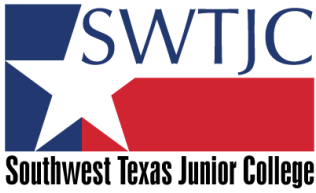


## Radiologic Technology Program

### APPLICATION INSTRUCTIONS AND CHECKLIST

Each of the following items must be included in your application packet and returned to the Radiologic Technology Program (Uvalde Campus, Witt Building) prior to the application deadline **(MONDAY, MAY 17, 2021 AT 12:00 PM)**. **LATE OR INCOMPLETE APPLICATION PACKETS WILL NOT BE CONSIDERED.**

- \_\_\_\_\_ Completed "Radiologic Technology Program Application" with a 2 x 3 photo attached.
- \_\_\_\_\_ Additional pages (if required) to further explain any of the questions on the application.
- \_\_\_\_\_ Copies of any professional licenses, certifications, or registrations.
- \_\_\_\_\_ Health Care Related Experience form, if any (included in packet).
- \_\_\_\_\_ Technical Standards and Essential Functions form (included in packet).
- \_\_\_\_\_ Clinic Travel Acknowledgement form (included in packet).
- \_\_\_\_\_ A typed, minimum of two pages, double spaced, **Times New Roman font (size 12-pt)** essay describing why you have chosen the field of Radiologic Technology and why you would be a good candidate for the program at SWTJC.



Attach 2 x 3,  
headshot only,  
photo here

## Radiologic Technology Program Application

**Directions: PRINT or TYPE the information requested below. Be sure to complete ALL sections. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. Be sure to sign and date the application and affix a 2 x 3, headshot only, photo in the upper right corner.**

1.	Name (Last, First, Middle)	
2.	Social security number	
3.	Mailing address	Street:
		City:
		State: <span style="float: right;">Zip:</span>
4.	Primary Contact number (with area code)	
5.	SWTJC Email address	
6.	Are you currently a citizen of the United States?	_____ Yes      _____ No (If no, what is your current alien status in the US?) _____ _____
7.	Have you ever been convicted of a misdemeanor or felony? Charges or convictions resulting in any of the following must be reported: plea of guilty, no contest, withheld or deferred adjudication, suspended or stay of sentence, pre-trial diversion, military court-martial.	_____ No      _____ Yes (If yes, please explain fully, attaching additional pages as necessary. Although a conviction may not preclude you from completing the educational component of the program, it may prevent you from being eligible for national certification and/or state licensure.) _____ _____ _____ _____ _____ _____
8.	Have you been charged with a crime, either a felony or misdemeanor, which has yet to be resolved?	_____ No      _____ Yes (If yes, please explain fully, attaching additional pages as necessary.) _____ _____ _____

9.	Have you ever been suspended, dismissed, or expelled from an educational program that you attended in order to meet ARRT (American Registry of Radiologic Technologists) certification requirements?	<p>_____ No _____ Yes (If yes, please explain fully, attaching additional pages as necessary.) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
10.	Do you currently possess any professional licenses, certifications, or registrations? (include copies with application)	Name of license, certification, or registration	Number	Year Issued	Exp Date
11.	Have you ever had any license, registration, or certification denied, revoked, suspended, placed on probation, or subjected to discipline by a regulatory authority or certification board, other than the ARRT?	<p>_____ No _____ Yes (If yes, please explain fully, attaching additional pages as necessary.) _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
12.	Have you completed or are currently enrolled in the program's prerequisite courses? NOTE: You MUST have received a grade of "C" or higher in these courses to be considered for the program.	Course name	Completed (include grade)	Currently enrolled	Where completed or currently enrolled.
		A&P I			
		A&P II			
		EDUC 1100 or COLS			

I agree that the information contained on this application is true and correct. I understand that the omission, misrepresentation, or falsification of any information is grounds for withdrawal or dismissal, at any time, from the Radiologic Technology program at SWTJC.

