Amarillo College
DIVISION OF ALLIED HEALTH

Nuclear Medicine Technology
A HEALTH SCIENCE CAREER

Contact:
Mark Rowh
(806) 354-6071
Dear Friend:

Thank you for your recent inquiry into the Nuclear Medicine Technology Program here at Amarillo College. Our program started in 1994 and is fully accredited by the Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCENMT). Approximately 16 students graduate annually.

The Nuclear Medicine Technology Program combines classroom curriculum with clinical experience at major medical facilities, which have state-of-the-art nuclear medicine departments. Our students have the opportunity to spend time at each affiliate so that clinical skills are learned. Clinical rotations are assigned throughout the program, and the hours assigned vary in number, usually 16-24 clock hours per week.

Nuclear Medicine offers exciting possibilities for those who truly desire a career associated with medical science and a unique position on the medical team. Job opportunities can be described as excellent in almost all areas of the country. Annual base salaries are ranging from $52,000-$73,000 and does not reflect shift differentials, callback pay, or benefits such as vacation, sick leave, insurance, retirement, etc. Many medical facilities offer sign-on bonuses, as well.

New classes begin once each year with the start of the Fall Semester, and there is limited enrollment determined by the JRCENMT. Students are accepted according to the criteria specified in this brochure.

As Director of the Nuclear Medicine Technology Program, I am eager to accept your application. Should you have questions, please feel free to call me at (806) 354-6071.

Sincerely,

Mark Rowh, M.A., RT(R), ARRT, CNMT
Program Director, Nuclear Medicine Technology
This program provides the basic skills required of a beginning staff technologist practicing in nuclear medicine. Upon satisfactory completion of the curriculum, the graduate will be eligible to write the national certification examination administered by the American Registry of Radiologic Technologists and the certification examination administered by the Nuclear Medicine Technology Certification Board.

All of the major requirement courses (NMTT) are to be taken in a sequential order or at the advisement of the department major advisor. A grade of "C" or higher is required for satisfactory completion of all courses.

To continue in the program, a student may repeat a NMTT course only one time and may repeat no more than two NMTT courses while enrolled in the program. The term “repeat” shall be interpreted to mean re-enrollment following withdrawal, drop, or unsatisfactory grade. A student will have no more than 36 months to complete all major requirements.

A student seeking entry into Nuclear Medicine must file a specific program application form and complete additional admission procedures as required. Students may not take any of the major NMTT courses until accepted into the program.

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TOTAL 72
### Nuclear Medicine Technology

**PROGRAM DEGREE PLAN**

#### FALL SEMESTER. FIRST YEAR

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#### SUMMER SEMESTER. SECOND YEAR

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**TOTAL** 72

Amarillo College is open to all persons regardless of race, color, religion, sex, and national origin, or physical handicap who are otherwise eligible for admission as students.
1. The applicant must be 18 years of age.

2. The applicant must have earned a High School diploma or a GED certificate.

3. The following forms or documentation must all be on file with the Program Director:
   - documentation of CPR certification
   - completed application for the Nuclear Medicine Program
   - high school and all college transcripts
   - documentation of High School/College honors
   - completion of hospital visit
   - signed waiver of release of liability
   - completion of criminal background check
   - documentation showing you have received this criteria for admission into the Nuclear Medicine Program
   - proof of TB skin test in past year

4. Proof of compliance with the following immunization requirements:

   The law requires that colleges in Texas who have health career programs require the students enrolled in those programs to obtain the following immunizations on the next page entitled “Allied Health Student-Texas Immunization Requirements.” You must begin immunization steps now to meet the May 31 deadline.

5. The applicant must have completed the Amarillo College Placement Test Package (call 371-5445 for information).

6. If the applicant is required to complete any remediation as a result of the placement tests, their application cannot be considered until all remediation is complete.

7. The applicant must visit a local hospital and stay no less than four clock hours in the Nuclear Medicine department.
   - Amarillo Diagnostic Clinic: 358-0290
   - Baptist St. Anthony Hospital: 212-5959
   - Northwest Texas Hospital: 354-1710
   - Veterans Administration Hospital: 354-7899

8. The applicant must have a personal interview with a faculty member of the Nuclear Medicine Program after all requirements have been met and you are ready to apply.

