

Washtenaw Community College

Radiography (APRAD)

Spring/Summer 2021 Entry (2020-21 Academic Year)

Application Deadline: **Wednesday, December 23, 2020 at 5pm** (or until all accepted and/or alternate seats are filled)

PROGRAM APPLICATION AND REQUIREMENTS CHECKLIST

WCC Student ID: _____ Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Former/Previous Names: _____

*Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

WCC Email/netID: _____ Other Email: _____

Required Checklist

All of the requirements below **must** be successfully completed **before** submitting an application to the program.

___ 1. **Admission to WCC**

An admission application to the school can be submitted on WCC's website at https://mywcc.force.com/OnlineApp/TX_SiteLogin?startURL=%2FOnlineApp%2FTargetX_Portal_PB.

___ 2. **Program Prerequisite Courses**

Please indicate how you met each requirement below.

- ___ a. **MTH 125 (Everyday College Math), MTH 160 (Basic Statistics), MTH 176 (College Algebra) or a math course numbered 176 or higher with a minimum grade of C/2.0.**

School	Subject	Course	Grade/GPA	Credits	WCC Equivalent (if transfer)

- ___ b. **HSC 101 (Healthcare Terminology) or HSC 124 (Medical Terminology) with a minimum grade of B-/2.7**

School	Subject	Course	Grade/GPA	Credits	WCC Equivalent (if transfer)

- ___ c. **BIO 109 (Essentials of Human Anatomy and Physiology) or BIO 111 (Anatomy and Physiology – Normal Structure and Function) with a minimum grade of C+/2.3**

Students may use multiple courses and labs to meet requirement. If taken between multiple schools, a substitution must be submitted by the department.

School	Subject	Course	Grade/GPA	Credits	WCC Equivalent (if transfer)

___ d. **RAD 100 (Introduction to Diagnostic Imaging) with a minimum grade of B-/2.7**

School	Subject	Course	Grade/GPA	Credits	WCC Equivalent (if transfer)

___ 3. **Program Application and Requirements Checklist** (this form, pages 1-3)

___ 4. **Additional Information Form** (pages 4-5)

___ 5. **Abilities Statement** (pages 6-7)

___ 6. **Residency Verification**

The student’s residency status may be updated accordingly based on the documentation submitted. Please include a copy of the front and back of your **Driver’s License or State ID Card**.

Optional Checklist

The items below are **not required to apply** to the program. However, by successfully completing and/or meeting these items by the application deadline, you can earn additional points which could give you a more competitive edge

___ 1. **Military or Veteran Status**

Submit appropriate documentation to verify status if currently serving or **DD-214**.

___ 2. **Alternate Candidate Status**

Students who made alternate candidate status and did not make admission to the program based on a previous application will be awarded additional points. Semester(s) given Alternate status: _____

___ 3. **Experience**

Students can be awarded points for **one (1)** of the items below (sections a or b). For additional information, see the **Experience Form** (included in packet) and **Point Scales** found on WCC’s Health and 2nd Tier Admissions at <https://www.wccnet.edu/start-now/degree/2nd-tier/>.

___ a. **Employment Experience**

Submit completed **Experience Form** (page 8) or veterans must submit **Form DD-214**.

___ b. **High School Health Science Technology Program with grade of C/2.0* (minimum of 1 year)**

**Articulated credit is only accepted with grade of B/3.0 or better.*

Submit high school transcript along with clarification documentation if necessary.

Please read the statements listed below. By signing this form, I acknowledge that I have completely read and understand the statements below.

1. I have successfully completed all required checklist items and I have included all documentation needed to verify these requirements.
2. I understand WCC recommends that I regularly meet with an advisor to discuss the timing and selection of both admission and program required courses.
3. I understand admission to the program is based on WCC’s competitive admission process and that applicants are encouraged to meet with an advisor to discuss ways to make their application competitive. And in addition, it is suggested that I discuss a plan for my next steps should I not secure a seat in the program during this admission cycle.

Student's Printed Name: _____ **Student ID:** _____

***Student's Signature:** _____ **Date:** _____

An electronic signature will be recognized **ONLY IF this document is submitted directly from the students WCC email address.*

Student Notes:

SUBMITTING APPLICATIONS

Applications and all documentation can be submitted in one of the ways listed below. Applications must be **received** by WCC's Health and 2nd Tier Admissions Office on or prior to the application deadline. **To confirm receipt, an email is sent approximately 1-2 business days after an application is received.**

During the COVID-19 crisis, WCC is operating in a remote capacity with on-campus operations suspended. Please be aware there will be a delay in receipt of any documents submitted by mail or fax. In-coming mail and faxes are collected from WCC's main campus 1-2 times per week.

