IMPORTANT NOTICE

Due to the COVID-19 situation and staff working remotely, **the quickest and <u>PREFERRED METHOD</u> of submitting your application is by email to <u>healthadmissions@wccnet.edu</u>.** Please scan or take pictures of each application page (front & back if applicable) along with any supporting documentation. Remember to include a copy of the front **<u>AND</u>** back of your driver's license or state ID card.

If you are unable to email your application, send it by mail to the address located in the packet below. However, please note there may be a **1-2 week delay** before our office receives your application due to limited access and visit's to WCC's main campus at this time.

Please <u>DO NOT FAX</u> your application! At this time, we do not have access to check our fax machine.

Please note that upon receipt of your application, an email confirmation is usually sent within 1-2 business days.

If you have any questions or concerns about completing or submitting your application, please contact our Health and Second Tier Admissions Office at <u>healthadmissions@wccnet.edu</u> or leave a message at (734) 973-3596 or (734) 477-8998. Please note that returned calls will come from a "No Caller ID' number due to working remotely.

Washtenaw Community College
Computed Tomography (CPCTOM)
Fall 2020 Entry (2020-21 Academic Year)
Priority Deadline for WCC Radiography Students Graduating Spring/Summer 2020: Saturday, February 22, 2020
Application Deadline: Until all seats are filled or until Friday, July 24, 2020 at 5pm (whichever comes first)
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: _____

Required Checklist

All of the requirements below **must** be successfully completed **before** submitting an application to the program.

___ 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. **Cross-Sectional Anatomy Course from JRCERT Accredited College or Hospital-Based Radiography Program or RAD 223 (Sectional Anatomy)* with a minimum grade of B-/2.7**
Transfer students who do not have an equivalent course and would like to register for WCC's RAD 223 course should contact the Radiography Program Director to request an override.

        _____

School	Subject	Course	Grade or GPA	Credits	WCC Equivalent (if applicable)

___ 3. **Graduate of one (1) of the accredited programs below**
    ___ School(s) Graduated From: _____
        ___ Joint Review Committee on Education in Radiologic Technology (JRCERT)
        ___ Joint Review Committee on Educational Programs in Nuclear Medicine Technology (JRCNMT)
    ___ I am expecting to graduate from WCC's Radiography program in the Spring/Summer semester and I will submit verification upon completion.

    You can verify that your school's program is accredited by going to one of the following websites:
    JRCERT accredited programs: http://www.jrcert.org/find-a-program/
    JRCNMT accredited programs: http://www.jrcnmt.org/find-a-program/

___ 4. **Current American Registry of Radiologic Technologists (ARRT) or Nuclear Medicine Technology Certification Board (NMTCB) Registration Card Showing Primary Certification in one (1) of the areas below**
    ___ Must include copy of registration card showing primary certification in one (1) of the following areas:
        ___ Radiography (R)
        ___ Nuclear Medicine (N)
        ___ Radiation Therapy (T)
        ___ Certified Nuclear Medicine Technologist (CNMT)
    ___ I am expecting to graduate from WCC's Radiography program in the Spring/Summer semester and I will submit verification upon completion.

___ 5. **Minimum Cumulative College GPA of 3.0**
The total cumulative GPA of all schools* in which you completed your program discipline courses and that provide any required program prerequisite courses will be included in the calculation.
___ I am expecting to graduate from WCC's Radiography program in the Spring/Summer semester. (GPA will be verified after the completion of your program.)

*Students who graduated from a hospital based program in partnership with another college/university, must submit official transcripts from both institutions.

___ 6. **Program Application and Requirements Checklist** (this form)

___ 7. **Additional Information Form**

___ 8. **Abilities Statement**

___ 9. **Residency Verification**
The student's residency status may be updated accordingly based on the documentation submitted.
___ Include a copy of the front and back of your **Driver's License or State ID Card**.

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:** _____

Applications and all documentation can be submitted in one of the ways listed below. Applications must be **received** by WCC's Health and Second Tier Admissions Office on or prior to the application deadline. To confirm receipt, an email is sent approximately 1-2 business days after an application is received.

- In-person: Submit to Student Connection (2nd floor, Student Center)
- Email*: Send to healthadmissions@wccnet.edu
- Fax*: (734) 677-5408 (Attn: Health & Second Tier)
- Mail**: Health & Second Tier Admissions, Washtenaw Community College, 4800 E Huron River Dr, Ann Arbor, MI 48105

*We recommend calling to confirm legibility of documents if faxing or emailing. If requested, original documents must be submitted to complete your application.
**We recommend tracking your application if sending by mail.

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 at (734) 973-3596, (734) 477-8998, or healthadmissions@wccnet.edu.

Additional information is provided below that is important and pertains to the program. **Please carefully read all statements.**

1. The requirements outlined in this packet are based on the academic year/semester indicated above. Admission requirements/criteria are reviewed annually and subject to change. You are expected to meet all admission requirements for each semester you apply, and if offered admission, you must meet all program requirements of the **catalog term** in which you **first begin** the program.

    a. Program applications are semester specific and only valid for the semester in which you applied. If your application is closed for any reason and wish to be reconsidered for admission to the program, you will need to meet current admission requirements and submit a new application to a future semester.

    b. Each semester, approximately 12 students are accepted to the program for a Fall semester start. This is a full-time program and no part-time option is available.

