JONES COLLEGE

Medical Radiologic Technology
(Radiography)

Program Application
INTRODUCTION

Radiologic Technology offers a challenging career with excellent opportunities for advancement. The profession is in need of both qualified entry level technologists and advanced level specialists.

Jones County Junior College welcomes your interest in radiography. We hope that you will find this brochure both helpful and informative. It is designed to serve as a guide through the application process and to yield a general understanding of the radiographer program. The brochure will provide basic information about the school, the application procedure, student selection, school policies; as well as other useful information. It is not the intent of this brochure to create a property interest in a job for any applicant, student, or employee, nor to become a contract of employment. Jones County Junior College reserves the right to make program changes as deemed necessary.

Applications to the Radiography Program are accepted through March 1st each year. All application requirements must be completed at the time of application. Application information and all supporting documents or materials must be submitted as a complete packet. Partial packets will be returned to the applicant. Only complete applications submitted on or before March 1st will be considered. If you have any questions or need further information, please contact the Radiography Program Office.

SPONSORSHIP

Jones County Junior College assumes responsibility for the Radiographer Program. The program currently has six clinical affiliates. The affiliates are Covington County Hospital, Forrest General Hospital, Magee General Hospital, South Central Orthopedic Clinic, South Central Regional Medical Center, and Wayne General Hospital. The radiographer program is a 24 month educational track leading to an Associate of Applied Science Degree. The college also offers academic courses which can be transferred toward the pursuit of a baccalaureate degree.

PROGRAM ACCREDITATION

The program is accredited by:

The Joint Review Committee on Education in Radiologic Technology (JRC/ERT)
20 N. Wacker Drive, Suite 2850
Chicago, IL 60606-3182
Telephone: 312-704-5300
mail@jrcert.org

The school maintains this accreditation through compliance with the "Standards for an Accredited Educational Program in Radiologic Sciences". The accreditation process and compliance with the "Standards" offer both a means of providing public assurance that a program meets accreditation standards and a stimulus to programmatic improvement.

STATEMENT OF NON-DISCRIMINATION

Jones County Junior College does not discriminate on the basis of race, color, national origin, age, sex, or disability in its programs, activities, or employment practices. The following persons have been designated to handle inquiries and grievances regarding the non-discrimination policies: (ADA/ Section 504) Dr. Kisha Jones, ADA Coordinator, Student Affairs, phone 601-477-2673; email ADDACoordinator@jcjc.edu and (Title IX) Amanda McLeod, Title IX Coordinator, Enrollment Services, Terrell Tisdale Library, phone 601-477-4083; email amanda.mcleod@jcjc.edu. Jones County Junior College, 900 South Court Street, Ellisville, MS 39437.
DISABILITY CLAUSE

Jones County Junior College students who wish to obtain educational accommodations due to qualifying disabilities should contact Dr. Kisha Jones, ADA/504 Coordinator, Student Success Center, 601-477-2673. Documentation of disability may be required. Grievance procedures related to this area are available in this office.

OUR MISSION AND GOALS

PROGRAM MISSION AND GOALS

The mission of the Radiography Program is to provide a competency-based educational program which provides methods of instruction based on student acquisition of academic knowledge, clinical thinking and problem-solving skills, and occupational specific skills. The program will focus on meeting the needs of the Radiologic Technology and other medical professions. Faculty efforts will prepare students with skills, knowledge, and confidence to enter and progress in the field of Radiography Technology and become an economically independent, productive, and contributing member of society.

Program Goals:

1. Provide quality instructional and clinical opportunities necessary for preparing the student radiographer for the American Registry of Radiologic Technologists Examination and entry into the field of Radiologic Technology. (HHS Goal # 1)

2. Obtain the necessary radiographic equipment, computer hardware, and radiographic software needed to prepare the student for entry level employment and advanced opportunities in the rapidly advancing technological aspects of Radiologic Technology, and to meet all requirements of the State Department of Education’s Standards and Measures. (HHS Goal # 2)

3. Provide qualified instructional faculty who maintain current knowledge of the technological and educational trends in Radiography. (HHS Goal # 3)

STUDENT GOALS and OUTCOMES:

1. Students will be clinically competent.
   Student Learning Outcomes:
   - Students will apply positioning skills
   - Students will practice radiation protection
   - Students will provide adequate patient care
   - Students will demonstrate proper technique selection and image evaluation for radiographic image quality.
   - Students will manipulate various types of radiographic equipment.

