

Washtenaw Community College
Radiography (APRAD)
Spring/Summer 2018 Entry (2017-18 Academic Year)
Application Deadline: December 21, 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: _____
Former/Previous Names: _____
*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

This program prepares students for a career in diagnostic radiology as a radiographer. A radiographer is a technologist who produces images of the human body to aid physicians in the diagnosis and treatment of injuries and diseases. The program curriculum includes a series of courses offered in conjunction with individualized laboratory work and an extensive clinical experience in local hospitals. Upon completion of the program, the student will receive an Associate in Applied Science Degree in Radiography and is eligible to take the national registry examination administered by the American Registry of Radiologic Technologists (ARRT). Radiographers work in a variety of settings, including hospitals, clinics, doctors' offices and industry.

The program is accredited by the Joint Review Committee on Education in Radiologic Technology (www.jrcert.org), 20 N. Wacker Drive, Suite 2850, Chicago, IL 60606-2901, (312) 704-5300.

For more detailed information regarding the Radiography Program, please visit the radiography web page at <http://www4.wccnet.edu/departments/health/radiography/>.

Articulation

WCC has articulation agreements with four-year institutions. Copies can be obtained from the Counseling Office, a program advisor, or from the Curriculum and Assessment Office website: <http://www.wccnet.edu/curriculum/articulation/levelone/colleges/>.

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.

Individuals who have been charged or convicted of a misdemeanor or felony must undergo the ethics pre-application review process through the American Registry of Radiologic Technology (ARRT) and receive clearance from the ARRT to take the national radiography board examination **prior to applying for the program**. Contact the ARRT at (651) 687-0048 or visit their website at www.rrt.org for more information. Please note that the ARRT ethics pre-application process may take up to 12 weeks to complete.

Admission Process

WCC has a competitive admission process. 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 at <http://www.wccnet.edu/studentconnection/admissions/health-second-program/>.

Applying to the Program

Each year, approximately 32 students are accepted to the program for a Spring/Summer semester start. A formal application to the program is required after the student has been accepted to the school. Completed applications can be submitted anytime during the application window. Students are encouraged to complete required support courses prior to beginning the program. This is a full-time program and no part-time option is available.

Requirements After Acceptance

Upon notification of acceptance to the program, students must purchase an account for a college-designated vendor to obtain a criminal background check and to track their health records. The criminal background check and health records must be submitted to the designated vendor before attending the mandatory program orientation session. Specific information on the college-designated vendor will be included in the program acceptance letter.

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 Winter 2018 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/transferresources/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. **This includes all necessary official transcripts unless previously submitted and received by WCC's Records Office. WCC transcripts are not required.**

___ 1. **Admission to WCC**

An admission application to the school can be submitted on WCC's website at www.wccnet.edu/apply.

___ 2. **Program Prerequisite Courses**

___ a. **MTH 125 (Everyday College Math) or MTH 160 (Basic Statistics) or MTH 176 (College Algebra) or any Academic Math Level 4 or higher level course with a minimum grade of C+/2.3. MTH 167 (Math Applications for Health Sciences) or MTH 169 (Intermediate Algebra) may be used if passed in Fall 2017 or earlier.**

- Level I Prereqs (MTH 125, 160, 167, 169): Academic Reading and Writing Levels of 6; Academic Math Level 3*
- Level I Prereqs (MTH 176): Academic Reading and Writing Levels of 6; Academic Math Level 4

___ Course Completed: _____ School: _____

*Academic Math Levels 1-3 expire to level 0 two years after the calculation date (the date of COMPASS testing, the date the student's WCC Math Level was established based on an outside assessment, or based on successful course completion). Math Levels 4-7 do not expire. **Students should meet with an advisor/counselor to discuss the timing of math courses.**

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

- Level I Prereqs (HSC 101 & 124): Academic Reading and Writing Levels of 6

___ Course Completed: _____ School: _____

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

- Level I Prereqs (BIO 109): Academic Reading and Writing Levels of 6; high school biology or BIO 101 or BIO 102, minimum grade C/2.0
- Level I Prereqs (BIO 111): Academic Reading and Writing Levels of 6; high school chemistry or CEM 101 and high school biology or BIO 101 or BIO 102 or BIO 161 or BIO 162; minimum grade C/2.0 in all BIO, CEM, and high school requirements

___ Course Completed: _____ School: _____

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

- Level I Prereqs (RAD 100): Academic Reading and Writing Levels of 6

___ Course Completed: _____ School: _____

___ 3. **Minimum Cumulative College GPA of 2.3**

The total cumulative GPA of all schools that provide a required program prerequisite course will be included in the calculation.

