APPLICATION FORMS

Carefully complete each form closely following the instructions provided.

Assemble the forms and other required documents into a "portfolio."

Submit the *COMPLETED* portfolio in person to your Faculty Advisor at the Amarillo College West Campus Allied Health Building

or mail your portfolio contents to ...

Amarillo College Radiography Program (in care of your faculty advisor) P 0 Box 447 Amarillo, TX 79178

Schedule an interview appointment with your assigned Faculty Advisor after the portfolio is completed

AMARILLO COLLEGE DIVISION OF ALLIED HEALTH

APPLICATION FOR ADMISSION RADIOGRAPHY PROGRAM

Instructions: Please PRINT or TYPE all textual information requested on this form. ALL items must be answered before the form can be accepted. If any are unapplicable, mark N/A. ALL information submitted by the applicant on this form must be current and accurate. After the form is submitted, it must be updated as necessary through a written notification to the Radiography Program Director. Failure to maintain current and/or accurate information could jeopardize appointment to the program.

Date:	20	Birth Date:			_,19
Name (in full):		- <u> </u>			
	First	MI		Last	
Mailing Address:					
-	Street or P.O. Box	APT #	City	State	ZIP Code
Social Security #-		Home	Phone #-		
High School Graduate	e: 🗆 Yes 🗖 No	If No, GED	O Certificate:	🗆 Yes	🗆 No
Have you ever previo	ously enrolled at Amarillo C	College? 🛛 Y	es 🛛 No		
If yes, when was you	r most recent semester an	id year?			
Name any other colleg	ge(s) you have attended:				
Total Of All College H	ours Earned (estimate):	0	Overall GPA (e	estimate):	
College Degree (if applicable):					

Admission into any of the five RADR Practicurn (clinical) courses requires that you be able to <u>FULL</u> participate physically and mentally in all on-job-related activities in such a way as to not pose a risk to the safety of a patient, yourself or other medical personnel. You must be able to lift fifty pounds without assistance, hear and speak the English language and see with a visual acuity not less than that required for a Texas driver's license (20/40). Can you comply?

□ Yes □ Uncertain

If uncertain, you must provide medical documentation (e.g. a signed recommendation from a physician) in support of your application to the program. Attach any such documentation.

Have you ever been convicted of a misdemeanor*?	⊐ No

*does not include a speeding conviction unless alcohol or drug-related.

If yes to either question, briefly explain the "nature" of each incident using an attached page. Certain felony and misdemeanor convictions may jeopardize your ability to become certified in radiography following program completion. You are advised to contact the American Registry of Radiologic Technologists (651-687-0048) for a ruling" regarding your particular legal circumstances.

AMARILLO COLLEGE - DIVISION OF ALLIED HEALTH

STATE OF TEXAS	lozo	RELEASE AND WAIVER <i>OF</i> LIABILITY	
COUNTY OF POTTER	§		

AGREEMENT OF RELEASE made this day between AMARILLO JUNIOR COLLEGE DISTRICT ("Amarillo

College") and

full legal name of student

_("Student").

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

- 1. That the Student will be required, as part of the normal educational process towards the Student's degree or certificate of completion to be placed in a teaching environment including, but not limited to, local medical institutions, offices of local practitioners, ambulances, medical laboratories, and other environments (hereinafter called medical affiliates), all of which are affiliated with Amarillo College for these purposes and that while in these medical affiliates, the Student may be exposed to conditions which could cause illness, bodily injury and/or death and may be exposed to patients afflicted with fatal or potentially fatal diseases processes which may be of a contagious nature; and,
- 2. That the Student will be first provided, as part of the normal educational process toward the Student's degree or certificate of completion, with detailed information about the nature, risks and preventive measures related to communicable diseases of a fatal or potentially fatal nature prior to assignment of the Student; and,
- 3. That the Student could be exposed to high risk toxic substances in the medical affiliates, but will be first provided with information concerning prevention from becoming ill with same.

Student does hereby:

- 1. Authorize Amarillo College officials to place the Student into the respective medical affiliates as they deem necessary for the successful completion of the Student's specific educational program;
- 2. Release, waive, and covenant not to sue Amarillo College, its officers, agents, employees, and persons or entities acting together with Amarillo College in its educational programs (hereinafter collectively called Releasees) from all liability to the 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 death of the 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 medical affiliates;
- Indemnify and hold harmless Releasees from any loss, liability, damage or cost that the Student may incur due to the presence of the 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. Assumes full responsibility, including any medical treatment and costs thereof, for any and all risks of exposure to communicable diseases, bodily injury, death or property damage due to negligence of Releasees or otherwise, due to Student participation in the normal educational process in the medical affiliates, or being transported to or from said affiliates.

The UNDERSIGNED expressly acknowledges and agrees that the activities described above could be dangerous and involve the risk of illness, injury and/or death and/or contracting fatal or potentially fatal 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 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.

TO BE COMPLETED BY THE STUDENT:

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 of completion as set out above.

| voluntarily sign my name evidencing my acceptance of the above provisions.

Dated this _____day of _____20 ____

Signed:

full legal name of student

Amarillo College - Radiography Program HOSPITAL VISIT

Carefully read the instructions below and take this page with you when you go for your hospital visit and obtain the necessary signature.

After the visit, on the backside of this form, handwrite a short (50 - 100 words) account describing your visit and your reactions to what you saw and learned during the visit.

(Place this completed form in your application portfolio)

Each applicant seeking admission into the Radiography Program will be required to visit and tour a hospital radiology department for the purpose of observing its behind-the-scenes operation and the role of the radiographer in that department.