2. Students will communicate effectively.
   Student Learning Outcomes:
   - Students will use effective presentation skills
   - Students will use written communication skills
   - Students will demonstrate effective patient communication skills

3. Student Learning Outcomes:
   - Students will modify procedure protocol for non-routine examinations
   - Students will evaluate images for diagnostic quality

4. Students will demonstrate professional growth and development.
   Student Learning Outcomes:
   - Students will understand the importance of professional organizations
   - Students will demonstrate professional behaviors
   - Students will respond to ethical situations

5. Students will demonstrate competence in the operation of imaging equipment.
   Student Learning Outcomes:
Students will demonstrate an understanding of processing and manipulating the radiographic equipment.
Students will demonstrate competence in acquiring the radiographic image.
Students will demonstrate the ability to send and complete a study.

6. The program will graduate entry-level technologists.

Student Learning Outcomes:
- Graduates of the program will pass the ARRT examination on the 1st attempt
- Graduates who pursue employment will be gainfully employed within six months post-graduation
- Students enrolling will complete the program
- Graduates will be satisfied with their education
- Graduates will perform satisfactorily for employers

Carrying out this mission requires teamwork and dedication not only from the college, program, and clinical education centers, but also from you the student. As a student radiographer, your role will be to dedicate yourself to increasing your knowledge of patient care and radiography as you prepare to become a health care professional.

APPLICATION REQUIREMENTS

The applicant must:

1. Meet all general admission requirements. (See the College Affairs Section)
2. Submit a completed radiography program application.
3. Be at least 18 years of age prior to program start date.
4. Have a minimum composite score of 17 on the American College Test (ACT)
5. Have a minimum G.P.A. of 2.5
6. Have completed each prerequisite course, with at least a C average, prior to program application.
7. Be able to perform the following functions:
   - Reach and manipulate equipment at a height of six feet.
   - Lift or move objects weighing a minimum of fifty (50) pounds.
   - Stand for lengthy periods (approximately 6 hours a day).
   - Walk long distances in reasonable time (approximately 1/4 mile in 5 minutes).
   - Display good manual dexterity.
8. Complete and submit the first page of the medical examination as part of the application procedure.
9. Individuals seeking admission or students enrolled in any Jones County Junior College designated education program are subject to entrance, random, periodic, and/or probable-cause substance testing.

APPLICATION PROCEDURE

Applications will be accepted through March 1st each year. Only complete application packets will be considered.

On or before March 1st:
1. Submit the complete application packet to include:
   1. The applicant information form
   2. A.C.T. scores
   3. College transcript(s)
   4. Report of Medical Examination (1st page only)
   5. Reference forms (2), (Preferably one personal and one employer)
   6. Substance Testing Policy Acknowledgement Form

   - Application packets will be accepted at any time through March 1st for the upcoming class.
   - The application materials must be submitted as a complete packet. No individual forms or incomplete information will be accepted. The application packet must include: the application form, the information form, two reference forms, the report of medical examination, all college transcripts, A.C.T. scores (if not included on the college transcript), and any other supporting documents.
   - Only completed application packets submitted on or before March 1st will be considered.
APPLICATION FOR ADVANCED STANDING, TRANSFER OF CREDIT OR READMISSION

Application for advanced standing, transfer of credit, or readmission may be submitted at any time. Applicants, who wish to apply for advanced standing, transfer of credit, or readmission into the program must submit a written request, meet all application requirements, and complete the application process. The request, application, and all required materials should be submitted to the Radiography Program Director. Applications for advanced standing, transfer of credit, or readmission are considered based on available clinical positions, grades, course work, and references. Completed applications are presented to the Dean of Career and Technical Education and the Academic Dean for consideration. The applicant is then notified of the decision.

Applicants applying for advance standing or readmission into the Radiography Program must:
1. Meet all general admission requirements of the college (See the College Affairs Section)
2. Submit a completed radiography application including a written explanation describing the reason and type of admission being requested.
3. Be at least 18 years of age.
4. Have a composite score of 17, or equivalent on the A.C.T.
5. Have a minimum G.P.A. of 2.5.
6. Have course work equivalent to the level for which he/she is making application.
7. Submit official college transcripts from all colleges attended.
8. Submit midterm grades if applicable.
9. Submit a reference from the previous Radiography Program attended.
10. Make a minimum grade of seventy five (75) on an examination for each radiography class grade submitted for transfer credit and/or readmission into the program.
11. Demonstrate competency commensurate to the requested transfer credit and or readmission into the program by scoring a minimum of 85% on each clinical competency evaluation deemed appropriate by program officials.
12. Be able to perform the following functions:
   - Reach and manipulate equipment at a height of six feet.
   - Lift or move objects weighing a minimum of fifty (50) pounds.
   - Stand for lengthy periods (approximately 6 hours a day).
   - Walk long distances in reasonable time (approximately 1/4 mile in 5 minutes).
   - Display good manual dexterity.
13. Undergo a physical examination and submit an acceptable report of medical examination.
14. Provide evidence of a criminal background check or submit to finger printing for a background check.
15. Individuals seeking admission or students enrolled in any Jones County Junior College designated education program are subject to entrance, random, periodic, and/or probable-cause substance testing.

