

Washtenaw Community College  
Mammography (CPMAM)  
Winter 2018 Entry (2017-18 Academic Year)  
Application Deadline: September 1, 2017 (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: \_\_\_\_\_  
\*Street Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
WCC Email/netID: \_\_\_\_\_ Other Email: \_\_\_\_\_

\*The contact information provided above MUST match WCC's records. You can confirm and/or change your contact information at any time by logging into your *WCC Gateway* account and clicking on *MyWCC* and then *Personal Information*. Your address MUST match your current "*Basic*" address on record. (Your "*Mailing*" address is NOT sufficient for residency verification.)

### **Program Description**

The Mammography program is a post-associate degree certificate of completion program that is designed for ARRT registered radiologic technologists. This program prepares students to perform screening and diagnostic mammography procedures using dedicated mammography equipment. The curriculum is based on the recommended American Society of Radiologic Technology (ASRT) mammography guidelines and includes both didactic and clinical education. Upon successful completion of the mammography program, students are eligible to take the ARRT post-primary certification examination in mammography.

### **Important Information**

The requirements below are based on the academic year stated on the top of this document. Prerequisite and program requirements along with WCC's point system and scales are reviewed annually and subject to change. Students are expected to meet the prerequisite and program requirements of the catalog term for the semester in which they **first begin** the program.

### **Admission Process**

WCC has a competitive admission process. For post-associate certificate programs, priority admission and continued enrollment will be given to eligible WCC students currently enrolled in the final year of the prerequisite associate degree program (WCC Radiography students who graduated in Spring/Summer prior to the start of the program are given priority). Applicants are required to meet all admission criteria and will be ranked based on a point system. The best qualified applicants will be selected for admission to the program. Details regarding WCC's ***Admission to High Demand Programs*** policy including priority levels can be found on WCC's website at <http://www.wccnet.edu/trustees/policies/2005/>. Details regarding WCC's point scales that are used to calculate points can be found on WCC's Enrollment Steps for Health and Second Tier Program Students website at <http://www.wccnet.edu/studentconnection/admissions/health-second-program/>.

### **Applying to the Program**

Each year, approximately 12 students are accepted to the program for a Winter semester start. A formal application to the program is required after the student has been accepted to the College. Completed applications can be submitted anytime during the application window.

**WCC Radiography students** who graduated from the program in the Spring/Summer 2017 semester are given priority if their completed application is submitted by the deadline. Students who submit their application after the deadline will forfeit their priority status.

### **Extenuating Application Process**

If there are not enough applicants to fill all accepted and/or alternate seats in the program by the initial application deadline, the application will remain available on the website after this deadline until all seats are filled. Once all seats are filled, the application will be removed from the website and applications will no longer be accepted for the current admission cycle.

If the application remains available on the website after the initial application deadline, students who anticipate meeting all program admission requirements by the end of the Fall 2017 semester are encouraged to submit an incomplete application to be considered for an accepted and/or alternate seat on a conditional basis. Students submitting an incomplete application after the initial application deadline will be considered for a seat based on the date the application was received by the Health and Second Tier Admissions Office. If multiple applications are submitted in a day, applicants will be chosen based on a lottery for their position. Please contact the Health and Second Tier Admissions Office for clarification of this process.

### Transcripts

**Only official transcripts will be evaluated for transfer credit and applied towards your application.** If course work (including prerequisites, support courses, and/or other applicable admission requirements/criteria) was completed at multiple institutions, an official transcript must be received from each institution. Incoming official transcripts must have appropriate signatures and/or official college seals. **Transcripts must be sent directly to WCC from an issuing institution or sealed if issued to the student.** Official transcripts are not needed for course work completed at WCC. Foreign high school transcripts will not be used for validation of course work when high school course work is applicable. For additional details regarding transfer credit and credit for prior learning (including foreign education, portfolio review, AP, CLEP, articulation, military, etc.) please visit WCC's website at <http://www.wccnet.edu/services/transferreresources/credittowcc/>.

