

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 O 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): _____
First MI Last

Mailing Address: _____
Street or P.O. Box APT # City State ZIP Code

Social Security #- _____ - _____ - _____ Home Phone #- _____ - _____

High School Graduate: ☐ Yes ☐ No If No, GED Certificate: ☐ Yes ☐ No

Have you ever previously enrolled at Amarillo College? ☐ Yes ☐ No

If yes, when was your most recent semester and year? _____

Name any other college(s) you have attended:

Total Of All College Hours Earned (estimate): _____ Overall GPA (estimate): _____

College Degree (if applicable): _____

Admission into any of the five RADR Practicum (clinical) courses requires that you be able to FULL 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 felony? ☐ Yes ☐ No

Have you ever been convicted of a misdemeanor*? ☐ Yes ☐ 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.

www

COUNTY OF POTTER

www

full legal name of student

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, I certify that the person named above did visit a Radiology Department located in the hospital also named above.

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)

By my signature on this Pregnancy Policy form, I _____
acknowledge that ... (print full legal name)

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 Radiography Program Admissions 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,
4. 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 current, complete and accurate and 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 Radiography Program Admission Packet.

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 - Application for Admission (current and accurate information)
 - ☐ 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 - **female** 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
- 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**