___ 4. **Program Application and Requirements Checklist (this form)**

___ 5. **Communication Acknowledgement Form**

___ 6. **Additional Information Form**

___ 7. **Abilities Statement**

___ 8. **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.

___ 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. **Please remember official transcripts must be submitted to verify these requirements unless previously submitted and received by WCC's Records Office. WCC transcripts are not required.**

___ 1. **Support Courses**

Please indicate the course(s) you have completed below. Students should consult with an advisor/counselor.

___ a. **ENG 111 (Composition I) with a minimum grade of C/2.0**

- *Level I Prereqs (ENG 111): Academic Reading and Writing Levels of 6*

___ Course Completed: _____ School: _____

___ b. **COM 101 (Fundamentals of Speaking) or COM 102 (Interpersonal Communication) with a minimum grade of C/2.0**

- *Level I Prereqs (COM 101, 102): Academic Reading and Writing Levels of 6*

___ Course Completed: _____ School: _____

___ c. **PSY 100 (Introduction to Psychology) or SOC 100 (Principles of Sociology) with a minimum grade of C/2.0**

- *Level I Prereqs (PSY 100 & SOC 100): Academic Reading and Writing Levels of 6*

___ Course Completed: _____ School: _____

___ d. **PHL 244 (Ethical and Legal Issues in Health Care) with a minimum grade of C/2.0**

- *Level I Prereqs (PHL 244): Academic Reading and Writing Levels of 6*

___ Course Completed: _____ School: _____

___ 2. **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.*

___ 3. **Veteran Status**

___ Submit form **DD-214** to verify status.

___ 4. **Associate Degree or Higher Degree from an Accredited U.S. College or University**
 ___ Graduation Date: _____ Degree: _____ School: _____

___ 5. **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 Upon Acceptance

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. Upon acceptance to the program, a criminal background check must be obtained from the college-designated vendor before attending orientation. Specific information regarding the vendor will be included in the program acceptance letter.
3. A second criminal background check may be conducted as well as drug testing prior to starting the program.
4. Students must pay a one-time fee to participate in the online immunization record tracking system. Prior to attending the mandatory orientation, students must upload all required health information. Detailed information regarding the online immunization tracking system 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. **Please DO NOT complete the requirements below until AFTER you have been provided with the necessary details. (Documentation submitted with your application will not be reviewed.)**
 - a. Submit a completed Report of Medical History form (physical exam by licensed physician or nurse practitioner)
 - b. Submit proof of a negative TB skin test (and chest x-ray if indicated)
 - 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 rubella, rubeola, varicella zoster, mumps, and hepatitis B titers to determine immunity. If no immunity exists, the student must obtain appropriate vaccinations.
 - f. Submit proof of current health insurance (health insurance must remain active throughout the entire program)
 - g. Submit a current certification in BLS/CPR with First Aid for the professional rescuer and health care provider
 - 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. Or, contact the Washtenaw County Red Cross at (734) 971-5300.
5. 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 unless the student has documentation from ARRT of their eligibility to take the certification exam.
2. Students will be required to attend a hospital orientation session prior to starting their clinical rotation.
3. Students will be required to submit health records annually while in the program and must complete any other health requirements as designated by the clinical sites.
4. Students will be required to purchase special uniforms and supplies throughout the duration of the program.
5. Students are required to demonstrate that they have maintained competency in all skills taught throughout their progression through the program. Failure to demonstrate continued competency will result in dismissal from the program.

- 6. All Radiography (RAD) courses must be completed with a minimum grade of C-/1.7 and all support courses to the program must be completed with a minimum grade of C/2.0 unless otherwise specified.
- 7. Students must have reliable transportation to clinical education sites, which may require a commute of up to one hour.
- 8. 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 or the Radiography Program Director.

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 2nd 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: _____

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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 2nd 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
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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 and/or the Radiography Program Director.
- _____ 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 that if I have been charged or convicted of a misdemeanor or felony, I must undergo the ethics pre-application review process through the American Registry of Radiologic Technology (ARRT) and receive clearance from the ARRT to take the national radiography board examination **prior to applying for the program**.
- _____ a. I understand I must contact the ARRT at (651) 687-0048 or visit their website at www.arrt.org for more information regarding the ethics pre-application process and that it may take up to 12 weeks to complete.
- _____ b. I understand that if accepted to the program, I must undergo a criminal background check through a college-designated vendor and at that time, I will be required to submit documentation showing the ARRT has declared me eligible for certification and registration to maintain my status in the program.
- _____ 4. 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 6 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.

- _____ 5. 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 my 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 Health Programs Counselor or the Radiography Program Director for advising to discuss ways to make my application more competitive.

