

Radiologic Technology 2024 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. <u>www.JRCERT.org</u>

Job Outlook

According to the Bureau of Labor Statistics, the median annual wage in 2023 for Radiologic Technologists was \$76,020. The estimated average salary pay for a Radiologic Technologist is \$73,410 per year in the Florida area. 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 \$225
Textbooks (approximately)	\$525.00	Florida Dept. of Health License \$ 55
Lab Fees	\$1890.00	Student Radiography Conference (approx.) \$ 600
Miscellaneous Fees (approximately)	\$1,589.40	

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, College Algebra, 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.



Radiologic Technology Admission Policies and Procedures

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) Medical Terminology
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: <u>Cheryl.sirmons@marion.k12.fl.us /</u> 352-671-7223
Application Timeline Early application is encouraged	 Applications Accepted year -round by applying at <u>www.mariontc.edu</u> (\$20 fee) You will receive a welcome email with supplemental packet. Complete supplemental packets and submit documents that include:
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 <u>www.fafsa.gov</u> School Code: <u>031039</u> 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.



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.

PL	EASE 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 th	ose listed above, enter name	es here:	
5.	SS # <u>XXX</u> - XX	DL #		U.S. Citizen? Yes	No (Circle one)
6.	Emergency Contact	Name	Relations	hip	Phone #
7.	Current Employment:				
		Company			Dates
8.	Military Service	Branch Rank	Dates	Honorable Discharge	e: Yes No (Circle One)
9.	Have you ever been arreste	ed? Yes No (Circl	e One) If yes, explain the	e charge:	
10.	Formerly in HOSA?	Yes No (Circle One) Wh	nat area of healthcare did yo	u shadow?	
11.	Previous training or experi	ence in Radiography?	Yes No (Circl	e One) Describe:	
12.	Other medical training, or	certification? Yes	No (Circle One) Mus	st submit copy of certifica	ation with this application.
13.	Healthcare Volunteer? Ye	es No (Circle One) Must submit l	etter from organization docu	menting # of hours serve	ed.
Ac	ademic Preparation	Name o	f organization, duties		
	-	olleges must be submitted prior to	acceptance.		
	Colleges Attended	City/State	Major	If Completed, Date Conferred	If Not Completed, Projected Date

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 MTC. (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

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

Submit Application to:

Marion County School	Public Schools	"Equal Opportunity Schools"
Return To:	Marion T	echnical College
Rad	liologic Te	chnology
10)14 S.W. 7 ^t	th Road
(Ocala, FL 3	34471

RECOMMENDATION	VFORM
----------------	--------------

App	plicant:Please	Print	Signature*	
			s to the best of their ability and submit this fo	orm to MTC)
(AL REFERENCES PLEASE. FORM MUST	
		CHNOLOGY PROGRAM OFFICE BY		BE RETORNED DIRECTLY TO THE
1)	How do you know this indivi	dual?		# of years
2)			althcare environment that is high	
3)	I have observed the following	g attributes in this individual	(only check those that annly):	
3)		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 indiv	vidual's greatest strength? V	Vhy?	
5)	What do you feel is this indi	vidual's greatest weakness?	Why?	
6)	Give an example of how this important.		rseverance to achieve a goal or a	ccomplish something
7)			repared for a rigorous profession	
8)	Additional comments:			

Marion County School Public Schools "Equal Opportunity Schools"
Return To: Marion Technical College
Radiologic Technology
1014 S.W. 7 th Road
Ocala, FL 34471

RECOMMENDATIO	DN FORM
---------------	----------------

	nature (person making reco	nmendation):		
·				
)				
)	demanding healthcare career?		ared for a rigorous professional	
)	Give an example of how this i	ndividual demonstrated persev	verance to achieve a goal or acco	omplish something importa
)	What do you feel is this indiv	idual's greatest weakness? W	hy?	
)	What do you feel is this indiv	dual's greatest strength? Why	<i>'</i> ?	
	Honesty	Punctual	Time Management	Communication
	Maturity Dependability	Self-Confidence	Team Player Multi-Tasking	Problem Solving Effective
3)	Cheerfulness	ng attributes in this individual Self-Motivation	Good Attendance	Critical Thinking
2)				
2)	Do you fool this individual	would adapt and avoid in a bas	lthcare environment that is high	hy technological and highl
1)	How do you know this indi	vidual?		# of years
		DS OR FAMILY. ONLY PROFESSIONA ECHNOLOGY PROGRAM OFFICE BY 1	L REFERENCES PLEASE. FORM MUST I THE PERSON COMPLETING IT.	BE RETURNED DIRECTLY TO THE
		81		
	plicant: Plea (*By my signature, I authorize the person		to the best of their ability and submit this fo	orm to MTC)

Marion County School Public Schools "Equal Opportunity Schools"
Return To: Marion Technical College
Radiologic Technology
1014 S.W. 7 th Road
Ocala, FL 34471

		RECOMMENI	DATION FORM		
Apr	blicant:				
Applicant: Please Print			Signature*	Signature*	
(*By my signature, I authorize the perso	n below to answer the following question	ns to the best of their ability and submit this for	orm to MTC).	
		IDS OR FAMILY. ONLY PROFESSIO TECHNOLOGY PROGRAM OFFICE E	NAL REFERENCES PLEASE. FORM MUST BY THE PERSON COMPLETING IT.	BE RETURNED DIRECTLY TO THE	
1)	How do you know this ind	ividual?		# of years	
2)	Do you feel this individual would adapt and excel in a healthcare environment that is highly technological and high patient?YesNo Not Sure Explain:				
3)	I have observed the follow Cheerfulness Maturity Dependability Honesty	ing attributes in this individu Self-Motivation Self-Confidence Initiative Punctual	al (only check those that apply): Good Attendance Team Player Multi-Tasking Time Management	Critical Thinking Problem Solving Effective Communication	
4)	What do you feel is this individual's greatest strength? Why?				
5)	What do you feel is this in	dividual's greatest weakness	? Why?		
6)	Give an example of how this individual demonstrated perseverance to achieve a goal or accomplish something important.				
7)			prepared for a rigorous profession		
8)	Additional comments:				
0	ature (person making recor t Name		ential D	ate	



_____ 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.
- 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!