The preferred method of submitting an application is by email directly from the student's WCC email. It's recommended that applicants complete the fillable fields and attach their completed packet along with all supporting documentation. Students can scan or take pictures of their documentation.

- Email: Send to healthadmissions@wccnet.edu – *Preferred method of submission*
- Fax*: (734) 677-5408 (Attn: Health & Second Tier)
- Mail**: Health & Second Tier Admissions, Washtenaw Community College, 4800 E Huron River Dr, Ann Arbor, MI 48105
- In-person: Submit to Student Connection (2nd floor, Student Center) – *May not be an option depending on status of COVID-19 crisis*

**We recommend calling to confirm legibility of documents if faxing. If requested, original or legible emailed documents must be submitted to complete your application.*

***We recommend tracking your application if sending by mail.*

Students with questions or concerns regarding WCC's competitive admission process or submitting an application to the program should contact the Health and Second Tier Admissions Office at (734) 973-3596, (734) 477-8998, or healthadmissions@wccnet.edu.

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ADDITIONAL INFORMATION FORM

Additional information is provided below that is important and pertains to the program. **Please carefully read all statements.**

1. The requirements outlined in this packet are based on the academic year/semester indicated above. Admission requirements/criteria are reviewed annually and subject to change. You are expected to meet all admission requirements for each semester you apply, and if offered admission, you must meet all program requirements of the **catalog term** in which you **first begin** the program.
 - a. Program applications are semester specific and only valid for the semester in which you applied. If your application is closed for any reason and wish to be reconsidered for admission to the program, you will need to meet current admission requirements and submit a new application to a future semester.
 - b. Each semester, approximately 32 students are accepted to the program for a Spring/Summer semester start. This is a full-time program and no part-time option is available.
2. This program utilizes WCC's **Competitive Admission Process** for determining admission to the program. Please read the **Admission to High Demand Programs** policy and review WCC's **Point Scales** document on WCC's websites below. The *Point Scales* document includes details on how items are calculated and awarded towards the program application.
 - Admission to High Demand Programs: <https://www.wccnet.edu/about/policies/2005.php>
 - Point Scales: <https://www.wccnet.edu/start-now/degree/2nd-tier/>
3. Please read and review WCC's websites below for details on program requirements and continuing eligibility requirements along with additional important information found on the department's website.
 - Radiography Degree Requirements: <https://www.wccnet.edu/learn/departments/alhd/programs/aprad/>
 - Radiography at WCC (department website): <https://www.wccnet.edu/learn/departments/alhd/radiography/>
4. **WCC sends all communications regarding application and admission statuses directly to your WCC student email address. It is extremely important that you check your WCC email on a regular basis so you do not jeopardize your status.** Please be aware that WCC assumes any information sent to your WCC email has been received and reviewed. It is also important to keep your contact information current in the College system (including addresses, emails, and phone numbers). If WCC is unable to contact you regarding your application and/or you do not respond to any contacts made by WCC, **your application be closed**. Contact information can be update online through your *WCC Gateway* account by clicking on *MyWCC* and then *Personal Information*, at Student Connection (2nd floor, Student Center), or by calling (734) 973-3543.
 - WCC Gateway for Students: <https://www.wccnet.edu/mywcc/>
5. Residency status is a factor when determining application points. For information on WCC's policies and procedures regarding residency or to learn of additional documentation that can be submitted to verify residency, please visit WCC's website below.
 - Residency: <https://www.wccnet.edu/afford/cost/residency.php>
6. **Official transcripts** must be submitted before any transfer credit can post to your WCC record and/or count towards application requirements. Information regarding transfer credit can be found on WCC's website below:
 - Transfer Credit: <https://www.wccnet.edu/start-now/degree/transfer-to-wcc.php>

