available. For complete details on Admissions, please see the Radiography Admissions Policies and Procedures sheet that follows.



<b>Application Eligibility</b>	<ul style="list-style-type: none"><li>• Completion of an Associate's Degree (or higher) from a regionally accredited college/university</li><li>• Minimum overall 2.75 GPA at completion of degree.</li><li>• Ability to meet Program's published Technical Standards.</li><li>• Required as either part of the degree or additional courses taken:<ul style="list-style-type: none"><li>- College Algebra</li><li>- Anatomy &amp; Physiology I &amp; II (w/Lab)</li></ul></li></ul>
<b>Applicant Advisement</b>	<ul style="list-style-type: none"><li>• All applicants must attend an Information Session held at MTC. Dates and times may be found on the program's website <b>mariontc.edu</b></li><li>• Applicants may contact the Program Director for individual advisement: <a href="mailto:Cheryl.sirmons@marion.k12.fl.us">Cheryl.sirmons@marion.k12.fl.us</a> / 352-671-7223</li></ul>
<b>Application Timeline</b>  <b>Early application is encouraged</b>	<ul style="list-style-type: none"><li>• <b>Applications Accepted year -round by applying at <a href="http://www.mariontc.edu">www.mariontc.edu</a> (\$20 fee)</b><ul style="list-style-type: none"><li>- You will receive a welcome email with supplemental packet.</li><li>- Complete supplemental packets and submit documents that include:<ul style="list-style-type: none"><li>&gt; Official College and High School Transcripts</li><li>&gt; 3 Recommendation Forms from professional sources.</li></ul></li></ul></li><li>• <b>January - July:</b> Applicants scheduled for application review and faculty dialogue. All applicants receive notification via email.</li><li>• <b>Late July:</b> Program Orientation for selected students.</li><li>• <b>August:</b> Program (classes) begin.</li></ul>
<b>Applicant Acceptance</b>	<ul style="list-style-type: none"><li>• Radiologic Technology is a limited access/selected admission program.</li><li>• Selection is made on a point-scale basis. The point-scale criteria may be downloaded from <b>www.mariontc.edu</b>.<ul style="list-style-type: none"><li>- 50% based on academic performance</li><li>- 40% Application Review and Faculty Dialogue</li><li>- 10% Other (prior healthcare experience, prior application)</li></ul></li></ul>
<b>Financial Aid</b>	<ul style="list-style-type: none"><li>• Complete FAFSA at <a href="http://www.fafsa.gov">www.fafsa.gov</a> School Code: <b>031039</b></li><li>• Scholarships and grants are available to qualifying students. Contact the Financial Aid Office at <b>MTC (352)671-7200</b>.</li><li>• The Radiography Program qualifies for the GI Bill.</li></ul>
<b>Background Check Drug Screening</b>	<ul style="list-style-type: none"><li>• Selected students will be required to undergo a criminal background check and drug screening. Cost incurred by student.</li></ul>
<b>Health Screening</b>	<ul style="list-style-type: none"><li>• All Selected students will be required to submit a health certificate (signed by a healthcare provider) and immunization records. Forms are provided in students' acceptance letters. Covid vaccine is recommended but not required.</li></ul>

## TECHNICAL STANDARDS

**Rationale** Individuals admitted to the Radiologic Technology program must possess the capability to complete the entire curriculum and achieve certification as a licensed Radiologic Technologist. This curriculum requires demonstrated proficiency in a variety of cognitive, problem-solving, manipulative, communicative and interpersonal skills. The Radiologic Technology program has therefore established technical standards that must be met by students admitted in to the program.

**Directions** Read the following standards carefully before signing the Application for Admission. Make an assessment of your cognitive, affective and psychomotor capabilities, and determine if you have any limitations that may restrict or interfere with your satisfactory performance of any of the standards listed below.

Students must be able to:

1. Observe and participate in all didactic, clinical and practical demonstrations including group procedural simulations and self-learning practicums.
2. Learn to analyze, synthesize, solve problems, and reach evaluative judgment.
3. Demonstrate sufficient use of the senses of vision, hearing, and touch necessary to directly perform a radiographic examination; review and evaluate the recorded images for the purpose of identifying proper patient positioning, accurate procedural sequencing, proper radiographic quality, and other appropriate technical qualities of diagnostic image acquisition.
4. Relate reasonably to patients and establish a sensitive, professional and effective relationship with them; communicate verbally in an effective manner to direct patients during radiographic examinations.
5. Provide physical and emotional support to patients during radiographic procedures, respond to situations requiring first aid and provide emergency care in the absence of, or until the physician arrives.
6. Display judgment in the assessment of patients; demonstrate the ability to recognize limitations in their knowledge, skills, and abilities and to seek appropriate assistance.
7. Demonstrate the ability to work collaboratively with all members of the health care team.
8. Learn and perform routine radiographic procedures; students must have the mental and intellectual capacity to calculate and select proper technical exposure factors according to the individual needs of the patient.
9. Demonstrate sufficient physical strength, motor coordination, and manual dexterity to transport, move, lift, and transfer patients from a wheelchair or cart to an x-ray table, or to a patient bed; lift a minimum of 30 pounds over head.
10. Move, adjust, and manipulate a variety of radiographic equipment, including the physical transportation of mobile radiographic equipment, in order to arrange and align the equipment with respect to the patient and the image receptor according to established procedures and standards of speed and accuracy.
11. Learn to respond with precise, quick, and appropriate action in stressful and emergency situations.
12. Accept criticism and adopt appropriate modifications in their behavior.
13. Possess the perseverance, diligence, and consistency to complete the radiologic technology curriculum and enter into the practice of radiology as a certified technologist.