To schedule a site visit in Amarillo, you will need to email bkburton@actx.edu and schedule an appointment. You will be notified of your day and time of your visit. Most visits are done on Friday mornings from 8 am -11 am. Appointments are NOT scheduled during the summer months. For those visiting outside of Amarillo, you may schedule your own visit at a facility close to you.

When you go for your visit, you will be expected to dress in a manner appropriate for the respective professional environment where you will be observing. Casual clothing is the "order of the day." However, you may not wear blue jeans (or similar pants); no tank top shirts or similar blouses; and no sport shoes of any design. Also, please do not wear strong colognes or perfumes. During your visit, please remain in your assigned area. Feel free to ask questions, however, do not do so while in the presence of a patient; wait until the patient is dismissed and then ask your question.

Name of Applicant:	
Date of Site Visit:	Beginning Appointment Time:
Name of Hospital:	
By my signature below hospital also named abo	, I certify that the person named above did visit a Radiology Department located in the ve.
Check In Time:	am pm (circle one)
Check Out Time:	am pm (circle one)
Signed:	RT(R)
Date:	

AMARILLO COLLEGE

RADIOGRAPHY PROGRAM

PREGNANCY POLICY VERIFICATION (female applicants only)

- 1. I have been provided a copy of the Amarillo College Radiography Program Pregnancy Policy and that I have read same and understand its meaning; and,
- 2. I understand that I will be working in an environment that is potentially dangerous to myself and any unborn child due to the presence of ionizing radiation (x-radiation) in that environment; and,
- 3. I understand that, during my pregnancy, I may choose to ...
 - A. Continue with all program courses as usual with no modification or interruption because of the pregnancy.
 - B. Continue with all program courses with radiation safety modifications in those duty assignments where the radiation risk is higher than normal.
 - C. Continue with the classroom portion of the program while taking a leave of absence from the clinical portion of the program until my child is born; or,
 - D. Take a leave of absence from all portions of the program; or,
- 4. I understand that I am not required to disclose my pregnancy, but in doing so I will not hold Amarillo College or any of its officials responsible for any radiation-induced health-related problems that might occur to my child.
- 5. I understand that I must eventually complete all clinical competencies before I can graduate from the program.

Dated this ______day of ______120 _____

Signed:

(full legal name)

AMARILLO COLLEGE RADIOGRAPHY PROGRAM

ADMISSION VERIFICATION

By my signature on this Admission Verification form, I _ acknowledge that ...

(print full legal name)

- 1. I have received the complete Amarillo College <u>Radiography Program Admissions</u> Packet of information and related forms; and,
- 2. I know the principal duties and recommended characteristics of a Radiographer; and,
- 3. I have read and understand all admission requirements for acceptance into the Amarillo College Radiography Program; and,
- I will begin a series of three Hepatitis B inoculations upon learning of my appointment to the Radiography class roster and that I will provide immediate documentation of each injection to program officials; and,
- 5. I have had the opportunity to ask questions concerning ...
 - A. Current and future radiographer job availability; and,
 - B. Current and future starting salaries for new Radiography graduates; and,
- 6. I have provided officials at Amarillo College with any applicable academic transcripts as requested in the Admission Criteria; and,
- 7. I understand that my program application information must be <u>current</u>, <u>complete</u> and <u>accurate and</u> to do otherwise could jeopardize my acceptance into the Radiography Program; and,
- 8. I am able to lift at least 50 pounds without assistance; and,
- 9. I agree to abide by all admission requirements and understand that my application does not guarantee me an appointment in the next Radiography class and that I must compete with other applicants for that appointment based on a point system that has been fully described in the admission process documentation contained in the <u>Radiography</u> <u>Program Admission Packet</u>.

Dated this	day of	120

Signed:

(full legal name)

RADIOGRAPHY PROGRAM APPLICATION PORTFOLIO CHECKLIST

This form is for your use only. DO NOT include this checklist in your final application portfolio. Check off each item listed below (as applicable to you) to be certain that you have included ALL required forms and documentation.

Your application is NOT COMPLETE and cannot be considered in the admissions process until ALL forms and any required documentations are included in your portfolio.

 Form - Release and Waiver of Liability (signed and dated) Form - Hospital Visit (signed and dated by hospital or college personnel) with Essay (handwritten on backside of "Hospital Visit" form) Form - Admission Verification (signed and dated) Form - Pregnancy Policy - <u>female</u> applicants only - (signed and dated) Documentation - Proof of Compliance with Texas Immunization Requirements or waiver letter (if applicable) Documentation - High School Transcript or GED certificate 	Form - Application for Admission (current and accurate information)
 with Essay (handwritten on backside of "Hospital Visit" form) Form - Admission Verification (signed and dated) Form - Pregnancy Policy - <u>female</u> applicants only - (signed and dated) Documentation - Proof of Compliance with Texas Immunization Requirements or waiver letter (if applicable) 	Form - Release and Waiver of Liability (signed and dated)
 Form - Pregnancy Policy - <u>female</u> applicants only - (signed and dated) Documentation - Proof of Compliance with Texas Immunization Requirements or waiver letter (if applicable) 	
 Documentation - Proof of Compliance with Texas Immunization Requirements or waiver letter (if applicable) 	Form - Admission Verification (signed and dated)
letter (if applicable)	Form - Pregnancy Policy - female applicants only - (signed and dated)
Documentation - High School Transcript or GED certificate	Documentation - Proof of Compliance with Texas Immunization Requirements or waiver letter (if applicable)
	Documentation - High School Transcript or GED certificate

Completion of TEAS V (formally the HOBET test)

After you have checked all applicable items above, you are now ready to turn in your completed portfolio to your assigned Radiography Faculty Advisor and schedule an interview appointment with that advisor