STUDENT SELECTION

The Radiographer Program is currently accredited for fourteen first year students. Each application is screened to insure that the applicant meets all minimum requirements. Thirty six applicants will be selected to interview for the program. Selection of the applicants for interview will be based on academic achievement and employment history. Applicants selected for interview will be notified of the date, time, and location of the admission interview by mail.

The Admissions Committee will select fourteen applicants to become students of the radiographer program. In addition to the fourteen applicants selected, the committee will also select three alternates. In the event that an applicant cannot accept their position, an alternate will be notified and offered the position.

Selection criteria are based on academic records such as G.P.A., A.C.T. scores, completed college course work, work experience, and a personal interview by the Admissions Committee. Selection criteria in each category are weighted as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>70%</td>
</tr>
<tr>
<td>Work Experience</td>
<td>10%</td>
</tr>
<tr>
<td>Interview</td>
<td>20%</td>
</tr>
</tbody>
</table>

All applicants will be notified of the interview results by mail and/or email provided on the application.
ADMISSION TO THE PROGRAM

The newly selected student will attend an orientation meeting. The date, time, and location of this meeting will be announced in the acceptance letter.

Prior to beginning the program, the student must:

1. Undergo a physical examination and submit an acceptable report of medical examination.
2. Begin hepatitis vaccinations or sign a declination form.
3. Have the Tuberculin Skin Test and Varicella Titer IGG and submit results to the Program Director.
4. Complete twenty four hours of orientation at Covington County Hospital, Forrest General Hospital, and Wayne General Hospital before the first day of class.
5. Obtain American Heart C.P.R. certification
6. Submit to finger printing resulting in a clear criminal background check. This will be scheduled by the program after student acceptance into the program.
7. Agree to undergo substance abuse testing at any time.

(All related charges for these services are the responsibility of the student)

PREGNANCY POLICY

Female radiography students who become pregnant while in the Radiography Program have the option to inform program officials of her pregnancy. If she chooses to voluntarily inform program officials of the pregnancy, it must be in writing and indicate the expected date of confinement (delivery). In the absence of written disclosure, the student cannot be considered pregnant. The student may un-declare the pregnancy at any time by submitting written notice of declination of pregnancy to the Program Director.

The female radiography student is responsible for adherence to this policy and any results of exposure to radiation during the pregnancy.

If the student elects not to inform program officials of her pregnancy, she should adhere to the A.L.A.R.A. concept, keeping radiation exposure as low as reasonably achievable. According to the Nuclear Regulatory Commission (N.R.C.), radiation exposure for the undeclared pregnant woman is the same as the normal occupational limits for the adult worker, 5 rems per year. However the undeclared pregnant radiography student should be aware that the N.R.C. indicates that the pregnant woman should not exceed 0.5 rems during the entire gestational period.

If the student chooses to disclose her pregnancy, she has the option of continuing the program without modification or interruption, modifying clinical assignments to reduce the risk of radiation exposure, taking a leave of absence from clinical assignments, and/or taking leave of absence from the program. The student should use all available resources in making an informed decision.

If the student opts to continue the program without modification or interruption she should adhere to the A.L.A.R.A. concept, keeping radiation exposure as low as reasonably achievable. The maximum allowable exposure for the declared pregnant radiography student is 0.5 rems during the entire gestational period. She should wear two radiation exposure badges, one on the collar and one at the waist, and routinely monitor radiation badge reports. All student radiation monitor badges are provided by the college.

If the student opts to modify clinical assignments, the following recommendations are offered. Pregnant personnel in Radiology should:

1) Not enter a radiation therapy suite during the treatment of a patient.
2) Not perform fluoroscopic procedures, mobile radiography, or surgical radiography.
3) Remain behind the control panel during any radiographic exposure.
4) Wear two radiation exposure badges, one on the collar and one at the waist, and routinely monitor radiation badge reports. The maximum allowable exposure for the declared pregnant radiography student is 0.5 rems during the entire gestational period. All student radiation monitor badges are provided by the college.
5) Use extreme care and avoid all radiation exposure possible

If the student opts to take a leave of absence from clinical assignments, she will be allowed to return upon completion of the pregnancy and complete her clinical education.
If the student opts to take a leave of absence from the program, she will be allowed to return upon completion of the pregnancy and continue the program.

The pregnant radiography student who opts to modify clinical assignments, take leave of absence from clinical assignments, or take leave of absence from the program should note that all program requirements, including clinical competencies, must be achieved in order to qualify for program completion/graduation.