# Radiologic Technology Program

Marion County Public Schools - "Equal Opportunity Schools"

## Application for Admission

Check here if previously applied: \_\_\_\_\_

NONDISCRIMINATORY POLICY: The Marion County Public School District does not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, or qualified disability in its employment practices and its access and admission to education programs or activities.

**PLEASE PRINT OR TYPE:**

1. Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2. Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Email\* \_\_\_\_\_ @ \_\_\_\_\_

4. If any official records might arrive under any names other than those listed above, enter names here: \_\_\_\_\_

5. SS # XXX - XX - \_\_\_\_\_ DL # \_\_\_\_\_ U.S. Citizen? Yes No (Circle one)

6. Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

7. Current Employment: Company \_\_\_\_\_ Dates \_\_\_\_\_

8. Military Service Branch \_\_\_\_\_ Rank \_\_\_\_\_ Dates \_\_\_\_\_ Honorable Discharge: Yes No (Circle One)

9. Have you ever been arrested? Yes No (Circle One) If yes, explain the charge: \_\_\_\_\_

10. Formerly in HOSA? Yes No (Circle One) What area of healthcare did you shadow? \_\_\_\_\_

11. Previous training or experience in Radiography? Yes No (Circle One) Describe: \_\_\_\_\_

12. Other medical training, or certification? Yes No (Circle One) Must submit copy of certification with this application.

13. Healthcare Volunteer? Yes No (Circle One) Must submit letter from organization documenting # of hours served.

\_\_\_\_\_  
Name of organization, duties

Academic Preparation

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14. Official transcripts from High School and all other schools and colleges must be submitted prior to acceptance.

Colleges Attended	City/State	Major	If Completed, Date Conferred	If Not Completed, Projected Date

15. Describe why do you want to be a radiologic technologist? \_\_\_\_\_

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### **Recommendation Forms**

I understand that three (3) Recommendation Forms must be received by the program office in order to be a qualified applicant. I also understand that academic and professional acquaintances are required and that friends and relatives are ineligible to submit a recommendation. I further understand that I must sign the Recommendation Form first to give authorization for the individual to complete and submit the form to MCSRT. **(THE INDIVIDUAL MAKING THE RECOMMENDATION MUST MAIL THE FORM DIRECTLY TO THE PROGRAM OFFICE AT THE ADDRESS INDICATED ON THE FORM.)**

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Signature of Applicant

### **Technical Standard**

**(READ THE TECHNICAL STANDARDS PORTION OF THIS APPLICATION PACKET BEFORE SIGNING BELOW).** By my signature, I agree that I have reviewed and understand the Technical Standards and feel confident I am capable of complying with them in every regard as identified. Further, I do NOT have any physical restrictions that will interfere with my successful performance as a student radiographer.

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Signature of Applicant

### **Statement and Signature**

The information provided on this application is true to the best of my knowledge. I understand that any misrepresentation or omission of personal information will result in my ineligibility to be considered for admission to this program. I also understand that admission into the Radiologic Technology Program at Marion Technical College is made on a selective basis. I have reviewed and understand the point-scale selection criteria provided on the School's website. I understand that admission to the radiology program creates a contractual agreement between the School and the applicant and that said agreement is based, in part, on the information provided on this application. I further understand that this application will not be processed if not **COMPLETE** with transcripts and signatures.

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Signature of Applicant

**Submit Application to: Marion Technical College/ Radiologic Technology  
1014 S.W. 7<sup>th</sup> Road  
Ocala, FL 34471**

**Return To: Marion Technical College**

**Radiologic Technology**

**1014 S.W. 7<sup>th</sup> Road**

**Ocala, FL 34471**

**RECOMMENDATION FORM**

Applicant: \_\_\_\_\_  
Please Print \_\_\_\_\_ Signature\*

(\*By my signature, I authorize the person below to answer the following questions to the best of their ability and submit this form to MCSRT).