- a. All defined courses plus any substitutions approved by the department prior to the application deadline will be used to meet prerequisites requirements. If a course is not clearly stated on your transcript and/or the course cannot be determined an equivalent based on the course description, you must provide a course syllabus for further review. Also, please be aware that if two (2) or more transfer courses are completed to meet the equivalent of one (1) of WCC's required courses, you **must** meet the minimum grade requirement in **each** course (grades are not averaged between the two courses). **WCC is not responsible for your application being delayed due to lack of clarification or approval of a substitution.**
7. Upon acceptance to the program, the **Entrance Requirements** below must be successfully completed to be eligible to begin the program. Students who fail to comply or meet these requirements will forfeit their seat in the program.
- a. Mandatory attendance at the new student orientation session. Details will be included in the program acceptance and alternate candidate letters.
 - b. Obtain a criminal background check from the college-designated vendor and submit completed health records. Any student found to have a positive drug screen for drugs prohibited by State of Michigan or Federal law (including marijuana) or controlled substances will not be admitted to the program. Specific details and deadlines will be included in the program acceptance and alternate candidate letters and/or provided at the mandatory orientation.
 - i. Individuals who have been charged or convicted of a misdemeanor or felony must undergo the ethics pre-application review process through the American Registry of Radiologic Technologists (ARRT) and receive clearance from ARRT to take the national board examination **prior to applying for the program**. Contact the ARRT at (651) 687-0048 or visit their website at www.arrt.org for more information. Please note that the ARRT ethics pre-application process may take up to 12 weeks to complete.
8. If there are not enough applicants to fill all accepted and/or alternate seats by the initial application deadline, the application will remain open until all seats are filled. In this event, WCC's **Application Extension Process** will be utilized. Students who do not meet admission requirements but who expect to meet all requirements by the end of the **Winter 2021** semester are encouraged to submit their incomplete application to be considered for a seat on a conditional basis. In this case, all applicants (complete or incomplete) who submit an application after the initial application deadline will be considered for a position based on the date the application was received. If multiple applications are received in a single day, the applicants position is chosen based on a lottery. As soon as all seats are filled, the application will close. The application will be removed from WCC's website and will no longer be collected.
- a. Please be aware that it is **unusual** for this particular program to not have enough applicants by the initial deadline. However, we still do encourage students who are not eligible to apply by the deadline but expect to meet requirements by the end of the semester indicated above to check WCC's website after the deadline in the **rare instance** the application is extended.

By signing this form, I acknowledge that I have completely read and understand the statements above.

Student's Printed Name: _____ **Student ID:** _____

***Student's Signature:** _____ **Date:** _____

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ABILITIES STATEMENT

Admission to the Radiography program is contingent upon students declaring that they have specific psychomotor, affective, and cognitive abilities. These requirements are detailed below. WCC reserves the right to request that students successfully demonstrate the specific cognitive and physical abilities related to the Radiography program.

Abilities necessary to ensure attainment of competencies in the Radiography program. The student must be able to:

1. Communicate, both verbally and in writing, at a professional level
 - a. Demonstrate English language proficiency with sufficient skill to communicate.
 - b. Provide clear and audible directions to patients face-to-face and from the radiography control booth area, which may be 20 feet away from the patient.
 - c. Read and interpret the physician's orders and corresponding paperwork.

2. Demonstrate sufficient locomotor skills to move from room to room and maneuver in small spaces.
 - a. Be able to push, pull, and lift 50 pounds.
 - b. Push and adjust a stretcher and/or wheelchair without injury to self, patient, or others.
 - c. Lift and transfer patients from a wheelchair or stretcher to an x-ray table or to a patient's bedside.
 - d. Move and adjust radiographic equipment, accessories, and ancillary devices as needed for patient imaging.
 - e. Operate mobile x-ray equipment in operating room, emergency room, or at patient's bedside.
 - f. Wear a lead apron weighing approximately eight to fifteen pounds for extended periods of time.
 - g. Assist in the care of patients without obstructing the positioning of necessary equipment or other health care workers vital to the treatment of the patient.

3. Possess sufficient gross and fine motor abilities to provide safe and effective patient care.
 - a. Must be able to reach overhead to manually move the x-ray tube and position the tube at various angles at heights up to 6 feet.
 - b. Manipulate dials, buttons, levers, switches and keyboard of various sizes as needed to operate x-ray equipment and ancillary devices.
 - c. Properly palpate anatomical landmarks as needed to position the patient for a radiographic procedure.
 - d. Physically place patients in proper positions for radiographic procedures according to established standards.
 - e. Must be able to align the x-ray tube, patient, and image receptor in a timely manner for all radiographic procedures.
 - f. Handle and manipulate radiographic lead markers as required for each radiographic procedure.
 - g. Accurately draw up sterile contrast media and other solutions without contaminating the syringe and/or needle.
 - h. Ability to apply and wear protective gloves for the purpose of universal or standard precautions.
 - i. Properly put image receptors in Bucky tray and spot film devices.
 - j. Properly manipulate all locks on the x-ray tube and Bucky tray.
 - k. Physically be able to administer emergency care including performing CPR.
 - l. Physical ability to work standing on your feet 90% of the time.
 - m. Ability to use computers and computer systems to enter and process data.
 - n. Possess good eye/hand/foot coordination in order to operate radiographic equipment properly and in a timely manner.
 - o. Assist patient in dressing and undressing for a radiographic procedure.

