ASSOCIATE OF APPLIED SCIENCE DEGREE PROGRAM

Radiologic Technology

The Radiologic Technology (RGT) program is a two-year program of study that prepares students to work within the practice of radiology. After successful completion of the national examination, students are qualified for employment in hospital and clinic settings and the title “Registered Technologist, Radiography, American Registry of Radiologic Technologist” and its abbreviation “R.T. (R) (ARRT)” may be used. Admission to the program is selective and competitive. Upon satisfactory completion of the program, students are awarded the Associate of Applied Science Degree.

PRE-REQUISITES

| Anatomy & Physiology I with Lab |
| College Algebra |

FIRST YEAR - SUMMER

| AHT 1113 Medical Vocabulary (on-line) |
| RGT 1212 Fundamentals of Radiography (hybrid) |
| English 1113 English Composition I |
| Anatomy & Physiology II with lab |

| Second Semester - Fall |
| Clinical Ed I |
| Radiographic Procedures I |
| Physics of Imaging Equipment |
| Patient Care |
| Seminar I |
| General Psychology |

| Third Semester - Spring |
| Clinical Ed II |
| Imaging Principles |
| Radiographic Procedures II |
| Principles of Radiation Protection |
| Seminar II |
| Humanities/Fine Arts Elective |

SECOND YEAR - SUMMER

| Clinical Ed III |
| Digital Imaging |

| Fourth Semester - Fall |
| Clinical Education IV |
| Ethical and Legal Responsibilities |
| Radiographic Procedures III |
| Seminar III |
| Public Speaking |

| Fifth Semester - Spring |
| Radiographic Pathology |
| Radiographic Procedures IV |
| Clinical Education V |
| Seminar IV |
| Radiobiology |
| Certification of Fundamentals |

*** Standard for Progression: A grade of "C" or higher is required in all program course work with an overall 2.00 GPA (a "C" average on the 4.00 scale) to progress in the program.***

***APPLICATION DEADLINE IS APRIL 1***
A student may complete some or all academic core courses prior to program admission; however, the course of study will remain two years. If accepted into the program, a student must remain enrolled full time (12 or more semester credit hours, excluding summer term) each semester.

General Admission Procedures

The applicant must submit by April 1st:

1. A MCC “Application for Admission” form; if not a current MCC student
2. A high school transcript or General Educational Development (GED) test transcript. Applicant must have graduated from an accredited high school or must provide documentation of passing the GED test; (this is on file for current MCC students)
3. Official transcripts* from every college attended if applicant is transferring to MCC; please have an official copy sent to Admissions at MCC, 910 Hwy. 19N, Meridian Ms. 39307.
4. Scores on the American College Test (ACT) or Accu-Placer.

Program Application

The applicant must submit an application for admission plus all necessary forms and documents by APRIL 1st to be considered for admission:

1. Two (2) RGT Reference Forms;
2. Verification of 16 hours of observation of general radiographic procedures in radiology departments that perform fluoroscopic procedures with the clinical instructor or department manager present: local affiliated sites -Anderson Regional Medical Center ph. 601-553-6185 and Rush Hospital ph. 601-703-9520.
   Out of town – Neshoba County General Hospital ph. 601-663-1280
   *Please be aware, some facilities require that students provide documentation of a Mantoux two-step skin test and HIPPA training prior to observation. Call preferred site to verify this requirement.
3. One (1) Essay.

Admission to the RGT program is competitive based on ACT scores, core GPA coursework, essay/interview, and completed application packet (including observations). The RGT program at Meridian Community College is nationally accredited by the Joint Review Committee on Education in Radiologic Technology, 20 N. Wacker Drive, Suite 2850, Chicago, IL. 60606-3182, (312) 704-5300.

Meridian Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, or age in admissions or access to, treatment or employment in, its programs and activities. Compliance with Section 504 and Title IX is coordinated by Soraya Welden, Dean of Student Services, 910 Highway 19 North, Meridian, MS 39307.Phone: 1-(601)-484-8623, Fax: 1-(601)-484-8635. E-mail: swelden@mcc.cc.ms.us.

** Deadline may be extended if needed until maximum enrollment is met.

Rev. 7/12

***APPLICATION DEADLINE IS APRIL 1***
INSTRUCTIONS TO RGT PROGRAM APPLICANTS

**Deadline** for submission of general and program application data is **APRIL 1st**. Early application is encouraged.

I. **Program Application**

All program application information and forms must be mailed to the MCC Admissions Office at the above address using your full and complete legal name on all forms.

