

Application for Radiologic Technology Program

Sign and date this form and submit it along with the required documentation to the Rad Tech program director in person or by mail by the June 1 application deadline. Use the checklist below to verify that all the required information is included with your application. Incomplete applications will not be considered.

Required by all applicants:

- Application to McLennan Community College**
Apply online at www.mclennan.edu. No documentation is required. Please include your Student ID and MCC- issued email address on this application.
- Application for the Radiologic Technology Program**
Submit this application to the Rad Tech program offices. Ensure all questions and blanks are complete and you include all other applicable documentation. Incomplete application packets will not be considered.
- Documentation - Transcripts from all colleges where you have earned credit**
Official transcripts must be submitted to Highlander Central. Copies of unofficial transcripts from all colleges, including MCC, must be submitted to the Rad Tech program director. *Please Note:* It is the applicant's responsibility to submit updated transcripts to Highlander Central as additional courses are completed.
- Documentation - Proof the online information orientation has been completed.**
Submit proof of completion with application
- Documentation - Radiologic Technology Essential Skills.**
Read, sign, and submit this document with this application. The document can be found on the program's webpage.

Additional documentation (if applicable for any of the following "Additional Points Earning Opportunities"):

- Documentation - Completion of Medical Terminology with a grade of B or better**
- Documentation - Proof of military service (DD214). Documented service with honorable discharge**
- Documentation - Proof of Prior Degree Completion.**
Must include copy of official transcript showing degree requirements are met/completed.
- Documentation - Proof of Board Certification or Registry**
Documented proof of current certification or credentials obtained from the primary source/agency.

After you have completed and checked all applicable items above, you are ready to turn in your application.

Signature

Date

McLennan Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Laura Wichman, Vice President of Strategic Planning & Enrollment, 1400 College Drive, 254-299-8476, titleix@mclennan.edu. A lack of English language skills will not be a barrier to admission to and participation in career and technical education programs.

McLennan Community College no discrimina a ninguna persona independientemente de la raza, color, origen nacional o étnico, género, discapacidad, o edad en sus programas, actividades o empleo. Para obtener información sobre el cumplimiento de esta política de no discriminación por parte de la institución, comuníquese con el siguiente administrador: Laura Wichman, vicepresidente, 1400 College Drive, 254-299-8476, titleix@mclennan.edu. La falta de conocimiento del idioma inglés no será un impedimento para la admisión y participación en programas de educación técnica y profesional.

For students in these Health Profession programs who may have a criminal background, please be advised that the background could keep you from being licensed by the State of Texas. If you have a question about your background and licensure, please speak with your faculty member or program director. You also have the right to request a criminal history evaluation letter from the applicable licensing agency.

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Application deadline is June 1. This application is effective for *ONLY* one review. A new application is required for each application year.

Name: _____
Last name *First name* *Middle name* *Other names used on records*

MCC ID #: _____

Current address:

House number *Street, Route or P. O. Box number* *Apartment number*

City *County* *State* *ZIP*

Telephone number: home _____ work _____

E-mail address: _____

Date of expected enrollment: Fall 20 _____

Have you previously applied to this program? Yes No Year(s) applied? _____

List all colleges and/or vocational-technical schools you have attended, including MCC:

<i>College</i>	<i>Dates attended</i>
_____	_____
_____	_____
_____	_____

The steps outlined on the Application Checklist (admission to the college, transcripts, documentation, etc.) must be completed **before** the applicant can be considered for admission to the Radiologic Technology Program.

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

Please note: Driving under the influence (DUI) or driving under suspension (DUS) are not considered minor traffic violations. Failure to disclose will result in withdrawal from this program. Be advised that a criminal background may exclude a student/graduate from being licensed by the State of Texas. Students have the right to request a criminal history evaluation letter from the applicable licensing agency. For more information, contact this program's director.

I certify that the information furnished in this application is complete and correct.

Signature

Date

Return this form to:
Program Director, Radiologic Technology McLennan
Community College
1400 College Drive
Waco, Texas 76708

Application for Radiologic Technology Program

Admission Criteria Worksheet

Name: _____

Application Cycle: _____

<u>Required Courses</u>	<u>Institution Name</u>	<u>Grade</u>	<u>Semester/Year</u>
Biology 2401	_____	_____	_____
English 1301/1302	_____	_____	_____
Intro to Radiography RADR 1201	_____	_____	_____
Mathematics (College)	_____	_____	_____

<u>Co-Requisite Courses</u>	<u>Institution Name</u>	<u>Grade</u>	<u>Semester/Year</u>
Psych 2301 (SOCl 1301)	_____	_____	_____
Lang, Phil, Cultural, Creative Arts elective	_____	_____	_____
Biology 2402	_____	_____	_____

Did you complete the online virtual Information session complete and submit the proof with this application?
 YES or NO

Note: Marking "YES" to any of the following additional points opportunities below does not guarantee points will be applied. You must provide the appropriate proof/documentation:

Completion of a 2-credit hour Medical Terminology course with a B or better YES or NO

Prior U.S. Military Service YES or NO

Prior Degree Completion YES or NO
 Associates Bachelors Masters None

Qualifying Healthcare Experience YES or NO

Certification or License Type: _____

Name of issuing primary source/entity _____

Website to verify credentials: _____