### Course Clarification

All defined courses plus substitutions that are approved by the department prior to the application deadline will be used to meet prerequisite and/or support course 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 by the application deadline. If two (2) or more transfer courses are completed to meet the equivalent of one (1) of WCC's required prerequisite or support courses, students **must** meet the minimum grade requirement in each course. **Grades will not be averaged.** WCC is not responsible for your application being delayed due to lack of clarification or approval of a substitution.

### Required Checklist

All of the requirements below **must** be successfully completed before submitting an application to the program. All prerequisite courses must be successfully completed with grades posted to your transcript and all required forms and supporting documentation needs to be submitted with your application.

\_\_\_ 1. **Admission to WCC**

An admission application to the school can be submitted on WCC's website at [www.wccnet.edu/apply](http://www.wccnet.edu/apply).

\_\_\_ 2. **Graduate of a Joint Review Committee on Education in Radiologic Technology (JRCERT) accredited program**

\_\_\_ School(s) Graduated From: \_\_\_\_\_

\_\_\_ **Official transcripts must be submitted with your application** unless previously submitted. (Official WCC transcripts are not required.)

You can verify that your school's program is accredited by going to the following website:

JRCERT accredited programs: <http://www.jrcert.org/find-a-program/>

\_\_\_ 3. **Current American Registry of Radiologic Technologists (ARRT) Registration Card Showing Primary Certification in Radiography**

\_\_\_ Must include copy of registration card showing primary certification in Radiography.

\_\_\_ 4. **Minimum Cumulative College GPA of 2.7**

The total cumulative GPA of all schools in which you completed your program discipline courses will be included in the calculation.

\_\_\_ 5. **Program Application and Requirements Checklist (this form)**

- 6. Communication Acknowledgement Form
- 7. Additional Information Form
- 8. Abilities Statement
- 9. Information Release Authorization Form

Individuals with misdemeanor or felony convictions are advised to contact ARRT to determine certification eligibility prior to submitting an application due to the length of time\* it may take to pre-apply to ARRT and receive an answer back. For more information visit the ARRT website at [www.arrt.org](http://www.arrt.org). Students with convictions must submit documentation showing they have been declared eligible to sit for the certification examination by the mandatory orientation if accepted to the program. Students who cannot verify their eligibility to sit for the exam will not be eligible to begin the program and their **application will be closed**.

\*Per ARRT, it can take anywhere from 2 weeks to 3 months (depending on the time of year) to receive an answer back from ARRT regarding a student's eligibility to take the certification exam.

- 10. Residency Verification  
For more 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 at [www.wccnet.edu/residency](http://www.wccnet.edu/residency).  
 Must 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. Experience  
Students can be awarded points for one (1) of the items below (sections a, b, or c). Points will not be awarded for experience that is required to meet prerequisite or program requirements. All experience is evaluated by the department after the application deadline. See the **Experience Form** for additional information. Details regarding the number of points awarded for the amount of experience can be found on WCC's Enrollment Steps for Health and Second Tier Program Students website at <http://www.wccnet.edu/studentconnection/admissions/health-second-program/>.
  - a. Employment Experience  
 Submit completed **Experience Form** or veterans must submit **Form DD-214**
  - b. Community Service or Volunteer Experience  
 Submit completed **Experience Form** and attach any necessary documentation
  - c. High School Health Science Technology Program with grade of C/2.0\* (minimum of 1 year)  
 Submit completed **Experience Form** and attach official transcript

*\*Articulated credit is only accepted with grade of B/3.0 or better.*
- 2. Veteran Status  
 Submit form **DD-214** to verify status.
- 3. Associate Degree or Higher Degree from an Accredited U.S. College or University  
 Graduation Date: \_\_\_\_\_ Degree: \_\_\_\_\_ School: \_\_\_\_\_  
 **Official transcripts must be submitted with your application** (with posted graduation date) unless previously submitted. (Official WCC transcripts are not required.)

\_\_\_ 4. **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. Students will only be awarded points for this status under WCC's competitive admission process and not the old waitlist process.

