

 **ANNE ARUNDEL COMMUNITY COLLEGE****RADIOLOGIC TECHNOLOGY**

2023

Program start date will be communicated to accepted applicants

Application Deadline – April 30, 2023**Program Application**

Submit completed application to healthsciencesadmissions@aacc.edu (preferred) or via mail to Anne Arundel Community College, ATTN: Health Sciences Admissions, 101 College Parkway, Arnold, MD 21012.

Demographic Information

Last Name	First Name	Middle	
Address			
City	State	Zip Code	County
Last 4 digits of social security #		College ID #	
Phone	AACC Email Address <hr/> @mymail.aacc.edu		

Your AACC email address is required. No other email is acceptable.

The mailing address you provide on this application will be your address of record. It is your responsibility to notify the Health Sciences Office as well as the Records Office of name, address and phone number changes during the application process. **Applicants are advised to check their AACC email account periodically for placement updates and notices.**

By signing below, I agree with/understand the following:

1. I have an active admission status at AACC and am in Good Standing (≥ 2.5 GPA) with the college.
2. I have submitted final official transcripts from **ALL** previously attended colleges and, if needed, high school transcript with submission of this application. International students must submit official transcript evaluation report from ECE, WES or SpanTran to verify /authenticate your high school and/or college transcripts. It is not necessary to submit AACC transcripts.
3. My AACC email address is required for correspondence with AACC.
4. If information is missing from my application or file, it will **NOT** be processed and will be returned to me. Incomplete applications will NOT be considered.
5. I have attached a copy of my ATI TEAS Individual Performance Profile. I understand that I am permitted to take the TEAS twice in one year.
6. Radiologic Technology Information Session date attended: _____
7. I understand I must earn a 3.0 or better GPA in the program's prerequisite courses.
8. Letters of Recommendation, Patient Contact Experience and taking Math and Science courses within 7 years are recommended but not required.
9. I understand that I will be required to participate in shadow day prior to selection.
10. I understand that by filling in my name below, it will be considered my signature.

Signature: _____ Date: _____

RADIOLOGIC TECHNOLOGY ADMISSION REQUIREMENTS					
ATI TEAS	<p style="text-align: center;"><u>ATI TEAS (Test of Essential Academic Skills)</u></p> <p>The ATI TEAS must be taken within two years of the date the application is submitted. You may not take the test more than two times in a one year period. The test submitted with application must have been successfully <i>passed within two years of date of application with a <u>minimum</u> overall score of 65%; the minimum acceptable percentile ranking scores for each individual <u>content area</u> below is 58.7%. Scores are not rounded.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 25%;">Reading</td> <td style="text-align: center; width: 25%;">Math</td> <td style="text-align: center; width: 25%;">Science</td> <td style="text-align: center; width: 25%;">English and Language Usage</td> </tr> </table> <p>A copy of page 1 of your TEAS Individual Performance Profile must be attached to the application. Review the ATI website on how to download your Performance Profile.</p> <p>Remote testing will be accepted during this admission cycle. Recommend to take the first attempt of the TEAS by January 15, 2023.</p> <p>We will accept the best subject area scores of the two attempts of the TEAS.</p> <p>Individual Performance Profiles for both attempts must be attached.</p>	Reading	Math	Science	English and Language Usage
Reading	Math	Science	English and Language Usage		
EDUCATION	<p><u>Check below your level of education, indicating where the official transcript was earned:</u></p> <p><input type="checkbox"/> I am a high school/GED graduate. No college degree earned. High School: _____ Date graduated: _____</p> <p><input type="checkbox"/> I have an Associate Degree College: _____ Date conferred: _____</p> <p><input type="checkbox"/> I have a Bachelor's Degree or higher College: _____ Date conferred: _____</p>				

INTERNATIONAL STUDENTS

TOEFL TEST

All international students whose native language is not English must successfully pass the TOEFL (Test of English as a Foreign Language) with a minimum score of 550 (213 is the equivalent computer score and 79 is the equivalent Internet-Based score) OR must completed ENG 101/101A and ENG 102 course sequence with grades of C or better prior to applying to the Radiologic Technology Program. AACC's code for TOEFL is 5019.

