

Radiologic Technology 2025 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 x-ray and fluoroscopic imaging examinations 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. Technologists often specialize in advanced imaging modalities such as Computed Tomography (CT), Magnetic Resonance Imaging (MR), Cardiac-Interventional Technology (CI) and others which all require additional training and certification.

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 Florida. 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 cumulative 2.75 GPA. 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 Medical Terminology Microcomputer Applications
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: Meghan.Snider@marion.k12.fl.us 352-671-7223
Application Timeline Early application is encouraged Applicant Acceptance	 Applications Accepted year -round by applying at www.mariontc.edu (\$20 fee) You will receive a welcome email with supplemental packet. Complete supplemental packet and submit documents that include:
	 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 into 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 overhead,
- 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"

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.

LEASE PRINT OR TY	<u>(PE</u> :			Date Submitted:	
. Name:	Last	First	Middle	Date of Birth:	
	Last	FIRST	Middle		
Address:				Phone	
. Email					
. If any official reco	rds might arrive und	er any names other t	han those listed above	e enter names here	
		any names other t	han those listed above	e, enter names nere.	
• SS# <u>xxx</u> - <u>xx</u>	DL #			U.S. Citizen?	Yes No
Emergency Conta	ct				
	Ν	lame	Relatio	onship	Phone #
Current Employn	nent:	Company			Dates
		Company			
. Military Service _	Branch	Rank	Datas	Honorable Dise	charge: Yes No
	Branch	Rank	Dates		
. Have you ever bee	en arrested? Yes	No If yes, e	explain the charge:		
0. Formerly in HOS	A? Yes No	What area of healt	hcare did you shadov	v?	
-			·		
1. Previous training	or experience in Ra	diography? Ye	s No Describe:		
2. Other medical trai	ning, or certificatio	n? Yes No	Must submit copy o	of certification with thi	s application.
3. Healthcare Volunt	eer? Yes No	Must submit latt	or from organization	locumenting # of hour	a comind
5. Healthcare volunt		5 What submit lett	er monn organization c	locumenting # of nour	s serveu.
		Name of	organization, duties		
		Tunic 01			
cademic Preparation	-				

14. Official transcripts from colleges must be submitted prior to acceptance.

			If Completed,	If Not Completed,
Colleges Attended	City/State	Major	Date Conferred	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. <u>(THE INDIVIDUAL MAKING THE RECOMMENDATION MUST MAIL THE FORM DIRECTLY TO THE PROGRAM OFFICE AT THE ADDRESS INDICATED ON THE FORM).</u>

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 acknowledge that a minimum of an associate-level degree is required for program admission and must be completed prior to the program start date. 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



PROFESSIONAL RECOMMENDATION FORM

Applicant:			
NOT TO BE COMPLETED BY	FRIENDS OR FAMILY. ONLY P	yuestions to the best of their ability and subm ROFESSIONAL REFERENCES PLEASE DGY PROGRAM BY THE PERSON CO	. FORM MYST BE RETURNED
		DET PROGRAM BT THE PERSON CO	-
2) Do you feel this indiand highly patient?	vidual would adapt and excel ☐ Yes ☐ No ☐ Not Su	in a healthcare environment that re Explain:	t is highly technological
3) I have observed the f	following attributes in this ind	dividual (only check those that a	oply):
 Cheerfulness Maturity Dependability Honesty 	 Self-Motivation Self-Confidence Initiative Punctual 	 Good Attendance Team Player Multi-Tasking Time Management 	 Critical Thinking Problem Solving Effective Communication
4) What do you feel is t	his individual's greatest stren	ngth? Why?	
5) What do you feel is t	his individual's greatest wea	kness? Why?	
· · · · · · · · · · · · · · · · · · ·	now this individual demonstr	ated perseverance to achieve a g	oal or accomplish
	s individual improve to be bette er:	r prepared for a rigorous profession	al educational program and
8) Additional comment	s:		
Signature (person making	recommendation):		
Print Name		_ Title/Credential	Date
Contact Email		Phone Number	



PROFESSIONAL RECOMMENDATION FORM

Applicant:		
Please Print (*By my signature, I authorize the person below to answer the foll- NOT TO BE COMPLETED BY FRIENDS OR FAMILY. O	lowing questions to the best of their ability and subn	E. FORM MYST BE RETURNED
 How do you know this individual? 		
 2) Do you feel this individual would adapt and and highly patient? Yes No No 	excel in a healthcare environment that	t is highly technological
3) I have observed the following attributes in th	his individual (only check those that a	pply):
CheerfulnessSelf-MotivatioMaturitySelf-ConfidenceDependabilityInitiativeHonestyPunctual		 Critical Thinking Problem Solving Effective Communication
4) What do you feel is this individual's greates	st strength? Why?	
5) What do you feel is this individual's greates	t weakness? Why?	
 6) Give an example of how this individual dem something important. 	· · · · · · · · · · · · · · · · · · ·	oal or accomplish
 7) In what ways could this individual improve to be demanding healthcare career: 	e better prepared for a rigorous profession	al educational program and
8) Additional comments:		
Signature (person making recommendation):		
Print Name	Title/Credential	Date
Contact Email	Phone Number	



PROFESSIONAL RECOMMENDATION FORM

Applicant:	
Please Print (*By my signature, I authorize the person below to answer the following questions to th NOT TO BE COMPLETED BY FRIENDS OR FAMILY. ONLY PROFESSION DIRECTLY TO THE RADIOLOGIC TECHNOLOGY PROGR	NAL REFERENCES PLEASE. FORM MYST BE RETURN
1) How do you know this individual?	# of years
2) Do you feel this individual would adapt and excel in a healt and highly patient? Yes No Not Sure Explain	
3) I have observed the following attributes in this individual (c	only check those that apply):
CheerfulnessSelf-MotivationMaturitySelf-ConfidenceDependabilityInitiativeHonestyPunctual	Good AttendanceCritical ThinkingTeam PlayerProblem SolvingMulti-TaskingEffectiveTime ManagementCommunication
4) What do you feel is this individual's greatest strength? Why	y?
5) What do you feel is this individual's greatest weakness? W	hy?
6) Give an example of how this individual demonstrated perse something important.	U 1
7) In what ways could this individual improve to be better prepared a demanding healthcare career:	
8) Additional comments:	
Signature (person making recommendation):	
Print Name Title/Cre	dential Date
Contact Email	Phone Number



____ 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!