\_\_\_ Previous Alternate Candidate Semester(s): \_\_\_\_\_

**Entrance Requirements**

1. Mandatory attendance at the new student orientation session upon acceptance into the program. Students who do not make admission but are given alternate candidate status will be required to attend orientation to be eligible to move to accepted status if a seat becomes available.
2. A second criminal background check may be conducted as well as drug testing prior to starting the program.
3. The requirements below must be submitted at the mandatory orientation. Detailed information including any required forms will be provided in the student's official acceptance letter. Students who do not make admission but are given alternate candidate status will be provided with this same information and must meet the same requirements to be eligible to move to accepted status if a seat becomes available.
  - a. Submit a completed Report of Medical History form (physical examination by licensed physician)
  - b. Submit proof of a negative TB skin test
  - c. Submit proof of a current vaccination record (you may be asked to update vaccines)
  - d. Submit proof of a current Flu vaccine
  - e. Submit proof of current health insurance (health insurance must remain active throughout the entire program)
  - f. Submit a current certification in BLS/CPR with First Aid for the professional rescuer and health care providers
    - i. Certification must be from AHA (American Heart Association) or American Red Cross only. No other organizations will be accepted.
    - ii. Students can obtain CPR/AED/First Aid certification by completing **HSC 131** (CPR/AED for the Professional Rescuer and First Aid) at WCC.
  - g. Submit current American Registry of Radiologic Technologists (ARRT) registration card.
4. Students who fail to comply or meet the above requirements will forfeit their seat in the program.

**Continuing Eligibility Requirements**

1. Additional criminal background checks may be conducted at any time during the program. Students may be required to have drug testing as well as additional criminal background checks and/or fingerprinting prior to the start of a clinical sequence as requested by specific clinical facilities. Failure to receive an acceptable drug test and/or criminal background/fingerprinting check at any time, will result in dismissal from the program.
2. Students must complete any other health requirements as designated by the clinical sites.
3. All Mammography (RAD) courses to the program must be completed with a minimum grade of C/2.0.
4. Students who are dismissed from the program may not be eligible to reapply to the program.

**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.**

**Program applications along with all documentation needed to verify completion of requirements can be mailed to the address below or submitted to Student Connection located on the 2<sup>nd</sup> floor of the Student Center Building (SC 203).**

Health and Second Tier Admissions Office  
Washtenaw Community College  
4800 E Huron River Dr  
Ann Arbor, MI 48105

**I have successfully completed all required checklist items and I have included all documentation needed to verify these requirements.**

Printed Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Washtenaw Community College  
Mammography (CPMAM)  
Winter 2018 Entry (2017-18 Academic Year)  
**COMMUNICATION ACKNOWLEDGEMENT FORM**

WCC sends **all communications** regarding a student's Health and Second Tier Admissions Application Status, beginning with the application process through the admission process, directly to the WCC student email address **ONLY**. Therefore, it is extremely important that students check their WCC student email on a regular basis so they do not jeopardize their status. WCC assumes that any information sent to a student's WCC email has been received and reviewed by the student. Please complete this form to confirm acknowledgement of this information.

Please **carefully read** the statements below and **initial EACH ONE** to confirm you understand and acknowledge:

- \_\_\_\_\_ 1. I understand that from this point on, all future communication regarding my status will be sent directly to my **WCC student email address ONLY**.
- \_\_\_\_\_ 2. I agree to check my student email on a regular basis and review all information sent by the Health and Second Tier Admissions Office so I do not jeopardize my status.
- \_\_\_\_\_ 3. I understand that even though all communication will be sent to my student email address, WCC will occasionally send communications by mail.
- \_\_\_\_\_ 4. I understand that if my address on record is inactivated due to returned mail by the Post Office, WCC will inform me through my student email and I will be given a deadline by which I must update my address in order to maintain my status.
- \_\_\_\_\_ 5. I understand that if WCC is unable to contact me regarding my status and/or I fail to call/respond to any contacts made by the Health and Second Tier Admissions Office regarding my status, **my application will be closed**.
- \_\_\_\_\_ 6. I agree to keep all my contact information updated and current in the College system (including addresses, emails, and phone numbers). I understand that my contact information can be updated at any time through my *WCC Gateway* account by clicking on *MyWCC* and then *Personal Information*. Or, I may update this information at Student Connection located on the 2<sup>nd</sup> floor of the Student Center Building or by calling (734) 973-3543.

