



## FALL 2012 APPLICATION FOR RADIOLOGIC TECHNOLOGY

Please read the following information carefully **BEFORE** you complete the FMCC Radiologic Technology application. Enrollment in the Radiologic Technology program is limited by space and other considerations. Not all students who apply will be accepted. Applications will be evaluated on a competitive basis. All official High School and College transcripts must be submitted with this Application to the Admissions Office, except for transcripts from FM. Incomplete Applications will not be processed. Application deadline for fall 2012 is December 2, 2011.

### PRE-REQUISITES FOR ADMISSION TO THE RADIOLOGIC TECHNOLOGY PROGRAM:

Completion of FM's Compass Assessment Test in math, reading, and writing unless waived by the Academic Dean or Associate Dean for Enrollment Management.

Proof of graduation from high school or GED

Successful completion of the following:

high school Math Course I and Course II or Math A and B or college level math (MAT 120 Intermediate Algebra) or course equivalency

high school Biology or college level Biology (SCI 135 Introductory Biology: Molecules & Cells, SCI 137 Human Biology) or course equivalency

high school Chemistry **or** Physics with a lab, or college level Chemistry or Physics (SCI 170 Introductory Chemistry I or SCI 171 Introductory Chemistry II) **or** (SCI 161 Introduction to Physics I or SCI 162 Introduction to Physics II) or course equivalency

Note: An overall average of "B" is required in each of the prerequisite courses.

All students' must submit proof of American Heart Association adult and pediatric CPR certification prior to admission to the Radiology Program.

### GRANTING OF PRIOR FMCC CREDIT OR TRANSFER CREDIT

Transfer students from other collegiate radiology programs are evaluated on an individual basis.

Prior FM credit or transfer credit **will not** be granted for college level Anatomy and Physiology I and II, if the course is more than seven years old.  
(*must also earn a "C" or above*)

Final decisions as to prior FM or transfer credits will be made by the Dean of Business, Technology and Health Professions in consultation with the Radiologic Technology Selection Committee.

To qualify for the next sequential radiology course, the student must earn a grade of "C" or higher in radiology courses, pass the clinical portion, and earn a grade of "C" or higher in Anatomy & Physiology I & II (BIO 181 and BIO 182).

**RADIOLOGIC TECHNOLOGY (A.A.S.)  
(UNDERGRADUATE RADIOLOGY) APC—0628**

***FIRST YEAR***

***First Semester***

RAD101 Intro. to Radiologic Technology ....	3
RAD110 Radiographic Procedures I.....	3
RAD120 Clinical Experience I .....	4
RAD130 Radiographic Physics.....	3
RAD102 Patient Care in Med. Imaging .....	1
BIO181 Anatomy & Physiology I.....	<u>4</u>
	18

***Second Semester***

RAD111 Radiographic Procedures .....	3
RAD121 Clinical Experience II .....	4
RAD131 Radiographic Physics II.....	3
BIO182 Anatomy & Physiology II .....	4
ENG103 English I.....	<u>3</u>
	17

**SUMMER** RT122 Clinical Experience III .....7

***SECOND YEAR***

***First Semester***

RAD210 Advanced Radiographic Proc. I.....	2
RAD220 Clinical Experience IV.....	6
RAD230 Radiologic Health .....	3
ENG 104 English II or	
ENG 127 Technical English.....	3
Physical Education.....	<u>1</u>
	15

***Second Semester***

RAD211 Advanced Radiographic Procedures II	2
RAD221 Clinical Experience V.....	6
RAD212 Sectional Anatomy .....	1
SOC 101 Intro. to Sociology.....	3
PSY101 General Psychology.....	3
Physical Education.....	<u>1</u>
	16

**SUMMER** RAD222 Clinical Experience VI.....3 (Optional)  
**SESSION I**



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DATE \_\_\_\_\_

Social Security # --

SEMESTER APPLYING FOR: Fall Year

Date of Birth     
Month Day Year

## PERSONAL DATA

NAME: \_\_\_\_\_  
First Name Middle Name Last Name Previous Name

ADDRESS: \_\_\_\_\_  
Number, Street & Apt # City, State, Zip

COUNTY: \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_

HIGH SCHOOL : \_\_\_\_\_  
Name, Street Address, City, State, Zip

Check the appropriate information:  High School Graduate \_\_\_\_\_ Mo./Yr.  GED \_\_\_\_\_ Mo./Yr.

*This information is used for statistical purposes only*

- Male  White non-Hispanic  American Indian/Native Alaskan  Hispanic/Latino
- Female  Black non-Hispanic  Asian or Pacific Islander  Other/Not Listed Here

## TRANSFER DATA (Previous colleges attended)

College Name/State	Dates Attended from to	Total Credit GPA
_____	_____ - _____	_____ - _____
_____	_____ - _____	_____ - _____

Are you involved in any aspect of healthcare?  Yes  No If yes, please specify: \_\_\_\_\_

Indicate last semester attended at FMCC  Fall  Winter  Spring  Summer Year  Not Applicable

Have you applied to FM's Radiologic Technology Program in the past?  Yes  No

**All official High School and College transcripts must be submitted with this Application to the Admissions Office, except for transcripts from FMCC. Incomplete Applications will not be processed.**

### ALL APPLICANTS SIGN HERE

I understand that all information submitted is true to the best of my knowledge. Any deliberate falsification or omission of application data may result in denial of admission or dismissal.

Signature: \_\_\_\_\_