- _____ 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
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ABILITIES STATEMENT

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

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

1. Communicate, both verbally and in writing, at a professional level
 - a. Demonstrate English language proficiency with sufficient skill to communicate.
 - b. Provide clear and audible directions to patients face-to-face and from the radiography control booth area, which may be 20 feet away from the patient.
 - c. Read and interpret the physician's orders and corresponding paperwork.
2. Demonstrate sufficient locomotor skills to move from room to room and maneuver in small spaces.
 - a. Be able to push, pull, and lift 50 pounds.
 - b. Push and adjust a stretcher and/or wheelchair without injury to self, patient, or others.
 - c. Lift and transfer patients from a wheelchair or stretcher to an x-ray table or to a patient's bedside.
 - d. Move and adjust radiographic equipment, accessories, and ancillary devices as needed for patient imaging.
 - e. Operate mobile x-ray equipment in operating room, emergency room, or at patient's bedside.
 - f. Wear a lead apron weighing approximately eight to fifteen pounds for extended periods of time.
 - g. Assist in the care of patients without obstructing the positioning of necessary equipment or other health care workers vital to the treatment of the patient.
3. Possess sufficient gross and fine motor abilities to provide safe and effective patient care.
 - a. Must be able to reach overhead to manually move the x-ray tube and position the tube at various angles at heights up to 6 feet.
 - b. Manipulate dials, buttons, levers, switches and keyboard of various sizes as needed to operate x-ray equipment and ancillary devices.
 - c. Properly palpate anatomical landmarks as needed to position the patient for a radiographic procedure.
 - d. Physically place patients in proper positions for radiographic procedures according to established standards.
 - e. Must be able to align the x-ray tube, patient, and image receptor in a timely manner for all radiographic procedures.
 - f. Handle and manipulate radiographic lead markers as required for each radiographic procedure.
 - g. Accurately draw up sterile contrast media and other solutions without contaminating the syringe and/or needle.
 - h. Ability to apply and wear protective gloves for the purpose of universal or standard precautions.
 - i. Properly put image receptors in Bucky tray and spot film devices.
 - j. Properly manipulate all locks on the x-ray tube and Bucky tray.
 - k. Physically be able to administer emergency care including performing CPR.
 - l. Physical ability to work standing on your feet 90% of the time.
 - m. Ability to use computers and computer systems to enter and process data.
 - n. Possess good eye/hand/foot coordination in order to operate radiographic equipment properly and in a timely manner.
 - o. Assist patient in dressing and undressing for a radiographic procedure.

ABILITIES STATEMENT continued for APRAD Spring/Summer 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 patient talk in a normal tone from a distance of 20 feet.

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

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

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

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

Printed Name: _____

Student ID: _____

Signature: _____

Date: _____

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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.

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COURSE SEQUENCE

The Radiography (RAD) courses will span over seven (7) consecutive semesters and are sequential and complemented with required support courses, which fulfill the general education associate degree requirements at WCC. Students are encouraged to take all support courses (*) before they begin the program. Support courses (*) may be taken prior to the scheduled semester, but **no later than** the scheduled semester below. All Radiography (RAD) courses must be taken in the scheduled semester below. This is a full-time program and no part-time option is available.

Students should meet with an advisor/counselor to discuss the timing and selection of prerequisite and support courses.

Support courses (*) must be successfully completed with a minimum grade of C/2.0 and Radiography (RAD) courses must be successfully completed with a minimum grade of C-/1.7 unless otherwise specified. (All grades are based on a 4.0 GPA scale)

Major/Area Requirements (Prerequisites Required to Apply to Program) 10-14 credits

MTH 125 or	Everyday College Math	
MTH 160 or	Basic Statistics	
MTH 176 or	College Algebra	
	Any Math Level 4 or Higher Course	3-4 credits
HSC 101 or	Healthcare Terminology	
HSC 124	Medical Terminology	1-3 credits
BIO 109 or	Essentials of Human Anatomy and Physiology	
BIO 111	Anatomy and Physiology – Normal Structure and Function	4-5 credits
RAD 100	Introduction to Diagnostic Imaging	2 credits

Semester 1 (Spring/Summer) 8 credits

RAD 101	Methods in Patient Care	1 credit
RAD 103	Medical Professionalism in Clinical Radiography	1 credit
RAD 111	Fundamentals of Radiography	2 credits
ENG 111	Composition I*	4 credits