ORIENTATION MEETING

The Jones County Junior College Student Handbook and the Radiographer Program Student Manual will be issued at the orientation meeting. The manuals will be discussed and various forms will be signed. Information contained in these manuals fully describes the responsibilities of the college, the radiographer program, the clinical affiliates, and the student. A thorough reading and familiarization of the manuals will be required of the student. The student will also be required to sign a statement acknowledging the content of the manuals. All forms requiring the student’s signature must be turned in before class the first day.

Any questions or concerns of the student, parent, guardian, or spouse should be addressed by program officials before signing any of the forms.

CLINICAL AFFILIATE ORIENTATION

All students selected into the Radiography Program will be required to do twenty four clock hours (24) clinical site orientation prior to the beginning of class. Each student will sign up for four six hour rotations. Two rotations will be done at Forrest General Hospital, one early rotation 7:00 a.m. – 1:00 p.m. and one late 2:00 p.m. – 8:00 p.m. The other 12 hours will be completed as one six hour day shift (7:00am -1:00pm) rotation at Covington County Hospital and one six hour day shift (7:00am -1:00pm) rotation at Wayne General Hospital. The student will be given an authorization form which will have to be completed by the clinical instructor/radiographer on duty at the clinical site.

STUDENT INFORMATION

Financial Information

Information on tuition and fees can be found in the Jones County Junior College Catalog. In addition to tuition and general fees, the student should also expect additional cost during the two year program. The additional costs are currently estimated to be approximately $3300.00 during the two year program. Examples of those additional cost may include: Lab Fees; T.B. Skin test; Hepatitis B Vaccinations; Varicella Titer IGG; uniforms (Minimum of three scrub sets and one lab coat); shoes; books, a wireless electronic device (notepad or laptop), and other educational supplies; optional educational seminars/workshops; liability insurance; school student I.D. patches; organizational membership fees; C.P.R. Certification; and background check and/or finger printing.

This list is not meant to be totally inclusive and also does not include other cost such as transportation, living expenses, etc... This information is offered simply to give the student an idea of potential related cost. Please note that these costs are estimations only and actual cost may vary.

Program Absentee Policy

- The absentee policy of the Radiography Program for didactic classes adheres to the college academic absentee policy provided in the college student handbook.

- Due to the limited time allowed for clinical experience, clinical absences will be limited to two (2) absences per semester in the freshman fall and spring semester, and three (3) absences per semester during the sophomore year. This limit applies whether absences are excused or unexcused. Students exceeding the number of allotted absences will be withdrawn from the class.

- All absences must be reported to the student’s assigned area and the program office prior to his/her scheduled arrival. Absences not reported prior to the scheduled report time will result in a five (5) point deduction from the final clinical average for the current semester. (Note: The unreported clinical absence also requires the missed clinical day be made up prior to receiving a grade for the class.) Each absence not reported will be considered a separate incident. (Example: A student ends the semester with a 90 average, but has one unexcused absence and one absence not reported. The final grade recorded for this student would be an 80 for the semester)
Each student will be required to clock in for clinical rotations. In the event the time clock is not in working order, the clinical instructor or shift supervisor must sign the student in and out.

**NOTE:** Do not clock in for anyone else, nor have anyone clock in for you. This would constitute falsification of records which is grounds for immediate dismissal from the program.

**Tardy Policy**

- Students who are tardy for class or clinical will be required to perform one (1) hour clinical per fifteen (15) minute interval they are late. If the student is late, one hour clinical will be assigned for the first fifteen (15) minute period. If the student is over fifteen (15) minutes late, one additional hour of clinical will be added for each fifteen (15) minute period. Each tardy will be recorded as a separate incident and all clinical hours will be cumulative. The assigned clinical rotations will be scheduled at the discretion of program faculty, but will under no circumstances require the student to be involved in more than forty (40) hours during one calendar week (Monday - Sunday).

- All accumulated clinical time due to tardies must be completed before the student receives a grade for the class. If all clinical time is not completed prior to the end of the semester, the student will be given an incomplete (I) as a grade for the class. If the clinical time is not completed within six weeks after the semester ends, the grade of incomplete (I) will be changed to failing (F).

**Leave of Absence**

The student may be granted a leave of absence for extended illness or extenuating circumstances. These situations, by necessity, must be evaluated individually.

**Counseling**

Student counseling is available to students of the program as needed. Students are also interviewed individually each semester by program officials.

**Radiation Records**

The student’s radiation exposure will be monitored and recorded monthly throughout the program. Students are required to review and initial each monthly exposure report.