I have read, understand, and initialed **all** of the above statements.

Printed Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Washtenaw Community College  
Mammography (CPMAM)  
Winter 2018 Entry (2017-18 Academic Year)  
**ADDITIONAL INFORMATION FORM**

The additional information below is important and pertains to the program. **Please carefully read the statements below and initial each one to show you understand them.**

- \_\_\_\_\_ 1. I understand admission to this program is based on WCC's *Admission to High Demand Programs* policy.
- \_\_\_\_\_ a. I have read the ***Admission to High Demand Programs*** policy on WCC's website at <http://www.wccnet.edu/trustees/policies/2005/>.
- \_\_\_\_\_ b. I have reviewed the competitive admission process ***Point Scales for All Programs*** on WCC's Enrollment Steps for Health and Second Tier Program Students website at <http://www.wccnet.edu/studentconnection/admissions/health-second-program/>.
- \_\_\_\_\_ c. I have had all my questions and/or concerns pertaining to WCC's competitive admission process answered by the Health and Second Tier Admissions Office.
- \_\_\_\_\_ 2. I understand admission requirements/criteria and program requirements (including courses, minimum grade, and GPA requirements) along with WCC's point system and scales are reviewed annually and subject to change.
- \_\_\_\_\_ a. I understand I am expected to meet all admission requirements/criteria for the semester(s) for which I apply, and if offered admission, I must meet all program requirements based on the **catalog term** of when I **first begin** the program.
- \_\_\_\_\_ 3. I understand students are sent an email upon receipt of their program application as confirmation their application was received. However, I understand that it may take anywhere from **2 weeks to 3 months** before my application will be reviewed and processed depending on the time of year and the number of health applications submitted at that given time. And, that applications are reviewed in the order they are received with consideration to all health program application deadlines and class determination dates.
- \_\_\_\_\_ a. I understand that prior to reviewing my application, WCC will conduct my criminal background check to determine if I must take any additional steps to clear my record or if I must complete any forms in regards to charges and/or convictions that may already be on my record. I understand that if additional steps must be taken, I will be notified by email soon so that I may begin the necessary steps. And, that I will be given a deadline in this email to have my record cleared or form(s) submitted to maintain my status. (See point 5 for additional details.)
- \_\_\_\_\_ b. I understand that after my application is reviewed, and if it is determined that I meet all minimum admission requirements to be considered for admission to the program during this admission cycle, I will be notified by email. However, I understand that all optional items completed to earn additional points towards my application will **not** be reviewed or processed until **after** the application deadline including experience which is evaluated by the department.
- \_\_\_\_\_ 4. I understand that after WCC has reviewed and processed all applications for this cycle, the class will be determined and the communications below will be sent depending on your status.
- \_\_\_\_\_ a. I understand that if accepted or given alternate candidate status in the program, I will be sent an official letter by email and mail. And, in this letter/email, I will be notified of the date, time, and location of the mandatory orientation session along with other important information and requirements needed to maintain my status and continue in the program.