TRANSCRIPTS Semester/Year : _____ Total Score: _____ Where Completed: _____

I acknowledge that that I have submitted an official transcript evaluation report from ECE, WES, or SpanTran for verification of my high school and/or college transcripts to the Records office prior to this application submission.

I used the above listed agency: _____

PREREQUISITE REQUIREMENTS

List all courses below that have been completed with a C or better. **NOTE: It is recommended but not required that Science and Math prerequisite courses be taken within 7 years of the semester the application is submitted. Prerequisite GPA must be a 3.0 or higher, no rounding. Due to the selection process, the Radiologic Technology program cannot accept Pass/Fail as a replacement for letter grades in the required courses. List any courses in progress spring 2023 as IP. Submit official college transcripts for evaluation by December 15, 2022 for prerequisite courses completed by December 15, 2022. For students completing prerequisite courses at another institution during the spring term, they must submit final official transcripts by May 15, 2023 to have the courses considered.**

TERM 1 COURSE	GRADE	CREDITS	COLLEGE WHERE COMPLETED	TERM	YEAR
BIO 231 *Human Biology 1 and					
BIO 232 *Human Biology 2					
OR					
† BIO 233 * Anatomy and Physiology 1 and					
BIO 234 * Anatomy and Physiology 2					
<u>Math 137</u> College Algebra <i>Math 145, 151, 191, or 230 satisfies MAT 137 requirement. (Former MAT courses 121, 131, 141 or 142 will also satisfy MAT 137 requirement.)</i>					
ENG 101/ENG101A Academic Writing and Research 1 <i>Previously completed ENG 111/115 or 121 will be accepted.</i>					
ENG 102 Academic Writing and Research 2 <i>Previously completed ENG 112/116 or 121 will be accepted.</i>					
SOC 111 Introduction to Sociology					
COM 111 Fund. of Oral Communication OR COM 116 Fund. of Oral Communication for Non-Native Speakers					

† This course has a prerequisite of BIO 101.

BACKGROUND INFORMATION

Submit explanation of questions for which you answer "yes" and provide documents relating to your answer emailed to tdneall@aacc.edu or mailed separately to address on first page of this application, ATTN: Tammie Neall.

Do not write explanation(s) on the application

Yes	No	Were you ever disciplined for any academic or behavior/conduct issue by any college, university, or any other educational institution after High School including, but not limited to, probation, dismissal, suspension, disqualification, or imposition of a failing grade as a disciplinary sanction? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes	No	Have you ever been convicted of a crime, driving while intoxicated or impaired (either by alcohol or drugs), had your driving privileges suspended or revoked, and/or are there any pending charges regarding any of the above? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes	No	Have you ever surrendered your driver's license or had such license suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes	No	Have you ever surrendered a professional license, certification or registration, or had one restricted, suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes	No	Have you ever been placed on professional probation, had conditions or limitations placed on your ability to work even if your license had not been restricted, suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.
Yes	No	Have you ever had your clinical privileges at any office or facility restricted, suspended or revoked? If your answer is yes provide a written explanation and all relevant documents relating thereto.

NOTE: Licensing boards for certain health care occupations, including Radiology may deny, suspend, or revoke a license or may deny the individual the opportunity to sit for an examination even if the individual has completed all program course work, if it is determined that an applicant has a criminal history or is convicted or pleads guilty or nolo contendere to a felony or other serious crime. If applicable, it is recommended to contact national certifying boards for your program of interest.

I certify that the information on this application is true and accurate to the best of my knowledge. Falsification or misrepresentation of any information on this application may result in being denied admission to the program. I understand that final acceptance into the Radiologic Technology Program shall be contingent upon satisfactory completion of a criminal background check and satisfactory completion of a health examination record.

Please review prior to submitting this application. This application must be completed in its entirety.

I understand that by filling in my name below, it will be considered my signature.