**Dress Code**

The dress code of the program requires the student to purchase a minimum of three uniforms. The student will be required to report for assignments well groomed; wearing a clean, neat uniform each day. There are also additional requirements concerning hair, jewelry, perfume, cologne, etc. Applicants having questions concerning the program dress code should contact the Program Director/Clinical Coordinator for more detailed information.

**Conduct**

The student will be required to comply with all rules, policies, and regulations of the college, the program, and the clinical affiliates throughout the program.

**THE MEDICAL RADIOLOGIC TECHNOLOGY (RADIOGRAPHY) CURRICULUM**

Each freshmen radiography class at Jones County Junior College begins the first summer semester. Students are required to enroll as full time students each semester throughout the two year program.

Students receive approximately forty (40) hours of combined classroom instruction, clinical instruction, and practical experience each week during the two year program. Didactic (classroom) instruction precedes clinical (practical) instruction. The combination of didactic and clinical instruction prepares the student for supervised clinical participation in the Radiology Department.

Clinical scheduling will consist of day, evening, night, and weekend rotations. However, off hour rotations (outside 5am – 7pm) will not exceed more than 25% of the students clinical scheduling.
Didactic and laboratory instruction are offered at Jones County Junior College. Clinical participation and scheduled rotations are offered at the clinical sites. Transportation to and from the clinical sites will be the responsibility of the student.

Grading System

<table>
<thead>
<tr>
<th>Academic Classes</th>
<th>Clinical/procedure Labs</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 - 100 A</td>
<td>90 - 100 A</td>
</tr>
<tr>
<td>80 - 89 B</td>
<td>85 - 89 B</td>
</tr>
<tr>
<td>75 - 79 C</td>
<td>80 - 84 B</td>
</tr>
<tr>
<td>70 - 74 C</td>
<td>70 - 79 C</td>
</tr>
<tr>
<td>60 - 69 D</td>
<td>60 - 69 D</td>
</tr>
<tr>
<td>0 - 59 F</td>
<td>0 - 59 F</td>
</tr>
</tbody>
</table>

A Excellent
B Above Average
C Satisfactory
D Unsatisfactory
F Failing

Grades are maintained for each individual course. These grades are derived by averaging grades earned from class work, assignments, examinations, and/or clinical laboratory and competency evaluations.

Students are required to maintain the following minimum grade averages to remain in the radiographer program:
75% in each didactic course.
85% in each clinical education course and on each procedure lab or competency evaluation.

Program Description

Radiographers perform imaging examinations and accompanying responsibilities at the request of physicians qualified to prescribe and/or perform radiologic procedures. They utilize equipment emitting ionizing radiation to produce radiographic images of the internal structures of human anatomy. These radiographic images are utilized by the physician for diagnostic and therapeutic purposes. The radiographer is responsible for all functions in the Radiology Department to insure consistent radiographic images and provide for personal and patient safety from ionizing radiation. In addition to producing diagnostic images and primary patient care, other responsibilities may include administrative and educational functions.

Graduates of the program will be awarded an Associate of Applied Science Degree in Radiologic Technology and are eligible to make application to the American Registry of Radiologic Technologists in order to become a Registered Radiographer.

Course Descriptions

The prerequisite and required courses for the radiography program are listed in the curriculum found in the next section. Descriptions for each course may be found in the college catalog in the description of career and technical education courses for medical radiologic technology. The curriculum and courses are consistent with the requirements of the American Registry of Radiologic Technologists, the Mississippi Department of Career and Technical Education Curriculum Framework for Medical Radiologic Technology, and the American Society of Radiologic Technologists Curriculum Guide. All radiography courses (those labeled with the RGT prefix) are only open to students who have applied and been formally selected as students of the radiography program.

Curriculum Courses

LLS 1722 Smart Start Pathway .......................... 2

Prerequisites courses for admission to Radiography: (ALL prerequisites must be completed at the time of application)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSC 1123</td>
<td>Computer Applications I................</td>
<td>3</td>
</tr>
<tr>
<td>ENG 1113</td>
<td>English Composition I..................</td>
<td>3</td>
</tr>
<tr>
<td>MAT 1313</td>
<td>College Algebra</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Psychology or Sociology ................</td>
<td></td>
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<td></td>
<td></td>
<td>3</td>
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</tbody>
</table>

FRESHMAN YEAR

<table>
<thead>
<tr>
<th>Summer semester</th>
<th>First four weeks</th>
<th>Second Four Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>BIO 2514</td>
<td>Anatomy and Physiology I................</td>
<td>4</td>
</tr>
<tr>
<td>RGT 1213</td>
<td>Fundamentals of Radiography...............</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Fundamentals of Radiography...............</td>
<td>7</td>
</tr>
<tr>
<td>BIO 2524</td>
<td>Anatomy and Physiology II..................</td>
<td>4</td>
</tr>
<tr>
<td>RGT 1223</td>
<td>Patient Care and Radiography...............</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Patient Care and Radiography...............</td>
<td>7</td>
</tr>
</tbody>
</table>
CERTIFICATION IN RADIOLOGIC TECHNOLOGY

