

# AACC | School of Health Sciences

## **RADIOLOGIC TECHNOLOGY Fall 2024 Program Application**

**Application Deadline – April 30, 2024**

Submit completed application to <a href="mailto:healthsciencesadmissions@aacc.edu">healthsciencesadmissions@aacc.edu</a> (preferred) or via mail to Anne Arundel Community College, ATTN: Health Sciences Admissions, 101 College Parkway, Arnold, MD 21012.			
<b>Demographic Information</b>			
Last Name	First Name	Middle	
Address			
City	State	Zip Code	County
*Last 4 digits of social security #		College ID #	
Phone	AACC Email Address _____@mymail.aacc.edu		
<p>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. <b>Applicants are advised to check their AACC email account periodically for placement updates and notices.</b></p> <p><i>* If you do not have a Social Security number, you may not be permitted at some clinical rotation sites and site availability could delay or inhibit your progression in the program. An international student admission specialist in AACC's Admissions and Enrollment Development office may be able to assist students with F-1 visa status to obtain a Social Security number through practical training. Call them at 410-777-2677.</i></p>			

## ACADEMIC REQUIREMENT CHECKLIST

**Before completing this application, you must meet all of the requirements below.**

1. I attended a mandatory Radiologic Technician information session on \_\_\_\_\_ (date).
2. I have an active admission status at AACC and am in Good Standing ( ≥ 2.5 GPA) with the college.
3. I understand I must earn a cumulative GPA of 3.0 or better GPA in the program's prerequisite courses by the end of the Spring term.
4. I understand that all pre-requisites must be completed by the end of the spring term with a grade of C or better.
5. I understand that pass/fail grades will not be accepted.
6. I understand that I must submit final official transcripts\*\* from **ALL** previously attended colleges and, if needed, high school transcripts by May 30, 2024.
7. 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 by May 30, 2024.
8. I understand that I will have the opportunity to participate in a shadow day prior to selection. Dates and times to be announced via email.
9. I understand that, if selected or placed on the waitlist, I must attend a mandatory orientation meeting. Date and time to be announced via email.
10. I reviewed and acknowledge the [technical standards](#).
11. If I receive conditional acceptance into the program, I understand that final acceptance in the program shall be contingent upon satisfactory completion of a health examination record, AHA BLS CPR certification, and a [criminal background check](#).
12. I have reviewed the following: As part of our commitment to the health and safety of AACC employees, students, the greater community, patients and employees at our clinical site affiliates; all employees and students participating in clinicals, externships or internships in a health care or clinic setting within the [School of Health Sciences](#) or the [School of Continuing Education and Workforce Development](#) will be required to be fully vaccinated. Visit <https://www.aacc.edu/riverhawks-reunite/health-and-safety/clinical/> for detailed information.
13. I understand that if information is missing from my student record application, my application will **NOT** be processed and will be considered incomplete. Incomplete applications will NOT be considered. I understand that I will be notified by my AACC email once if required application information is not submitted.
14. I understand that the ATI TEAS may not be taken more than two times in one year.
15. I understand that patient contact experience and taking math and science courses within 7 years are recommended but not required.
16. I understand that my AACC email address is required for correspondence with AACC.

\*\*Transcripts are considered official only when received by Anne Arundel Community College Records Office in the sending institution's original sealed envelope or by acceptable electronic submission.

## 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.

**TOEFL**                      Date taken: \_\_\_\_\_ Score: \_\_\_\_\_ Where taken: \_\_\_\_\_  
**OR**  
**ENG 101/101A** Semester/Year: \_\_\_\_\_ Grade: \_\_\_\_\_ Where completed: \_\_\_\_\_  
**and**  
**ENG 102** Semester/Year: \_\_\_\_\_ Grade: \_\_\_\_\_ Where completed: \_\_\_\_\_

### TRANSCRIPTS

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: \_\_\_\_\_

## RADIOLOGIC TECHNOLOGY ADMISSION REQUIREMENTS

### ATI TEAS (Test of Essential Academic Skills)

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(s) submitted must have been successfully *passed within two years of date of application submission with a minimum overall score of 65%; the minimum acceptable percentile ranking scores for each individual content area below is 58.7%. Scores are not rounded.*

**ATI TEAS**

***Reading                      Math                      Science                      English and Language Usage***

**The TEAS must be completed by the application deadline.**

Applicants must take the test at an approved on-site testing center. Register via the [ATI registration website](#).

Remote testing will be accepted during this admission cycle. We recommend taking the first attempt of the TEAS by January 15, 2024.

**We will accept the best subject area scores of the two attempts of the TEAS.**

You are required to send the official TEAS transcripts to Anne Arundel Community College via your student ATI account. Review instructions on how to submit your scores on the [ATI website](#).

Test Date: \_\_\_\_\_ Overall Score Percentage: \_\_\_\_\_%

**EDUCATION**

Check below your level of education, indicating where the official transcript was earned:

- I am a high school/GED graduate. No college degree earned.  
 High School: \_\_\_\_\_ Date graduated: \_\_\_\_\_
- I have an Associate Degree  
 College: \_\_\_\_\_ Date conferred: \_\_\_\_\_
- I have a Bachelor's Degree or higher  
 College: \_\_\_\_\_ Date conferred: \_\_\_\_\_



## BACKGROUND INFORMATION

Submit explanation of questions for which you answer "yes" and provide documents relating to your answer emailed to [tdneall@aacc.edu](mailto: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 <input type="radio"/>	No <input type="radio"/>	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 <input type="radio"/>	No <input type="radio"/>	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 <input type="radio"/>	No <input type="radio"/>	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 <input type="radio"/>	No <input type="radio"/>	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 <input type="radio"/>	No <input type="radio"/>	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 <input type="radio"/>	No <input type="radio"/>	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. I have read and understand the information on this application. I am aware that falsification or misrepresentation may result in being denied admission, or if enrolled, dismissed, from this 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 as 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, 410-777-1411 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](mailto: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 with direct patient care within the last seven years at the time of application.*

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: <input type="radio"/> YES <input type="radio"/> 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