Signature: _____

Date: _____

PRINT NAME: _____

Notice of Nondiscrimination: AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-2306 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days' notice. For information on AACC's compliance and complaints concerning sexual assault, sexual misconduct, discrimination or harassment, contact the federal compliance officer and Title IX coordinator at 410-777-1239, complianceofficer@aacc.edu or Maryland Relay 711.

PATIENT CONTACT EXPERIENCE VERIFICATION FORM

Applicants are encouraged to have 60 hours of volunteer and/or employment experience in a clinical health-related setting at the time of application within the last seven years. To verify volunteer/employment experience the employer must complete this verification form.

Applicant Name:		
Applicant Phone:		
Supervisor Name:		
Business Address:		
Employer Phone:		
Name of Business:		
Position Held:		
Description of Duties: (Must involve patient contact)		
Was this Volunteer Experience:	YES	NO
Dates of Employment/Experience:	From:	To:
Number of Months Worked:	Full-time:	Part-time:
Total Hours of Patient Contact Experience From This Employer:		

STATEMENT OF CERTIFICATION

I certify that all the information I have provided on this form is true, complete and correct to the best of my knowledge and belief, and is made in good faith. I know and understand that any or all items contained herein are subject to verification and I consent to the full release of information from the employer listed for the purpose of verifying the information I have provided.

Applicant Signature

Date

EMPLOYER VERIFICATION

Please complete this form and return it in a sealed and signed envelope to the applicant or via email to healthsciencesadmissions@aacc.edu

I verify that the employment information provided by the applicant is true and correct to the best of my knowledge.

Signature of Supervisor

Title

Date

Printed Name

Name of Company & Department

Phone

Comments:

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RECOMMENDATION FORM – RADIOLOGIC TECHNOLOGY PROGRAM

Part 1: This part to be completed by the applicant

Name: _____
Last First Middle

Address: _____
Street Address City State Zip

I hereby authorize the release of an evaluation to assist in the admission process by Anne Arundel Community College's Radiologic Technology Program. I understand that such materials will be kept confidential, both from the public and me. I waive any right of access that I might have by law. I further understand that the Radiologic Technology Program does not require that I sign this statement. I understand that the application will be reviewed without the waiver.

Signature: _____ Date: _____

Part 2: This part to be completed by the reviewer

Please make every attempt to complete this document in a timely fashion as it is an integral part of the applicant's packet. The application may be declined if this is not received by April 30th. Please complete the evaluation candidly and carefully. Your professional opinion is an important part of the selection process. Once the form has been completed, please return the form via email to healthsciencesadmissions@aacc.edu.

Name of Referrer: _____

Name of Company/College: _____

Title of Referrer: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Telephone: _____ Email: _____

STUDENT'S NAME: _____

Please rate the applicant using the following scale. Please return to student in a sealed envelope with your signature across the seal on the back of the envelope or mail contents to the address listed.

CRITERIA	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Observed
Professional Qualities						
Ability to avoid conflict						
Ability to resolve conflict						
Ability to complete a task						
Response to constructive criticism						
Attempts to improve performance based on suggestions						
Quality of work						
Attendance						
Attention to detail						
Coping skills in a stressful environment						
Professional judgement						
Maturity level						
Leadership capability						
Morale booster						
Self-motivation						
Ability to follow directions						
Teamwork skills						
Quality of written expression						
Quality of oral communication						
Quality of problem-solving capability						
Work ethic						
Trustworthiness						
Dependability						

CRITERIA	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Not Observed
Effective/Proficient time management skills						
Overall professional ethical behavior						
Willingness to seek assistance when applicable						
Academic Qualities						
Effective/Proficient study skills						
Effective/Proficient test taking skills						
Effective/Proficient math skills						

Please add any remarks that you feel the admissions committee may find helpful. You may attach a separate paper if you choose.

What is your recommendation for the admission committee of the School of Health Sciences Radiologic Technology Program?

- Strongest recommendation
- Recommend with confidence
- Recommended
- Recommend with reservation
- Not recommended

Signature of referrer: _____ Date: _____

Company name: _____

Thank you for your time and thoughtfulness in assisting in this applicant's admission process.