9. The applicant must earn sufficient admission points to be placed on the class roster. The procedures for receiving admission points will be described in the “admission process” document.

10. The applicant must possess all of his or her civil rights at the time of application. Anyone who has been convicted of a crime will be required to document the full restoration of these rights.

11. The applicant must pass a criminal background check via www.precheck.com

12. The applicant must be able to fully participate in all clinical activities in such a way as to not pose a risk to the safety of the patient or clinical personnel. A medical physical exam may be required. Specifically, the applicant must be able to:
   A. lift a minimum of 50 pounds without assistance.
   B. speak and hear the English language.
   C. see with a visual acuity no less than that required for a Texas Driver's License.
The following requirements apply to all students enrolled in health-related programs in Texas schools, which will involve direct patient contact in program-affiliated medical care facilities. This includes Nuclear Medicine Majors. YOU MUST BEGIN IMMUNIZATION STEPS NOW IN ORDER TO MEET THE MAY 31 DEADLINE.

A. Students who were born on or after January 1, 1957, must show, prior to first patient contact, acceptable written evidence of vaccination of two doses of measles-containing vaccine administered since January 01, 1968. Serologic confirmation of immunity to measles is acceptable. Evidence of immunity must consist of a laboratory report that indicates either confirmation of immunity or infection.

B. Students must show, prior to program admission, written evidence of vaccination of one dose of rubella (German Measles) vaccine. Serologic conformation of immunity to rubella is acceptable. Evidence of immunity must consist of a laboratory report that indicates either confirmation of immunity or infection.

C. Students born on or after January 1, 1957, must show, prior to first patient contact, written evidence of vaccination of one dose of mumps vaccine. Serologic confirmation of immunity to mumps is acceptable. Evidence of immunity must consist of a laboratory report that indicates either confirmation of immunity or infection.

D. Students shall receive a complete series (three injections) of hepatitis B vaccine prior to first patient contact. Serologic confirmation of immunity to hepatitis B is acceptable. Evidence of immunity must consist of a laboratory report that indicates confirmation of immunity.

E. Students shall receive two doses of varicella (Chicken Pox) vaccine, prior to first patient contact, unless the first dose was received prior to thirteen years of age. Students who have had the chicken pox are required to get a blood titre to verify antibody levels and immunity status. Vaccination, if necessary, must take place before the student is accepted into the program of study.

F. One dose of tetanus-diphtheria toxoid is required within the last ten years.
Nuclear Medicine Technology
ADMISSION PROCESS

1. The applicant will complete and submit an application portfolio, which will include each of the following items:

- Nuclear Medicine application form
- Amarillo College “Student Release and Waiver of Liability” form
- “Clinical Site Visit” documentation form properly signed and dated
- Copies of High School and all College transcripts
- Documentation to substantiate any claims of High School or College Honors
- Results of the THEA or ACCUPLACER. Call Testing Services at 371-5445 for the assessment schedule
- Immunization documentation
- Criminal background check at www.precheck.com

This completed application portfolio must be submitted to the Nuclear Medicine Program director no later than May 31 for consideration for admission into the fall semester of the same year.

Any portfolio submitted after this deadline will automatically be considered for admission into the fall semester of the next calendar year.

2. During the month of June of each year, the Nuclear Medicine program director will review all applicants that have submitted complete portfolios since May 31 of the previous calendar year.

During this review process, points earned by each applicant will be totaled. The applicants with the highest total points will fill the allotted openings for students to be admitted into the Nuclear Medicine class that will begin training with the start of the next Fall semester. (The number of students admitted into the program varies from year to year depending upon available clinical training sites.)

POINTS ARE EARNED THE FOLLOWING WAY:

A. Completion of required Nuclear Medicine General Education, related and elective courses as listed in the general catalog of the applicant.
   - Each “A” earns 10 points
   - Each “B” earns 6 points
   - Each “C” earns 2 points
   - Each “D” earns 0 points

B. Completion of all required basic & related coursework earns 10 points total.

C. Completion of any Bachelor or higher degree earns 10 points total.

D. Participants of Techprep and/or Dual Credit will earn 10 points total for courses required for a Nuclear Medicine major.