The American Registry of Radiologic Technologists is the certification body for graduates of the Jones County Junior College Radiographer Program. Graduates of the program are eligible to make application to sit for the American Registry of Radiologic Technologist's examination. Upon the successful completion of the registry examination, the graduate earns the title of Registered Technologist, Radiography, R.T. (R) (ARRT). (Eligibility for the ARRT registry examination requires that the candidate be of good moral character. Candidates with past misdemeanor or felony convictions are advised to contact the A.R.R.T. to determine eligibility prior to entering the radiography program)

CAREER/EDUCATIONAL OPTIONS

After completing the radiography program and obtaining certification with the American Registry of Radiologic Technologists, the radiographer may choose to: continue his/her education by advancing into other healthcare or imaging specialties, furthering his/her academic education, or considering other career options.

Educational or advancement opportunities in healthcare or imaging specialties include:

- Cardiovascular Interventional Technology
- Magnetic Resonance Imaging
- Nuclear Medicine
- Radiation Therapy
- Education
- Retail Sales
- Computed Tomography
- Mammography
- Radiography Practitioner
- Sonography
- Management
- Traveling (Temp) Radiographer

PROGRAM STATISTICS

Please review the radiography program statistics found on our web page for information on program performance and graduate success. jjc.edu/currents students/health related programs/medical radiologic technology.

CONTACT INFORMATION

We hope that you have found the information in this application packet and brochure helpful in your career choice. If you decide that Radiologic Technology is the choice for you, we welcome your application. If you have any questions or need further information about Radiologic Technology, please contact:
Mandy Pearson, M.H.S., B.S.R.T. (R) and Brittany Weatherford, M.H.S., B.S.R.T. (R)(M)(CT)
Jones County Junior College
Radiographer Program
Ellisville, MS 39437
Telephone: (601)-477-2416
E-mail: mandy.pearson@jcjc.edu and brittany.weatherford@jcjc.edu

APPLICATION FORMS and INFORMATION

All application forms and supporting documents or information must be submitted as one complete packet. The application forms are included in this packet or may be printed from our website at: www.jcjc.edu /Current Students/Programs of Study/Healthcare Related/Medical Radiologic Technology/Radiography Application.
Name ________________________________  (Last)  (First)  (Middle)

Mailing Address ________________________________  (Street)  (City)  (State)  (Zip code)

Student I.D. Number ________________________________  Telephone ________________________________

Email address ________________________________

Are you at least 18 years of age?  yes  no  
Who referred you to us?
Do you have personal obligations that would cause you to miss school?  yes  no
If accepted do you plan to work or attend any other school?  yes  no  
If yes, please indicate nature and weekly hours.
Are you physically and mentally able to perform the duties for which you have applied?  yes  no
If not, could you perform these functions if a reasonable accommodation were made?  yes  no
Please explain. ________________________________

Have you ever been convicted of a crime?  yes  no  
(If yes explain)

* Conviction of a crime is not an automatic bar to enrollment. All circumstances will be considered.

In case of emergency notify:

Name ________________________________  Relationship ________________________________  Address ________________________________  Telephone(Home/Work) ________________________________

Educational History

School name  Address  Yrs. Attended  Major ________________________________

Have you ever been enrolled or applied for admission to this or any other Radiography Program?  
yes  no  
If yes, School name ________________________________  Date ________________________________

If you were enrolled, why was your education interrupted? ________________________________
WORK HISTORY: Please list your most recent employer first.

<table>
<thead>
<tr>
<th>Employer (Name, address, telephone)</th>
<th>Position Held</th>
<th>Salary</th>
<th>Dates Reason for Leaving From-Thru</th>
</tr>
</thead>
</table>

May we contact the employers listed above? ______ yes ______ no

MILITARY EXPERIENCE: Branch _________________ Rank Achieved _________________

Special Training/Schools ________________________________

Date entered _________________ Date Discharged _________________

REFERENCES: (3) List references other than relatives. Please include address and telephone.

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Equal opportunity is given to all applicants regardless of race, creed, national origin, sex, age, or individuals with disabilities.

I certify that the answers given me to the foregoing questions and statements are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I authorize the companies, schools, or persons named herein to give information regarding my employment, character, and qualifications, together with any information they may have regarding me, whether or not it is in their records. I hereby release said companies, schools, or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if enrolled, cause my immediate dismissal.