*Program application is considered only when all of the following materials have been received by the MCC Admissions office:*

A. Both "General Admission" and "Program Application" data as outlined previously;

B. **Official** transcripts from **all** colleges attended must be sent directly to the MCC Admissions office. [Note: Most colleges and universities charge a nominal fee for this service. Please direct the official transcript to the admissions office. Transcripts become the property of MCC and cannot be returned to an applicant or forwarded to another school or individual.]

Application with submission of required items **does not** ensure acceptance into the program

II. **Program Entrance Requirements**

**Minimum** program entrance requirements to enter MCC's Radiologic Technology program are:

A. Attain an 18 or higher ACT composite score or Accu-Placer scores in Reading 70 and Algebra 63.

B. Have completed Anatomy & Physiology I with lab and College Algebra with a grade of “C” or higher.

The most competitive students meeting admission requirements **may** be invited for an interview with program faculty to evaluate verbal, non-verbal communication skills, and knowledge of Radiologic Technology.

Program admission is based on a composite of all of the above components.

Applications are taken through **APRIL 1st**, with **possible** interviews held in early May. All applicants are notified of their admission status in late May.

**NOTIFY THE RADIOLOGIC TECHNOLOGY PROGRAM FACULTY PROMPTLY OF CHANGES IN MAILING ADDRESS OR TELEPHONE NUMBER AT 601-484-8757**

***APPLICATION DEADLINE IS APRIL 1***
NOTE: After program admission, CPR Health Care Provider certification (two year certification through the American Heart Association classes are provided with students responsible for the cost. Also, a Mantoux Two-Step TB skin test, random Drug Screening Test and Background Check are scheduled at student cost after the classes begin.

Mississippi Law now requires healthcare professionals or occupational education students enrolled in programs whose primary purpose is to prepare professionals to render patient care services submit to criminal background checks and fingerprinting prior to beginning any clinical rotation in a licensed healthcare entity. If such fingerprinting or criminal background checks of the student discloses a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, sex offense listed in Section 45-31-3 (I), child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault or felonious abuse and/or battery of a vulnerable adult which has not been reversed on appeal or for which a pardon has not been granted, the student shall not be eligible to be admitted to such health program of study and will not be eligible to participate in clinical training in a licensed entity. The student's eligibility to participate in the clinical training phase of his/her healthcare program shall be voided if the student receives a disqualifying criminal record check.

In addition to the disqualifying events listed in Section 37-29-232 of the Mississippi Code of 1972 annotated, clinical affiliates may, at their discretion, refuse to provide clinical experiences to any student whom the clinical affiliate feels are not suitable for employment or for the clinical experience setting.

Any drug conviction; bodily harm; neglect or abuse; or felony DUI within a year of starting date of class is cause for denial of the clinical experience setting. Any convictions within a timeframe of two (2) years and beyond the starting date of class will be examined by the “Review Standards Committee” with a decision rendered if the student is allowed to participate in the clinical experience setting.

Background Checks do not ensure or guarantee employability or the ability to sit for National Registration/National Certification

Students in the Radiologic Technology Program must attend full time (12 or more semester credit hours).

**Applications are discarded after each application process is complete. Non-selected students who wish to be considered for future classes must submit a new application packet including observation hours as our technology based profession continually evolves.

Revised: 9/14

***APPLICATION DEADLINE IS APRIL 1***
RADIOLOGIC TECHNOLOGY PROGRAM
STUDENT APPLICANT REFERENCE FORM
(Please print or type)

**Directions to the Applicant:** Admission into MCC's Radiologic Technology Program requires two references from two sources (one personal from a non-family member and one professional from a non-family member). Submit only the two required "Student Applicant Reference Form." The committee does not accept more than two references.

Applicant’s Full Name ___________________________ DOB ___________________________

MCC ID if applicable ___________________________

Please evaluate the applicant according to these categories.

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<th>Ability to make decisions</th>
<th>Excellent</th>
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Please write a short statement about this applicant including any characteristics or qualities of this person which may affect his/her ability to be a Radiologic Technologist.

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Your Name ___________________________

Your relationship to applicant ___________________________
(Teacher, Advisor, Employer, etc.)

Business (if professional reference) ___________________________

Your Address ___________________________ Telephone ___________________________

Date ___________________________ Signature ___________________________

Return to:
Meridian Community College
Attention: Debra Herring
Radiology Technology Program
910 Highway 19 North Meridian, MS 39307

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RADIOLOGIC TECHNOLOGY PROGRAM
STUDENT APPLICANT REFERENCE FORM
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Your Name ___________________________________________ Phone ___________________________

Your relationship to applicant: _____________________________
(Teacher, Advisor, Employer, etc)

Business (if professional reference) _____________________________

Your Address _____________________________________________ Telephone ___________________________

Date ______________ Signature ___________________________

Return to:
Meridian Community College
Attention: Debra Herring
Radiologic Technology Program
910 Highway 19 North Meridian, MS 39307

***APPLICATION DEADLINE IS APRIL 1***
To the Applicant:
Application deadline is April 1st. Applicants must complete sixteen (16) hours of observation in a hospital that performs fluoroscopic procedures. Observation hours must include weekday mornings and may include afternoon hours in order to include the necessary procedures. There are two forms attached to accomplish this task.