- \_\_\_\_\_ i. I understand an alternate candidate should be prepared to take the place of any accepted student who is unable to start the program. And, to be eligible to move into the program if a seat becomes available, I must maintain my alternate status by meeting the requirements outlined in my official letter/email. I understand that if I maintain my status, I will remain an alternate for this admission cycle through the start of the semester. And, if a seat opens in the meantime, I will be accepted and informed by email.
- \_\_\_\_\_ ii. I understand as an alternate candidate, if I am **not** offered admission to the program prior to the start of the semester or I do not meet requirements needed to maintain my status, **my application will be closed**.
- \_\_\_\_\_ b. I understand that if I am **not** accepted or given alternate candidate status in the program, I will be notified by email. And, at that time, my application will remain open through the start of the semester. I understand that in the event that the alternate candidate list is exhausted, there is a chance I will be called into the program. However, I understand **my application will be closed** after the semester begins.
- \_\_\_\_\_ i. I understand WCC strongly recommends that I meet with the Radiography Program Director or Health Programs Counselor for advising to discuss ways to make my application more competitive.
- \_\_\_\_\_ 5. I understand as part of the admission requirements to the program, I am agreeing to an initial criminal background check and possibly a second check before entering the program. I understand that as a **courtesy**, WCC will conduct my initial and second background checks using the Michigan State ICHAT system which has limitations that **may** cause false positive or false negative records to be received. And, that if a criminal conviction is found on my record, I **may** not be eligible to begin the program.
  - \_\_\_\_\_ a. I understand if a false record is received through the Michigan States ICHAT system or I believe the record received is a mistake or inaccurate, it is **my responsibility** to clear the record which **may** accrue additional fees (see the *Information and Release Authorization Form*).
  - \_\_\_\_\_ b. I understand that if a conviction is found as stated on the *Information Release Authorization Form*, I will be required to pre-apply to The American Registry of Radiologic Technologists (ARRT) to determine my eligibility to take the certification examination. And, the ARRT must declare I'm eligible for certification and registration before I can begin the program. I understand that if I am declared ineligible, **I will not be eligible to begin the program and my application will be closed**.
  - \_\_\_\_\_ c. I understand that if another type of conviction is found on my criminal background record that is **not** stated on the *Information Release Authorization Form*, I will be required to complete and sign additional forms before I will be eligible to begin the program. However, I understand that if refused placement by a clinical facility, I **may not be eligible to continue in the program at WCC and I will be dismissed from the program**.
  - \_\_\_\_\_ d. I understand the department has contracts with all clinical facilities and some require additional screenings which may accrue additional fees (i.e. fingerprinting, urine dip screens, drug testing, and additional background checks).
- \_\_\_\_\_ 6. I understand that program applications are semester specific and only valid for the semester for which I applied. And, that if my application is closed for any reason and I wish to be reconsidered for admission to the program, I must meet current admission requirements and submit a new program application.

I have read and initialed **all** statements listed above showing I understand them.

Printed Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Washtenaw Community College  
Mammography (CPMAM)  
Winter 2018 Entry (2017-18 Academic Year)  
**ABILITIES STATEMENT**

Admission to the Mammography 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 Mammography program.

**Abilities necessary to ensure attainment of competencies in the Mammography 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 mammography 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.
  - d. Move and adjust mammography equipment, accessories, and ancillary devices as needed for patient imaging.
  - e. 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. Manipulate dials, buttons, levers, switches and keyboard of various sizes as needed to operate mammography equipment and ancillary devices.
  - b. Properly palpate anatomical landmarks as needed to position the patient for a mammography procedure.
  - c. Physically place patients in proper positions for mammography procedures according to established standards.
  - d. Must be able to align the patient, x-ray tube, and image receptor in a timely manner for all mammography procedures.
  - e. Load sterile contrast media and other solutions without contaminating the syringe, infusion set, or other infusion equipment.
  - f. Ability to apply and wear protective gloves and personal protective devices for the purpose of universal or standard precautions.
  - g. Properly manipulate all locks on the mammography equipment.
  - h. Physically be able to administer emergency care including performing CPR.
  - i. Physical ability to work standing on your feet 90% of the time.
  - j. Ability to use computers and computer systems to enter and process data.
  - k. Possess good eye/hand/foot coordination in order to operate mammography equipment properly and in a timely manner.
  - l. Assist patient in dressing and undressing for a mammography procedure.

**ABILITIES STATEMENT** continued for CPMAM Winter 2018 (2017-18 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 a 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 mammography equipment.
  - a. Read the text and numbers on the mammography control panel.
  - b. Recognize symbols within the healthcare facility and on mammography 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 mammography exam.
  - f. Perform necessary mammography procedures in rooms that require dim lighting.
  