E. Honors recognition in high school or college earns 5 points total. (Documentation of honors is required.)

NOTE: The applicant may update his or her portfolio as late as May 31 of the calendar year in which the portfolio will be reviewed for points.

3. During June of the same year the program director will contact each applicant who submitted a portfolio as to the total points they earned. If the applicant ranks within the highest number of applicants to be admitted that year, he or she will receive an appointment to begin the Nuclear Medicine program with the start of the next fall semester.

If the applicant ranks beyond the allotted number he or she will be advised to reapply for the next year. Such a re-application must be made in writing through a letter to the Nuclear Medicine program director postmarked no later than the last day of October of the same calendar year. Following this date, all portfolios of applicant's not requesting re-application will be discarded.

4. If one of the applicants selected for the program cannot begin the training program with the start of the next fall semester, he or she will forfeit their position in the class and will be required to follow the process for re-application if they wish to be considered for the next Fall semester.

In such a case, the person with the next highest number of points will be moved into the class. Each person in the applicant pool will be moved forward accordingly. This process will be repeated until all positions in the class have been filled.
IMPORTANT-PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY!

Your application is not complete until you have fulfilled each of the following requirements:

1. Completed application on file in the office of the program director
2. Copy of High School and all College transcripts on file in the office of the program director
3. Signed waiver of liability form on file in the office of the program director
4. Completion of hospital visitation with signed documentation on file in the office of the program director
5. Documentation of proof of compliance with immunization requirements on file in the office of the program director
6. Completion of any one of the required Texas Success Initiative requirements (Call Testing Services at 371-5445 for the assessment schedule.)
7. Copies of any High School/College Honors documentation filed in the office of the program director
8. Copy of admission criteria notification form filed in the office of the program director
9. Proof of Health Care Provider CPR certification
10. Completion of criminal background check
11. Personal interview with a program faculty member (Call 354-6071 when you are ready to turn your application in for an appointment. Interview should be scheduled after you have completed all the requirements above.)
Pursuant to the requirements of the Fair Credit Reporting Act, I acknowledge that a credit report, consumer report\(^1\) and/or investigative consumer report\(^2\) may be made in connection with my application for clinical privileges through an associated allied health program (including contract for services). I understand that these investigative background inquiries may include credit, consumer, criminal, driving, prior employment and other reports. These reports may include information as to my character, work habits performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that a nursing school and PreCheck, Inc. may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my educational/school records, driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by PreCheck, Inc. to furnish the information mentioned above. A photocopy of this authorization shall have the same effect as the original.

I understand the information obtained will be used as one basis for extension or denial of clinical privileges. I hereby discharge, release and indemnify the prospective employer, PreCheck, Inc., their agents, servants and employees, and all parties that rely on this release and/or the information obtained with this release from any and all liability and claims arising by reason of the use of this release and dissemination of information that is false and untrue if obtained from a third party without verification.

I hereby give permission to PreCheck Inc. to disclose the contents of the report to my allied health program and any healthcare facilities I come in contact with as part of my clinical education.

It is expressly understood that the information obtained through the use of this release will not be verified by PreCheck, Inc. The authorization granted herein expires one year from the date hereof. I have read and understood the above information, and assert that all information provided by me is true and accurate.

Student's Signature ___________________________________________ Date __________________

If you are denied clinical privileges, either wholly or partly because of information contained in a consumer report, a disclosure will be made to you of the name and address of the investigative agency making such report. Upon your written request within a reasonable period of time, the investigative agency compiling the report will make a complete and accurate disclosure of the nature and scope of the investigation.

\(^1\) The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is for consumer report purposes only.

\(^2\) A “Consumer Report” may consist of employment records, educational verification, licensure verification, driving record, previous address and public records relative to criminal charges.

\(^3\) An “Investigative Consumer Report” means a consumer report or portion thereof in which information on a consumer's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with persons having knowledge.