Applicants may schedule their visit with clinical instructors at meridian area sites:
Anderson Regional Medical Center
2124 14th Street
Meridian, MS  39301
601-553-6185

Rush Foundation Hospital
1314 19th Avenue
Meridian, MS  39301
601-703-9245

Neshoba County General Hospital
Highway 19 South
Philadelphia, MS  39350
601-663-1280

Or at local sites of student choosing that perform fluoroscopic exams

---DO NOT SIMPLY SHOW UP – call for an appointment ---

Applicants should download the observation form, complete the personal information section, take it to the hospital on observation day, and have it completed by a clinical instructor or department manager. The facility will forward the completed form to the Department of Radiologic Sciences at MCC via mail/fax/email

Dress Code/Conduct: (An applicant violating these standards may not be allowed to participate in the observation)

1. Complete in advance the personal information portions of the form (your name, date/time of appointment, and signature for the Pledge of Confidentiality).
2. Arrive for your observation on time. Attire should be conservative, such as that acceptable for an interview. Shirts must have a collar (button down dress shirt, polo or golf shirt), dress pants (khakis are acceptable, no denim or shorts), clean closed toe shoes (no sandals).
3. Present the Clinical Observation Record to the radiographer who will be responsible for supervising your observation –preferably a clinical instructor or department manager.
4. Come prepared to remain in the observation the required time – minimum 4 hours each observation.
5. Notify the supervising radiographer when you are leaving the observation area.
Meridian Community College  
Radiologic Sciences 
Clinical Observation Record

Student Applicant Name _________________________________________________
MCC ID (if applicable) __________________________________________________
Radiology Facility Name _________________________________________________

**Pledge of Confidentiality: (Must be completed before beginning observation)**
I understand that it is my duty to maintain confidentiality regarding all information learned about patients, employees, and the operation of the organization during my observation period. My signature below indicates that I understand violating this pledge will result in ineligibility for admission to the program and possible legal action.

Applicant Signature __________________________________ Date ______________

To the Radiology facility:
Please allow the applicant to observe general radiography and fluoroscopic procedures during this minimum four hour observation. Observations in specialty areas such as CT, US, and MRI are not recommended and should be observed outside the program required 16 hour observation. Minimum Requirements (To be verified with initials by a supervising radiographer)

_____ Observe chest radiography (at least one required)
_____ Observe fluoroscopic procedures (at least one required)

Specify ______________________________________________________________

_____ Observe procedure to image one routine procedure, i.e. extremity and/or spine (at least one required)
_____ Observe IVU or myelogram (or if unavailable, discuss procedure with applicant)

Specify ______________________________________________________________

_____ Observe a BE (or if unavailable, discuss procedure with applicant)
_____ Observe procedure to image abdomen (or if unavailable, discuss procedure with applicant)
_____ Observe trauma radiography (or if unavailable, discuss procedure with applicant)

To the Supervising Radiographer:
Based on your time with this student applicant, provide any additional comments you deem appropriate. ________________________________

________________________________________________________

Rate this applicant based on demonstrated interest and ability to complete clinical requirements

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Sign form and then either fax to the Radiologic Technology Program at (601)484-874, submit the original to program faculty or mail to: Rad Tech Program/ Debra Herring, 910 Hwy 19 N, Meridian, MS  39307.

Supervisor Signature and Title __________________________________________ Date __________
Meridian Community College
Radiologic Sciences
Clinical Observation Record

Student Applicant Name _________________________________________________
MCC ID (if applicable) ___________________________________________________
Radiology Facility Name _________________________________________________

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Supervisor Signature and Title ______________________________________ Date _____________

***APPLICATION DEADLINE IS APRIL 1***
ESSAY

In your own handwriting (Do Not Print), compose an essay explaining your career choice including how your observation hours influenced your decision to apply to the radiology program. Emphasize those character traits which would enhance your career as a Radiologic Technologist. Your concise response should be limited to this sheet of paper (this side only).

Signature ___________________ MCC ID or SSN ___________________ Date __________
Phone number ___________________ DOB ___________________

***APPLICATION DEADLINE IS APRIL 1***