6. Think critically and perform and follow protocols for a wide range of procedures.
  - a. Identify cause-effect relationships in clinical situations.
  - b. Evaluate finished mammograms to ascertain that they contain proper identification and are of diagnostic value.
  - c. Select exposure factors and accessory devices for all mammography procedures with consideration of patient size, age, and extent of disease.
  - d. Adjust mammography equipment and ancillary devices and modify patient positioning as needed to obtain diagnostic mammograms.
  - 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:** \_\_\_\_\_

Washtenaw Community College  
Mammography (CPMAM)  
Winter 2018 Entry (2017-18 Academic Year)  
**INFORMATION RELEASE AUTHORIZATION FORM**

It is the policy of Washtenaw Community College to screen its students applying to the Radiography, Computed Tomography (CT), Mammography, and Magnetic Resonance Imaging (MRI) programs for prior criminal convictions as a condition for admission.

Under the ARRT Rules of Ethics an individual who has been convicted of a felony, a gross misdemeanor, or a misdemeanor, with the sole exception of speeding and parking violations, may be ineligible to take The American Registry of Radiologic Technologist (ARRT) certification examination. The ARRT Rule may be found at [www.arrt.org](http://www.arrt.org) under the Ethics menu.

Convicted criminals may pre-apply to the ARRT to determine their eligibility to take the certification examination. The ARRT must declare the student eligible for certification and registration **before** the student enrolls in Washtenaw Community College's Radiography, Computed Tomography (CT), Mammography, or Magnetic Resonance Imaging (MRI) programs. Students whose background check includes an incident that prohibits them from taking the ARRT certification examination will not be admitted to the program.

For information on the ARRT pre-application process contact the ARRT at (651) 687-0048. Information on the pre-application process is also available on the ARRT website ([www.arrt.org](http://www.arrt.org)) under the Ethics menu.

**You MUST submit a copy of one (1) of the following government issued picture ID's with this form which includes: Driver's License, State ID Card, or Passport.**

Please PRINT clearly and answer ALL questions.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year                      Gender (check/circle one):     **Male**     **Female**

Ethnicity (check/circle one):  
**White**     **Black**     **Asian or Pacific Islander**     **American Native or Alaskan Native**     **Unknown/Other**

Previous, Former, Maiden, Nick, and/or Other Name(s) known by:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

How long have you consecutively lived in the State of Michigan? \_\_\_\_\_ Years \_\_\_\_\_ Months

As a courtesy, criminal record checks are conducted by WCC using the Michigan State Police ICHAT system which has limitations that may cause false positive or false negative records to be received. If a false positive or false negative record is received or you believe that the record is a mistake or inaccurate, it will be **your responsibility** to clear the record which may accrue additional fees. Procedures for clearing a record can be found on the criminal record that was received. Please contact the Michigan State Police with any questions regarding finger printing or clearing your record.

Michigan State Police  
Criminal Justice Information Center  
7150 Harris Drive  
Lansing, MI 48913  
(517) 322-5531

Sometimes records inadvertently contain errors. For example, the nature or date of the conviction might be wrong, or the record might contain a conviction that should have been removed from the record. In such cases the individual should obtain certified copies of the court judgment or other documents which show that the information contained on the criminal record is incorrect. If the proof provided is satisfactory, the Michigan State Police will modify the record accordingly.

**The following statement must be signed and submitted with your program application and prior to enrolling in the Radiography, Computed Tomography, Mammography, and/or Magnetic Resonance Imaging (MRI) programs:**

I understand that Washtenaw Community College will conduct a criminal background check in connection with my application. I understand that if the criminal background check reveals a criminal conviction or current criminal charge, I will be denied admission unless I am determined to be eligible through the ARRT pre-application process. I understand that if I undergo the ARRT pre-application process and am not declared eligible to take the ARRT certification examination that I will not be eligible for admission to Washtenaw Community College's Radiography, Computed Tomography (CT), Mammography, and/or Magnetic Resonance Imaging (MRI) programs.

I hereby authorize Washtenaw Community College to release any or all of the information contained in this document and my application to the Michigan State Police in connection with the criminal background check. I also hereby authorize Washtenaw Community College to release information regarding my criminal background check to the health care facility(ies) at which I will do clinical training for the Radiography, Computed Tomography (CT), Mammography, and/or Magnetic Resonance Imaging (MRI) programs.

APPLICANT'S STATEMENT: I hereby attest that I have not been convicted of any crime which would preclude me from taking the ARRT certification examination or that I have been declared eligible to take the certification examination through the ARRT pre-application process.