My health information will be recorded on the medical report form supplied by the Radiographer Program and returned to the Program Director prior to March 1st. If selected for entry into the program, I agree to submit myself to a physical examination, by my physician, at my expense.

If accepted into the program, I authorize the school to release to perspective employers any information regarding my enrollment with the school or the information set forth in this application or gained by the school from any other companies, schools, or persons named in this application to give information regarding my employment, character, qualifications, and information they may have, regarding me, whether or not it is in their records. I hereby release the school from all liability for any damage for issuing this information.

________________________________________________________________________

APPLICANT SIGNATURE ___________________________ DATE ____________

13 | Page  Revised 09/26/18
APPLICANT INFORMATION

On the space provided, briefly tell us about yourself. Please include the reasons for your interest in Radiologic Technology, future plans if accepted into the program, and any additional information you wish include. (Use your own handwriting, please do not print or type)

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(OFER)
CONFIDENTIAL REFERENCE FORM

PART I (To be completed by the applicant and given to a professional person or past employer for completion)

Name of Applicant__________________________________________________________

Mailing Address____________________________________________________________ Telephone_____________________

I hereby waive my right of access to this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974. (Optional)

Signature_________________________________________________________________ Date____________________

PART II (To the person serving as a reference)

Please note the waiver statement above. Once you have completed the enclosed form you may return it to the applicant in a sealed envelope or return it by mail to the address below.

Jones County Junior College
Radiographer Program
900 South Court Street
Ellisville, MS 39437

Please mark the most appropriate column beside each trait listed below:

<table>
<thead>
<tr>
<th>APPLICANTS TRAIT</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
<th>NOT KNOWN</th>
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<td>Dependability</td>
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<td>Judgment</td>
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<tr>
<td>Written Expression</td>
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How long have you known this applicant? ______________________________________

In what relationship? ________________________________________________________
Describe major strengths of the applicant.

Describe major weaknesses of the applicant.

Please include any additional information you feel would be beneficial to the Interview Committee in its consideration of this applicant.

**PLEASE INDICATE YOUR RECOMMENDATION OF THIS APPLICANT FOR ACCEPTANCE INTO THIS HEALTH RELATED EDUCATIONAL PROGRAM.**

<table>
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<tr>
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<th>RECOMMEND WITH RESERVATION</th>
<th>DO NOT RECOMMEND</th>
<th>NO OPINION</th>
</tr>
</thead>
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Signature_________________________________________ Date__________

Name (Please print or type) ______________________ Position/Title

Institution/Company

Address and telephone

**THIS RECOMMENDATION MUST BE RETURNED NO LATER THAN MARCH 1st**
CONFIDENTIAL REFERENCE FORM

PART I (To be completed by the applicant and given to a professional person or past employer for completion)

Name of Applicant ________________________________

Mailing Address ________________________________ Telephone ________________________________

I hereby waive my right of access to this confidential recommendation as provided in the Educational Rights and Privacy Act of 1974. (Optional)

Signature ________________________________ Date __________________

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</tbody>
</table>

Signature________________________________________ Date____________________

Name (Please print or type)________________________________ Position/Title

Institution/Company________________________________________

Address and telephone_____________________________________

**THIS RECOMMENDATION MUST BE RETURNED NO LATER THAN MARCH 1st**
Jones County Junior College  
Health and Human Service Programs  
Ellisville, Mississippi 39437

*Report of Medical Examination*

Name ____________________________________________  
Address ____________________________________________  
Social Security Number _________________________________ Telephone _________________________________

I hereby authorize the information contained herein to be released to Jones County Junior College for such purpose as they may desire, without prejudice to them. This information is to be kept in their confidential files. I understand that any false information I give for this record may result in the immediate termination of my enrollment in the program.

Applicant Signature ________________________________ Date ________________

*Medical History*

Please indicate if you have ever experienced any of the following. If you answer yes in any space, please explain in the space provided.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Epilepsy</td>
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<td>Stomach Trouble</td>
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<td>Fainting</td>
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<td>Back Trouble</td>
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<td>Heart Trouble</td>
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<td>Operations</td>
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<td>Cancer</td>
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<td>Asthma</td>
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<td>Accidents</td>
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<td>Kidney Trouble</td>
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<td>Compensation Injury</td>
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<td>Diabetes</td>
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<td>Mental Trouble</td>
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<td>Armed Forces</td>
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<tr>
<td>Rheumatism</td>
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<td>Menstrual Trouble</td>
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<td>Nervousness</td>
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<td>Date of last period</td>
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<td>High Blood Pressure</td>
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<td>Current Medications</td>
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<td>Other (explain)</td>
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<td></td>
<td>Other (explain)</td>
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</tbody>
</table>