Semester 2 (Fall) 12 credits

RAD 110	Clinical Education	2 credits
RAD 112	Radiography Positioning I	2 credits
RAD 124	Principles of Radiographic Exposure	2 credits
RAD 125	Radiographic Procedures and Related Anatomy	3 credits
COM 101 or	Fundamentals of Speaking*	3 credits
COM 102	Interpersonal Communication	

Semester 3 (Winter) 9 credits

RAD 120	Clinical Education	2 credits
RAD 123	Radiography Positioning II	2 credits
RAD 215	Radiography of the Skull	2 credits
Elective(s)	Social and Behavioral Science (PSY 100 or SOC 100)*	3 credits

Semester 4 (Spring/Summer) 6 credits

RAD 150	Clinical Education	3 credits
RAD 218	Radiation Biology and Protection	3 credits

Semester 5 (Fall) 11 credits

RAD 190	Physical Foundations of Radiography	3 credits
RAD 217	Clinical Education	3 credits
RAD 222	Pharmacology in Diagnostic Imaging	2 credits
RAD 235	Pathology for Radiographers	3 credits

Semester 6 (Winter) 10 credits

RAD 223	Sectional Anatomy	2 credits
RAD 225	Clinical Education	3 credits
RAD 232	Digital Imaging in Radiography	2 credits
PHL 244	Ethical and Legal Issues in Health Care*	3 credits

Semester 7 (Spring/Summer) 2 credits

RAD 240	Clinical Education	2 credits
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TOTAL CREDITS REQUIRED FOR PROGRAM 68-72 credits

*These courses may be taken before admission to program. (It is strongly advised that students complete the general education courses before entering the program). Students can transfer or substitute equivalent general education courses required for the program. Contact the program advisor for approval.

**Students who are planning to transfer to a 4-year university should follow the Michigan Transfer Agreement (MTA). See an academic advisor for more information.

Washtenaw Community College
Radiography (APRAD)
Spring/Summer 2018 Entry (2017-18 Academic Year)
ESTIMATED COSTS

Tuition rates and fees listed below are estimates based on the 2017-2018 academic year and are only valid through the Spring/Summer 2018 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. All fees below are estimates and subject to change.

TUITION & COLLEGE FEES (includes \$7 enrollment/technology fee per credit hour)	COST
68 - 72 credits @ \$102 (<i>in-district rates</i>)	\$6,936 - \$7,344
68 - 72 credits @ \$165 (<i>out-district rates</i>)	\$11,220 - \$11,880
68 - 72 credits @ \$221 (<i>out-state rates</i>)	\$15,028 - \$15,912
68 - 72 credits @ \$255 (<i>international rates</i>)	\$17,340 - \$18,360
Contact Hour Fee (labs & clinicals)	\$1,700
Graduation Fee (cap & gown)	\$45

PROGRAM FEES	COST
Physical Exam (including lab tests & immunizations)	\$150 - \$250
CPR Certification (based on taking WCC's HSC 131 Course) (Includes \$35 Red Cross CPR Card Fee) in-district = \$137; out-district = \$200; out-state = \$256; international = \$290	\$137 - \$290
Required Text Books & Course Packs	\$900
Optional Books	\$200
Uniform Costs	\$250
WCC Patches/Name Badges	\$10
Lead Radiographic Markers	\$30
MSRT Membership	\$20
ASRT Membership	\$35
Online Registry Review	\$100
National Registry Exam Fee	\$200
Student Clinical Tracking System	\$80
Immunization Records Tracking System	\$35
Criminal Background Check (through college-designated vendor) First Background Check = \$46; Second Background Check = \$31	\$77

ADDITIONAL COSTS TO CONSIDER	COST
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	

TOTAL COSTS* (tuition & college fees + program fees based on residency status)	COST
In-District Residents	\$10,905 - \$11,413
Out-District Residents	\$15,252 - \$16,012
Out-State Residents	\$19,116 - \$20,100
International Residents	\$21,462 - \$22,582

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

Washtenaw Community College
Radiography (APRAD)
Spring/Summer 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

Website:

<http://www.wccnet.edu/studentconnection/admissions/health-second-program/>

Student Connection

Phone: (734) 973-3543

Email: studrec@wccnet.edu

Transcript Evaluation

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

Email: transcripteval@wccnet.edu

Website: www.wccnet.edu/transfer

Financial Aid

Phone: (734) 973-3523

Email: 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

WCC Room Locator

Website: 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.ncaahlc.org

Connie Foster

Allied Health Department Chair/Program Director

Phone: (734) 973-3418

Email: 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

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

Phone: (651) 687-0048

Website: www.arrt.org

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

(Program Accreditation)

Phone: (312) 704-5300

Website: www.jrcert.org

American Society of Radiologic Technologists (ASRT)

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

Website: www.asrt.org