MARION TECHNICAL COLLEGE 1973

Radiologic Technology
2023 Program Application
Information

1014 SW 7th 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

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		Additional Costs	
Tuition for Florida residents:	$7,884.00	ARRT Licensure Examination	$200
Textbooks (approximately)	$1,244.48	Florida Dept. of Health License	$ 55
Lab Fees	$ 675.00	BSSRT membership	$ 40
Miscellaneous Fees (approximately)	$1,089.20	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.

Application Eligibility	• Completion of an Associate's Degree (or higher) from a regionally accredited college/university
	• Minimum overall 2.75 GPA at completion of degree.
	• Ability to meet Program's published Technical Standards.
	• Required as either part of the degree or additional courses taken:
	   - College Algebra
	   - Anatomy & Physiology I & II (w/Lab)

Applicant Advisement	• All applicants must attend an Information Session held at MTC. Dates and times may be found on the program's website **mariontc.edu** • Applicants may contact the Program Director for individual advisement: **Cheryl.sirmons@marion.k12.fl.us / 352-671-7223**

Application Timeline
 	
Early application is encouraged
	• **Applications Accepted year -round by applying at www.mariontc.edu ($20 fee)**
	   - You will receive a welcome email with supplemental packet.
	   - Complete supplemental packets and submit documents that include:
	     > Official College and High School Transcripts
	     > 3 Recommendation Forms from professional sources.
	• **January - July:** Applicants scheduled for application review and faculty dialogue. All applicants receive notification via email.
	• **Late July:** Program Orientation for selected students.
	• **August:** Program (classes) begin.

Applicant Acceptance	• Radiologic Technology is a limited access/selected admission program.
	• Selection is made on a point-scale basis. The point-scale criteria may be downloaded from **www. mariontc.edu**.
	   - 50% based on academic performance
	   - 40% Application Review and Faculty Dialogue
	   - 10% Other (prior healthcare experience, prior application)

Financial Aid	• Complete FAFSA at **www.fafsa.gov** School Code: **031039** • Scholarships and grants are available to qualifying students. Contact the Financial Aid Office at **MTC (352)671-7200.** • The Radiography Program qualifies for the GI Bill.
Background Check Drug Screening	• Selected students will be required to undergo a criminal background check and drug screening. Cost incurred by student.
Health Screening	• 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.

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:

Date Submitted: _____

1. **Name** _____   Date of Birth _____ / _____ / _____
   Last   First   Middle

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** _____ _____ _____   **Honorable Discharge**:   Yes   No
   Branch   Rank   Dates   (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

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? _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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).**

_____

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.

_____

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.

_____

Signature of Applicant

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

RECOMMENDATION FORM

Applicant: _____   _____
<div align="center">Please Print   Signature*</div>

(*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):

____ Cheerfulness   ____ Self-Motivation   ____ Good Attendance   ____ Critical Thinking
____ Maturity   ____ Self-Confidence   ____ Team Player   ____ Problem-Solving
____ Dependability   ____ Initiative   ____ Multi-Tasking   ____ Effective
____ Honesty   ____ Punctual   ____ Time Management   ____ 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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RECOMMENDATION FORM

Applicant: _____   _____
                              Please Print   Signature*

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_____
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_____ Maturity   _____ Self-Confidence   _____ Team Player   _____ Problem Solving
_____ Dependability   _____ Initiative   _____ Multi-Tasking   Effective
_____ Honesty   ——— Punctual   _____ Time Management   ——— Communication

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Signature (person making recommendation): _____

Print Name _____   **Title/Credential** _____   **Date** _____

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RECOMMENDATION FORM

Applicant: _____ _____
                              Please Print   Signature*

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1) How do you know this individual? _____ # of years _____

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_____

_____

3) I have observed the following attributes in this individual (only check those that apply):

____ Cheerfulness	____ Self-Motivation	____ Good Attendance	____ Critical Thinking
____ Maturity	____ Self-Confidence	____ Team Player	____ Problem Solving
____ Dependability	____ Initiative	____ Multi-Tasking	____ Effective
____ Honesty	____ Punctual	____ Time Management	____ Communication

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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** _____

_____ 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 <u>www.fafsa.gov</u>. MTC School Code: <u>031039</u>**
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!