**Method of Payment** $52.02

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Credit Card Number _____________________________

Name as it appears on card ____________________ Expiration Date _______

Address __________________________________________

Cty ___________________ State ____ ZIP ________

Signature ___________________________ Date __________

Phone Number __________________________________________
AMARILLO COLLEGE
ALLIED HEALTH STUDENT DISCLOSURE & RELEASE

STUDENT’S FULL NAME ________________________________________________________________
Any Other Names Used ________________________________________________________________
Name of Program Attending NUCLEAR MEDICINE
Social Security No. _________________________________ Date of Birth¹_______________________
Current Address______________________________________________________________________
City_______________________________________ State________________ Zip______________
Credentialing and background investigation Driver’s License No. _________________State _____________________________________________
Please list the last 7 years of Place of Residence

<table>
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Falsification of information on this form may be grounds for denial of clinical privileges.
INSTRUCTIONS: Please PRINT or TYPE all information on this form. Complete all items. Information must be current and as accurate as possible. If the applicant's name, mailing address, or phone numbers change after this application has been filed, it is the responsibility of the applicant to update the appropriate information with the program director IMMEDIATELY. Failure to maintain a current application form could jeopardize the application.

Name in Full __________________________________________________________________________________
First Middle Last

Social Security #: __ __ __ - __ __-___ __ __ __  E-mail Address: ______________________________________

Mailing Address: ____________________________________________________________
Number & Street City State Zip

Home Phone:________________________ Business Phone: ___________________________

Person To Notify In Case Of Emergency _____________________________________ Phone ______________________________

Degree(s) Held: Circle all that apply
G.E.D     High School     Certificate
Associates    Bachelor’s    Master’s

Indicate which of the following college courses you have already completed and show the final grade earned in each course. Attach transcript copies.

Freshman Composition I __________ College Algebra __________
Human Anatomy & Physiology I __________ Interpersonal Communication __________
Human Anatomy & Physiology II __________ Any Physics Course __________
Any Behavioral Science Course __________ Medical Terminology __________
Introductory Chemistry __________ Any Humanities/Fine Arts __________

Have you ever been convicted of a crime?____NO ____ YES (If yes please explain the details using an attached page.)

Admission into the clinical (on-the-job) portion of this program requires that you be able to fully participate in all clinical activities in such a way as not to pose a risk to the safety of the patient or clinical personnel. Can you satisfy such a requirement? ______YES_______NO

Students who apply for the Nuclear Medicine Technology Program may be required to complete a series of tests designed to determine if the student has the necessary physical capacities as well as the communication skills and mental dexterity mental to succeed in this program.
Each applicant seeking admission into the Nuclear Medicine Technology program will be required to visit a local hospital nuclear department to observe its operation for a minimum of four clock hours.

To make a clinical site visit appointment, the applicant should follow these steps:

1. Select the hospital you wish to visit. You may choose from Baptist/St. Anthony Hospital (212-5959), Northwest Texas Hospital (354-1710), Veteran’s Administration Hospital (354-7899) or Amarillo Diagnostic Clinic (358-0290).

2. Call the hospital Nuclear Medicine department of your choice and ask to talk to the Nuclear Technology student supervisor.

3. Introduce yourself to the student supervisor and explain the nature of your call. He or she will schedule a visitation appointment.

4. The minimum visitation time is four hours. You may stay longer if you wish. Remember, the purpose of the visit is to permit you to see “behind the scenes” and to speak with those already working in the Nuclear Technology profession to hear the pros and cons of the job. So stay as long as you need until you are fairly sure that this is the career choice suited to you.

5. When you go for this visit, dress in a manner appropriate for a professional environment. **Please do not wear blue jeans or tennis shoes.** Applicants should not wear strong perfumes or colognes.

6. During the visitation, please remain in the designated area as assigned by the student supervisor. If you have questions, do not hesitate to ask. Be careful, however, of asking questions while in the presence of the patient. Wait until the patient has left the area. Due to patient privacy laws, do not discuss patient medical information with others at any time. You are required to sign and date a “Patient Confidentiality Statement” to be turned in with your packet.

7. Take this form with you when you make your visit and have the student supervisor sign in the provided space below. Return the form to the Nuclear Medicine program director when you are ready to turn in your application.