**NOT TO BE COMPLETED BY FRIENDS OR FAMILY. ONLY PROFESSIONAL REFERENCES PLEASE. FORM MUST BE RETURNED DIRECTLY TO THE RADIOLOGIC TECHNOLOGY PROGRAM OFFICE BY THE PERSON COMPLETING IT.**

- 1) How do you know this individual? \_\_\_\_\_ # of years \_\_\_\_\_
  
- 2) Do you feel this individual would adapt and excel in a healthcare environment that is highly technological and highly patient? \_\_\_\_Yes \_\_\_\_No \_\_\_\_ Not Sure Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- 3) I have observed the following attributes in this individual (only check those that apply):
 

<input type="checkbox"/> Cheerfulness	<input type="checkbox"/> Self-Motivation	<input type="checkbox"/> Good Attendance	<input type="checkbox"/> Critical Thinking
<input type="checkbox"/> Maturity	<input type="checkbox"/> Self-Confidence	<input type="checkbox"/> Team Player	<input type="checkbox"/> Problem-Solving
<input type="checkbox"/> Dependability	<input type="checkbox"/> Initiative	<input type="checkbox"/> Multi-Tasking	<input type="checkbox"/> Effective
<input type="checkbox"/> Honesty	<input type="checkbox"/> Punctual	<input type="checkbox"/> Time Management	<input type="checkbox"/> Communication
  
- 4) What do you feel is this individual's greatest strength? Why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- 5) What do you feel is this individual's greatest weakness? Why? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- 6) Give an example of how this individual demonstrated perseverance to achieve a goal or accomplish something important. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- 7) In what ways could this individual improve to be better prepared for a rigorous professional educational program and demanding healthcare career? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
- 8) Additional comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature (person making recommendation): \_\_\_\_\_

Print Name \_\_\_\_\_ Title/Credential \_\_\_\_\_ Date \_\_\_\_\_

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\_\_\_\_\_

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- |  |  |  |  |
|--|--|--|--|
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| <input type="checkbox"/> Maturity      | <input type="checkbox"/> Self-Confidence | <input type="checkbox"/> Team Player     | <input type="checkbox"/> Problem Solving   |
| <input type="checkbox"/> Dependability | <input type="checkbox"/> Initiative      | <input type="checkbox"/> Multi-Tasking   | <input type="checkbox"/> Effective         |
| <input type="checkbox"/> Honesty       | <input type="checkbox"/> Punctual        | <input type="checkbox"/> Time Management | <input type="checkbox"/> Communication     |

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\_\_\_\_\_

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\_\_\_\_\_

6) Give an example of how this individual demonstrated perseverance to achieve a goal or accomplish something important.

\_\_\_\_\_

7) In what ways could this individual improve to be better prepared for a rigorous professional educational program and demanding healthcare career? \_\_\_\_\_

\_\_\_\_\_

8) Additional comments: \_\_\_\_\_

Signature (person making recommendation): \_\_\_\_\_

Print Name \_\_\_\_\_ Title/Credential \_\_\_\_\_ Date \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_
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\_\_\_\_\_  
\_\_\_\_\_
- 8) Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (person making recommendation): \_\_\_\_\_

Print Name \_\_\_\_\_ Title/Credential \_\_\_\_\_ Date \_\_\_\_\_





- \_\_\_\_\_ Attend Information Session at MTC (mandatory before applying to Radiography Program).
- \_\_\_\_\_ Complete degree with 2.75 GPA (or higher).
- \_\_\_\_\_ Obtain Official Transcripts from all colleges attended (unopened). This may be sent directly to Program office or submitted with Program Application.
- \_\_\_\_\_ Obtain Transcripts from High School (unopened) as mandated by State. This may be sent Directly to Program Office or submitted with Program Application.
- \_\_\_\_\_ Complete Radiologic Technology Program Application entirely (do not leave any blanks).  
**BE SURE TO SIGN.**
- \_\_\_\_\_ Give Recommendation Form to three individuals who know you in a professional capacity (such as professor, work supervisor, volunteer supervisor, etc. – not friends and family).  
**This must be returned to the program office directly by person completing the form.**
- \_\_\_\_\_ Read Technical Standards; sign if able to meet the standards. If not, contact Program Director.
- \_\_\_\_\_ Plan for financial aid. **Complete FAFSA at [www.fafsa.gov](http://www.fafsa.gov). MTC School Code: **031039****  
For questions or assistance, please contact the Financial Aid office at (352) 671-7203.
- \_\_\_\_\_ Submit Program Application and all Official Transcripts.
- \_\_\_\_\_ Submit MTC Application with all required documentation (\$20 fee). If any questions regarding Residency Affidavit/documents of proof, call Student Services at (352) 671-4134.
- \_\_\_\_\_ Wait to be contacted by EMAIL for date of Application Review and Faculty Dialogue. This is mandatory. Record date in your calendar!
- \_\_\_\_\_ Breathe!