2. This program utilizes WCC's **Limited Enrollment Admission Process** for determining admission to the program. Applicants are required to meet all admission prerequisites/criteria and are admitted to the program on a **first-qualified, first-admitted basis until all seats are filled.** If there are more qualified applicants than seats available for two or more consecutive admission cycles, WCC reserves the right to utilize our Competitive Admission Process for determining admission to this program in future semesters. Details regarding WCC's admission processes can be found on WCC's website below.

    - Enrollment Steps for Health and Second Tier Program Students:
      http://www.wccnet.edu/studentconnection/admissions/health-second-program/
    - Admission to High Demand Programs: http://www.wccnet.edu/trustees/policies/2005/
    - Point Scales for All Programs: http://www.wccnet.edu/studentconnection/admissions/health-second-program/

3. Please read and review the information found on the department's website below for more important information regarding the program.

    - Radiography at WCC: http://health.wccnet.edu/radiography/

4. WCC sends **all communications** regarding application and admission statuses directly to your WCC student email address. It is extremely important that you check your WCC email on a regular basis so you do not jeopardize your status. Please be aware that WCC assumes any information sent to your WCC email has been received and reviewed. It is also important to keep your contact information current in the College system (including addresses, emails, phone numbers). If WCC is unable to contact you regarding your application and/or you do not respond to any contacts made by WCC, **your application be closed**. Contact information can be update online through your *WCC Gateway* account by clicking on *MyWCC* and then *Personal Information*, at Student Connection (2nd floor, Student Center), or by calling (734) 973-3543.

5. Residency is verified upon submission of your program application. For 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 below.

    - Residency: www.wccnet.edu/residency

6. **Official transcripts** must be submitted before any transfer credit can post to your WCC record and/or count towards application requirements. Information regarding transfer credit can be found on WCC's website below:

    - Transfer Credit: http://www.wccnet.edu/services/transferresources/credittowcc/

    a.   All defined courses plus any substitutions approved by the department prior to the application deadline will be used to meet prerequisites 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. Also, please be aware that if two (2) or more transfer courses are completed to meet the equivalent of one (1) of WCC's required courses, you **must** meet the minimum grade requirement in **each** course (grades are not averaged between the two courses). **WCC is not responsible for your application being delayed due to lack of clarification or approval of a substitution.**

7.   Upon acceptance to the program, the **Entrance Requirements** below must be successfully completed to be eligible to begin the program. Students who fail to comply or meet these requirements will forfeit their seat in the program.

    a.   Mandatory attendance at the new student orientation session. Details will be included in the program acceptance and alternate candidate letters.

    b.   Obtain a criminal background check from the college-designated vendor and submit completed health records. Any student found to have a positive drug screen for drugs prohibited by State of Michigan or Federal law (including marijuana) or controlled substances will not be admitted to the program. Specific details and deadlines will be included in the program acceptance and alternate candidate letters and/or provided at the mandatory orientation.

        i.   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 Technologists (ARRT) and receive clearance from ARRT to take the national board examination **prior to applying for the program**. Contact the ARRT at (651) 687-0048 or visit their website at www.arrt.org for more information. Please note that the ARRT ethics pre-application process may take up to 12 weeks to complete.

8.   **WCC Radiography students** who are currently enrolled in the final year of their program and are expected to graduate in the Spring/Summer 2020 semester are given priority and may submit an incomplete program application by the deadline stated on the first page of the application packet. It is strongly recommended that WCC Radiography graduates schedule and sit for their ARRT Certification Examination within the two weeks following the completion of their program. Verification of all pending admission requirements/criteria must be submitted by **Friday, August 21, 2020** to be eligible to begin the program if accepted. **Students who submit their application _after_ the stated deadline will forfeit their priority status.**

By signing this form, I acknowledge that I have completely read and understand the statements above.

Student's Printed Name: _____   **Student ID:** _____

Student's Signature: _____   **Date:** _____

Admission to the Computed Tomography (CT) 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 CT program.

Abilities necessary to ensure attainment of competencies in the Computed Tomography (CT) 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 CT 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 a CT table or to a patient's bedside.
    d. Move and adjust CT equipment, accessories, and ancillary devices as needed for patient imaging.
    e. Wear a lead apron weighing approximately eight to fifteen pounds for extended periods of time.
    f. 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 monitors and power injectors at various angles at heights up to 6 feet.
    b. Manipulate dials, buttons, levers, switches and keyboard of various sizes as needed to operate CT equipment and ancillary devices.
    c. Properly palpate anatomical landmarks as needed to position the patient for a CT procedure.
    d. Physically place patients in proper positions for CT procedures according to established standards.
    e. Must be able to align the patient to the gantry, attach cardiac leads, and connect infusion tubing in a timely manner for all CT procedures.
    f. Handle, load, and manipulate power injectors as required for each CT procedure.
    g. Load sterile contrast media and other solutions without contaminating the syringe, infusion set, or other infusion equipment.
    h. Ability to apply and wear protective gloves and personal protective devices for the purpose of universal or standard precautions.
    i. Properly angle the CT gantry.
    j. Properly manipulate all locks on the CT table.
    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 CT equipment properly and in a timely manner.
    o. Assist patient in dressing and undressing for a CT procedure.

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 CT equipment.

    a. Read the text and numbers on the CT control panel.
    b. Recognize symbols within the healthcare facility and on CT 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 CT exam.
    f. Perform necessary CT 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 CT exams to ascertain that they contain proper identification and are of diagnostic value.
    c. Select exposure factors and accessory devices for all CT procedures with consideration of patient size, age, and extent of disease.
    d. Adjust CT equipment and ancillary devices and modify patient positioning as needed to obtain diagnostic CT exams.
    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:** _____