I understand and agree that I will immediately withdraw from the Radiography, Computed Tomography (CT), Mammography, or Magnetic Resonance Imaging (MRI) programs should the criminal check disclose any of the above mentioned offenses or any others not disclosed by me as part of the application process. I confirm that the information I provided is accurate and correct.

I understand that knowingly providing false information regarding a criminal conviction is a misdemeanor punishable by imprisonment for not more than ninety (90) days or a fine of not more than \$500.00 or both.

I agree to report to the Radiography Program Director if I am arrested for or convicted of any of the criminal offenses listed in the ARRT Standards of Ethics.

Printed Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Washtenaw Community College  
Mammography (CPMAM)  
Winter 2018 Entry (2017-18 Academic Year)  
**EXPERIENCE FORM**

Students can be awarded additional points towards their program application for **direct patient care** employment, community service, or volunteer experience in a **hospital or health care facility/agency** if completed within 8 years of the application deadline or for completion of a health science technology program through high school. **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 hours or more per week) or part-time (15 hours or more per week).**  
*Employer must complete section below or submit statement on organization letterhead. Attach necessary documents to this form.*
- I completed community service and/or volunteer hours.**  
*Supervisor must complete section below or submit certificate and/or statement on organization letterhead. Attach necessary documents to this form.*
- I completed a high school health science technology program with a minimum grade of C/2.0 (minimum of 1 year)**  
*Attach official transcript to this form.*

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by employer/supervisor:**

Employer/Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DATES OF EXPERIENCE:** From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

Please check one (1) and fill in the hours:

- The above student is/was employed for \_\_\_\_\_ **hours per week** between the dates listed above.
- The above student completed a total of \_\_\_\_\_ **hours of community service** between the dates listed above.
- The above student completed a total of \_\_\_\_\_ **hours of volunteer service** between the dates listed above.

Job Duties/Services Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name\*: \_\_\_\_\_

*-Tape business card here-*

Job Title: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please attach your **business card** or a statement on **organization letterhead** to verify the information on this form is accurate.

Washtenaw Community College  
Mammography (CPMAM)  
Winter 2018 Entry (2017-18 Academic Year)  
**COURSE SEQUENCE**

The Mammography (RAD) courses must be taken in the scheduled semester below.

Students should contact the Radiography Program Director for advising.

Mammography (RAD) courses must be successfully completed with a minimum grade of C/2.0 unless otherwise specified. (Grades are based on a 4.0 GPA scale).

<b>Semester 1 (Winter)</b>		<b>9 credits</b>
RAD 270	Principles of Mammography	3 credits
RAD 271	Mammography Quality Control (QC)	3 credits
RAD 273	Mammography Clinical Education	3 credits
<b>TOTAL CREDITS REQUIRED FOR PROGRAM</b>		<b>9 CREDITS</b>

Washtenaw Community College  
Mammography (CPMAM)  
Winter 2018 Entry (2017-18 Academic Year)  
**ESTIMATED COSTS**

Tuition rates and fees listed below are estimates based on the 2016-2017 academic year and are only valid through the Spring/Summer 2017 semester. If a change is made in the tuition rates and/or fees for any future semester, these changes would go into effect beginning in the fall semester of each year. To view the current tuition rates and fees, please visit WCC's website at [www.wccnet.edu/tuition](http://www.wccnet.edu/tuition). All fees below are estimates and subject to change.

<b>TUITION &amp; COLLEGE FEES</b> (includes \$7 enrollment/technology fee per credit hour)	<b>COST</b>
9 credits @ \$101 ( <i>in-district rates</i> )	\$909
9 credits @ \$162 ( <i>out-district rates</i> )	\$1,458
9 credits @ \$215 ( <i>out-state rates</i> )	\$1,935
9 credits @ \$253 ( <i>international rates</i> )	\$2,277
Contact Hour Fee (labs & clinicals)	\$600
Graduation Fee (cap & gown)	\$45