Mark Rowh, Program Director  
Nuclear Medicine Technology  
Amarillo College (354-6071)  
PO Box 447  
Amarillo, TX 79178

_________________________  
Name of Applicant:

_________________________  
Name of Hospital:

_________________________  
Date of Visitation:  _______________________  Appointment Time:  from  ____________________  to  ____________________

_________________________  
Signed:  

_______________________________________________________________________  
Student Supervisor
AGREEMENT OF RELEASE made this day between AMARILLO JUNIOR COLLEGE DISTRICT (“Amarillo College”) and _________________________________________ (“Student”).

In consideration of Student being permitted to enroll at Amarillo College in the Nuclear Medicine Technology program and the acknowledgment of Student of the following facts:

1. That student will be required, as part of the normal educational process towards Student’s degree or certificate to be placed in a teaching environment including, but not limited to, local medical facilities, offices of local practitioners, ambulances, medical laboratories, and other medical environments (hereinafter called “medical affiliates”), Student may be exposed to conditions which could cause bodily injury and/or death and may be exposed to patients afflicted with terminal or potentially terminal disease processes which may be of a contagious nature; and,

2. That Student will first be provided, as part of the normal educational process toward Student’s degree or certificate with detailed information about the nature, risks and preventive measures related to communicable diseases of a terminal or potentially terminal nature prior to the assignment of Student in an environment where these diseases are known to be present; and,

3. That Student could be exposed to high risk toxic substances in the medical affiliates, but will first be provided with information concerning prevention from becoming ill with same.

Student does hereby:

1. Authorize Amarillo College officials to place Student into the respective medical affiliates as they deem necessary for the completion of Student's educational program;

2. Release, waive, and convenant not to sue Amarillo College, its officers, agents, employees, and persons or entities acting together with Amarillo College in its education programs (hereinafter called “Releasees”) from all liability to Student for any and all loss or damage, and any claims or demands whatsoever therefore on account of injury to the person or property or resulting in the death of Student or emanating from exposure to said disease processes and toxic substances, or any of these, whether caused by the negligence of Releasees or otherwise while the Student is on or within any of the program medical affiliates;

3. Indemnify and hold harmless Releasees from any loss, liability, damage or cost that Student may incur due to the presence of Student in or upon any of the medical affiliates or in any way observing for any purpose or participating in the educational process in said medical affiliates; and,

4. Assume full responsibility for any and all risks due to participation in the normal educational process in the medical affiliates described above.

Student expressly acknowledges and agrees that the activities described above could be dangerous and involve the risk of injury and/or death and/or contracting terminal or potentially terminal disease processes and exposure to high risk toxic substances.

The UNDERSIGNED expressly agrees that the foregoing Release, Waiver, and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the Laws of the State of Texas and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The UNDERSIGNED is at least eighteen years of age and has read and voluntarily signed the Release and Waiver of Liability and Indemnity Agreement, and agrees that no oral representations, statements or inducements apart from the foregoing written Agreement have been made.

I have read this document. I understand it is a release of all claims. I understand I assume all risks inherent in the educational process and clinical experience conducted in the medical affiliates of Amarillo College as part of my progressing toward a degree or certificate as set out above. I voluntarily sign my name evidencing my acceptance of the above provisions.

Dated this ______________ day of ___________________, 20_____

Signed:     ________________________________________________

(full legal name)
Amarillo College
DIVISION OF ALLIED HEALTH SCIENCES
Nuclear Medicine Technology

Name of Applicant ____________________________________________

LAST   MI   FIRST

Date _____________________________ Social Security Number ___________ - _______ - __________

By my signature on this document, I acknowledge that I have been provided written documentation for admission into the Nuclear Medicine program at Amarillo College. In particular, I have received each of the following:

1. List of SPECIFIC criteria for admission into the Nuclear Medicine program.

2. Step-by-step description of the process used to make applicant selection for the Nuclear Medicine program to include notification procedures.

I understand that certain procedures (e.g. deadlines) within the selection process may be subject to change, however, the specific criteria for admission that I have been provided is NOT subject to change relative to my application.

____________________________________________
SIGNATURE OF APPLICANT