I further understand if accepted into the SWTJC Radiologic Technology program, I will be required to submit to a criminal background check, drug screening, and physical examination.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Return application and all other required documentation by application deadline**

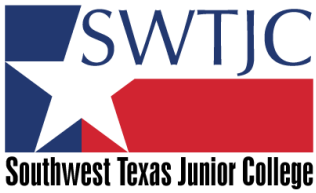
**(MONDAY, MAY 17, 2021 AT 12:00 PM) to:**

**SWTJC Radiologic Technology Program-Witt Building, Uvalde Campus**

**Bonnie Clinebell Esquivel or Denise Vanderlick**

**2401 Garner Field Rd**

**Uvalde, TX 78801**



## Radiologic Technology Program

### HEALTH CARE RELATED EXPERIENCE

Please list previous health care related EMPLOYMENT ONLY (not volunteer work) and provide a copy of any medical licenses or certifications you have had or currently have. This may include: nursing, medical technologist, nurse assistant, patient transporter, etc.

Name of Facility:

Job title:

Dates of service:

Job responsibilities:

Supervisor's name and phone number:

Name of Facility:

Job title:

Dates of service:

Job responsibilities:

Supervisor's name and phone number:

Name of Facility:

Job title:

Dates of service:

Job responsibilities:

Supervisor's name and phone number:

Your signature below indicates that the information provided on this form is true and correct to the best of your knowledge, and that you grant permission to contact the supervisor listed for verification of job responsibilities.

---

**Print name**

**Signature**

**Date**



## Radiologic Technology Program

### TECHNICAL STANDARDS AND ESSENTIAL FUNCTIONS

The profession of Radiologic Technology is physically, mentally, and emotionally demanding. Certain skills and abilities will be required of you in the clinic setting during your time in the program and subsequently, in the workplace. The following list, although not all-inclusive, are some of the skills and abilities you must possess to meet the technical standards and perform the essential functions associated with being a Radiologic Technologist.

1. Reading, writing, and verbal/nonverbal skills to effectively, properly, and expeditiously communicate with patients, staff, and other members of the health care team.
2. Read and comprehend requisitions, orders, charts, directions, and other printed materials.
3. Physical stamina to stand for long periods of time and walk various distances, using stairs as necessary, for 8 or more hours at a time.
4. Lift, move, and/or assist patients from beds, wheelchairs, and stretchers to the radiographic table and vice versa.
5. Sufficient physical strength, mobility, and stamina to reach, lift, move, and operate imaging equipment and accessories, some of which may be located overhead and be very heavy; to perform CPR if necessary.
6. Fine motor skills and hand/eye coordination to reach, adjust, and manipulate radiographic equipment to include various levers, switches, buttons, and other controls; to perform venipuncture/inject contrast media.
7. Sufficient hearing to assess patients needs, follow instructions, communicate with patients and other members of the health care team (some of whom may be wearing a mask); respond to audible sounds and alarms of radiographic equipment.
8. Sufficient visual acuity to assess patients needs (posture, facial expression, skin hue, etc.), observe controls and monitors of radiographic equipment and computers, and assess radiographic images. These tasks are frequently performed from a distance and/or in subdued lighting.
9. Mental, emotional, and intellectual maturity to provide for patients needs, interact professionally and effectively with others, convey sensitivity/respect/tact/empathy, function safely and effectively in high stress situations.

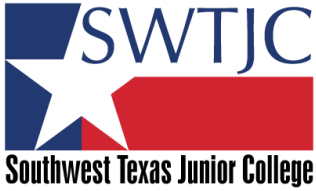
I have read and understand the physical, mental, and emotional skills and abilities required for a Radiologic Technologist. I understand this list is not all-inclusive however, I believe I possess the necessary physical, mental, and emotional skills and abilities to perform the requirements for clinical education.

---

Print name

Signature

Date



## Radiologic Technology Program

### Clinic Travel Acknowledgement

If accepted in the SWTJC Radiologic Technology Program I understand:

- Clinic experience is a critical component of the Radiologic Technology Program.
- I will be required to travel to fulfill my clinic education requirements.
- Traveling to and from clinic **IS FULLY MY RESPONSIBILITY** and that it is possible the distance to a particular site could be 50 miles or more (one way) from my residence.
- There is no guarantee that I will be assigned to a clinic site(s) that allow(s) me to commute with fellow classmates.
- **SWTJC IS NOT responsible for any expenses incurred** as a result of my traveling to and from clinic.
- **NO MODE of transportation will be provided to me** to travel to my clinic education setting.
- There is no guarantee I will be assigned to the clinic site(s) nearest to my residence or of my choice.

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**Print name**

**Signature**

**Date**