ABILITIES STATEMENT continued for APRAD Spring/Summer 2021 (2020-21 Academic Year)

4. Possess auditory abilities sufficient to monitor and assess patient needs, and to provide a safe environment for self, patient, and others.
 - a. Hear equipment alarms, monitor alarms, emergency signals, and cries for help.
 - b. Respond to codes over hospital intercoms (i.e. fire, child abduction, cardiac arrest...)
 - c. Ability to distinguish sounds and voices over background noise such as patient monitoring equipment, intercom, and exposure signal.
 - d. Monitor equipment operation or dysfunction which may be indicated by low-sounding bells or buzzers.
 - e. Hear patient talk in a normal tone from a distance of 20 feet.

5. Possess the visual acuity that is necessary to provide optimal patient care while operating radiographic equipment.
 - a. Read the text and numbers on the radiographic control panel.
 - b. Recognize symbols within the healthcare facility and on radiographic equipment.
 - c. Possess full peripheral vision (e.g., side vision) to ensure patient safety.
 - d. Be able to observe and assess the condition of a patient from a distance of 20 feet.
 - e. Be able to determine subtle differences in gradual changes in blacks, grays, and whites for purposes of assessing the technical quality of a radiograph.
 - f. Perform necessary radiographic procedures in rooms that require dim lighting (i.e., fluoroscopy or darkrooms).

6. Think critically and perform and follow protocols for a wide range of procedures.
 - a. Identify cause-effect relationships in clinical situations.
 - b. Evaluate radiographs to ascertain that they contain proper identification and are of diagnostic value.
 - c. Select exposure factors and accessory devices for all radiographic procedures with consideration of patient size, age, and extent of disease.
 - d. Adjust radiographic equipment and ancillary devices and modify patient positioning as needed to obtain diagnostic radiographs.
 - e. Assess patient's condition and needs.
 - f. Initiate proper emergency care protocols, including CPR.
 - g. Utilize hospital/medical imaging department information systems to process and archive images.
 - h. Ability to arrange things or actions in a certain order or pattern according to a specific rule or set of rules.

7. Possess interpersonal behavioral and social skills to interact with a variety of individuals from a variety of social, emotional, cultural, and intellectual backgrounds.
 - a. Establish a positive rapport with patients, families, and colleagues.
 - b. Function rationally and quickly in emergency situations.
 - c. Possess ability to deal effectively with stress.

I have read these statements and believe I meet the above requirements.

Printed Name: _____

Student ID: _____

***Signature:** _____

Date: _____

An electronic signature will be recognized **ONLY IF this document is submitted directly from the students WCC email address.*

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EXPERIENCE FORM

Students can be awarded additional points towards their program application for **direct patient care** employment experience in a **hospital or health care facility/agency** if completed **within 8 years** of the application deadline. **This form needs to be attached to any experience submitted and a separate form must be submitted for each employer/organization.**

To be completed by student:

Students Name (printed): _____ WCC Student ID: _____

Please check one (1):

- I am/was employed **full-time** (30 hrs or more per week). Employer must complete section below.
- I am/was employed **part-time** (15 hrs or more per week, less than 30 hrs). Employer must complete section below.

*Students Signature: _____ Date: _____

*An electronic signature will be recognized **ONLY IF** this document is **submitted directly from the official email address of the employer/organization below.**

To be completed by employer/supervisor:

Employer/Organization Name: _____

Street Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip: _____

DATES OF EMPLOYMENT: From (date): _____ To (date): _____ **Check here if still employed**

The above student is/was employed for _____ **hours per week** between the dates listed above.

Job Duties/Services Performed:

Supervisor's Name: _____

-Tape business card here-

Job Title: _____

Phone Number: _____

*Signature: _____

Date: _____

*If completing and submitting electronically, an electronic signature will be recognized **ONLY IF** this document is **submitted directly from the official email address of the employer/organization.** Please send to healthadmissions@wccnet.edu. If a paper form is completed, please attach a **business card** or statement on **organization letterhead** to verify the information.