*Please include an explanation for any yes answer.*

You must return this form with your application. Complete **ONLY** the front sheet. If you are selected for entry into the program for which you have applied, a satisfactory physical examination, by the physician of your choice, will be required.
1. Head __________________________
   Neck __________________________
   Nose __________________________
   Teeth __________________________
   Tonsils _________________________
   Thyroid _________________________

8. Eyes: __________________________
   Near vision:
   w/o glasses _____________________
   with glasses _____________________
   Distant Vision:
   w/o glasses _____________________
   with glasses _____________________
   Color Perception
   _____ Red/Green _____ Yellow/Green

2. Hearing R_________ L__________

9. Heart _________________________

3. Thorax _________________________
   Lungs __________________________

10. Abdomen ______________________

4. Hernia R_________ L__________

11. Spine _________________________

5. Upper Extremities
   Joints R_________ L__________
   Arms R_________ L__________
   Hands R_________ L__________

12. Lower extremities
   Joints R_________ L__________
   Legs R_________ L__________
   Feet R_________ L__________
   Varicose Veins R_________ L__________

6. Skin __________________________

13. Genitalia ______________________

7. Emotional Stability _____________

14. History of Mental Illness

   TB Skin Test ____________________
   Varicella Titer __________________
   HBV Vaccine ____________________
   (optional except Emergency Technology Students)
   HIV Test ______________________
   (optional for all students)
   Current prescription Medications
   Purpose of Medications

Please indicate any abnormal item by number(s):

PHYSICIAN RECOMMENDATION

Accept
Acceptable with abnormalities present
Acceptable only if abnormalities corrected
Unacceptable

Comments (If Applicable):

Physician Signature __________________________ Date ___________________
JONES COUNTY JUNIOR COLLEGE
SUBSTANCE TESTING POLICY ACKNOWLEDGEMENT

As an applicant or student of a Jones County Junior College Medical Radiologic Technology (Radiography) Program, I have received a copy of the substance use policy, have read and understand that I must submit to drug and/or alcohol testing and the subsequent release of testing results. Failure to consent to testing or failure to authorize the release of test results to the college will render the student ineligible for admission or continued enrollment in program.

THEREFORE:

I hereby consent to provide hair, urine, blood, or saliva specimens and to the testing of those specimens by any agency designated by Jones County Junior College. I release and discharge JCJC and its employees from any claim or liability arising from the use of such test for any decision concerning admission or retention in any designated program based upon the results of such test.

I release and discharge the substance testing agency, its officers, employees, agents and representatives from any and all liabilities arising from the authorized release or use of the information derived for or contained in my test results.

If the initial results are positive, I may choose to be re-tested. If I elect to be re-tested, this must occur upon notification of the positive results. I also understand that I will be responsible for all costs incurred for re-testing.

I hereby authorize the testing agency designated by Jones County Junior College, to release to the college and/or its designated agents, the results of the laboratory tests.

I expressly understand and agree that these test results will be reviewed by the appropriate college designee for the sole purpose of making a determination concerning my admittance or retention in the designated program. I also understand and agree that the college will not disclose any information released pursuant to this authorization unless expressly authorized by me or unless such disclosure is required by clinical affiliate protocols for clinical experiences or required by law.

This authorization shall become effective immediately and remain in effect throughout my enrollment in the program.

I understand that I have the right to receive a copy of this authorization upon request.

Print Name _____________________ Student Signature _____________________ Date _____________________

Parent or guardian Signature _____________________ Date _____________________
(if student is below the age of 18 years old)
APPLICANT CHECKLIST

This checklist is included to use as a guide to insuring all application forms, documents, and information are included and being submitted. Please make sure all requested information on the application forms and supporting documents is both complete and legible. Please make sure you include full addresses, telephone numbers, and other such information where requested. Please keep a copy of all submitted materials for your record.

Please place a check beside each item included in your packet.

_______________  Application
_______________  Applicant information form
_______________  (1) Reference Form (preferably personal)
_______________  (1) Reference Form (preferably employer)
_______________  ACT scores
_______________  College Transcript(s)
_______________  Report of Medical Examination (Completed front page only)
_______________  Substance Testing Policy Acknowledgement

PLEASE REMEMBER:

- All application forms, documents, and information must be submitted to the Radiography Program Office no later than March 1st.

- Applicants must meet all application requirements to include:
  - G.P.A.
  - A.C.T.
  - Completion of all prerequisite courses

- Only applicants meeting all application requirements and submitting all required application forms, documents, and information will be considered.

- Applicants who do not meet all application requirements, or do not submit all required application forms, documents, and information will be disqualified.