<b>PROGRAM FEES</b>	<b>COST</b>
Physical Exam (including lab tests & immunizations)	\$150 - \$250
CPR Certification (based on taking WCC's HSC 131 Course) (Includes tuition for 1 credit hour & \$35 Red Cross CPR Card Fee) in-district = \$136; out-district = \$197; out-state = \$250; international = \$288	\$136 - \$288
Required Text Books & Course Packs	\$300
Optional Books	\$200
Uniform Costs	\$250
WCC Patches/Name Badges	\$10
National Registry Exam Fee	\$200 - \$400
Student Clinical Tracking System	\$80

<b>ADDITIONAL COSTS TO CONSIDER</b>	<b>COST</b>
Student Health Insurance	
Transportation to and from campus and clinical sites*	
Parking fees for clinical sites	
Lunches at clinical sites	
Supplies (notebooks, paper, pens, pencils, calculator, etc...)	
Childcare	

<b>TOTAL COSTS*</b> (tuition & college fees + program fees based on residency status)	<b>COST</b>
<i>In-District Residents</i>	\$2,880 - \$3,180
<i>Out-District Residents</i>	\$3,490 - \$3,790
<i>Out-State Residents</i>	\$4,020 - \$4,320
<i>International Residents</i>	\$4,400 - \$4,700

\*Total cost does not include "Additional Costs to Consider".

Washtenaw Community College  
Mammography (CPMAM)  
Winter 2018 Entry (2017-18 Academic Year)  
**CONTACT INFORMATION AND ACCREDITATIONS**

Accreditation and helpful contact information is provide below.

**Health Programs at WCC**

Website: <http://health.wccnet.edu>

**Health and Second Tier Admissions**

Phone: (734) 973-3596 or (734) 477-8998

Email: [healthadmissions@wccnet.edu](mailto:healthadmissions@wccnet.edu)

Website: <http://www.wccnet.edu/studentconnection/admission/s/health-second-program/>

**Student Connection**

Phone: (734) 973-3543

Email: [studrec@wccnet.edu](mailto:studrec@wccnet.edu)

**Transcript Evaluation**

Phone: (734) 973-3590 or (734) 477-8969

Email: [transcripteval@wccnet.edu](mailto:transcripteval@wccnet.edu)

Website: [www.wccnet.edu/transfer](http://www.wccnet.edu/transfer)

**Financial Aid**

Phone: (734) 973-3523

Email: [finaid@wccnet.edu](mailto:finaid@wccnet.edu)

**Counseling**

(Advising **before** admission to the program)

Phone: (734) 677-5102

**WCC Campus Map & Driving Directions**

Website: [www.wccnet.edu/about-us/visiting](http://www.wccnet.edu/about-us/visiting)

**WCC Room Locator**

Website: [www.wccnet.edu/about-us/room-locator](http://www.wccnet.edu/about-us/room-locator)

**Regular Office Hours (Student Services)**

Monday - Thursday: 8:00am – 7:00pm

Friday: 8:00am – 5:00pm

Saturday: 9:00am – 1:00pm

**Michigan State Police**

Lansing Criminal Justice Info Center Phone: (517) 322-5531

Website: <http://www.michigan.gov/msp/>

**The Higher Learning Commission of the  
North Central Association**

(Institution Accreditation)

Phone: (312) 263-0456

Website: [www.ncahlc.org](http://www.ncahlc.org)

**Connie Foster**

Allied Health Department Chair/Program Director

Phone: (734) 973-3418

Email: [cfoster@wccnet.edu](mailto:cfoster@wccnet.edu)

**Sue Travis**

Health Programs Counselor

(Advising **after** admission to the program)

Phone: (734) 973-3358 – by appointment only

Email: [stravis@wccnet.edu](mailto:stravis@wccnet.edu)

**The American Registry of Radiologic  
Technologists (ARRT)**

Phone: (651) 687-0048

Website: [www.arrt.org](http://www.arrt.org)

**Joint Review Committee on Education in  
Radiologic Technology (JRCERT)**

(Program Accreditation)

Phone: (312) 704-5300

Website: [www.jrcert.org](http://www.jrcert.org)

**American Society of Radiologic Technologists (ASRT)**

Phone: (505) 298-4500 or (800) 444-2778

Website: [www.asrt.org](http://www.asrt.org)