



# Southern Union

State Community College  
Health Sciences Division

## Radiography Program Application

Name \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

SS#: \_\_\_\_\_ [ ] Male [ ] Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box  
\_\_\_\_\_ ( ) \_\_\_\_\_  
City State Zip Area Code Phone

Semester you wish to enter the Radiography Program: Fall 20\_\_\_\_\_

Have you attended another Radiography Program? [ ] Yes [ ] No; If yes, name & address of program attended:  
\_\_\_\_\_

Have you attended any other colleges? [ ] Yes [ ] No; If yes, please list colleges:  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: ATTACH** the *Radiology Department Observation Form*, signed *Essential Functions*, COMPASS Placement Test Scores, and UNOFFICIAL copies of **ALL college and/or high school transcripts**. Your application will be incomplete without all of these items.

In addition to this application, Southern Union State Community College must have an ***application to the College and all official college transcripts on file prior to the application deadline date***. It is the applicant's responsibility to see that all required documents have been received.

*Admission to the Radiologic Technology Program shall be provisional depending upon the student's ability to pass an initial drug screen. Students may be subjected to random drug testing during the length of the Program.*

**Return to:** Southern Union State Community College  
Attn: Anita Waldrep, Health Sciences Admissions, PO Box 1000, Wadley, AL 36276

**Non-Discrimination Policy:** It is the official policy of the Alabama State Board of Education and Southern Union State Community College that no person shall, on the grounds of race, color, disability, gender, religion, creed, national origin, marital status, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment. Persons requiring reasonable accommodations under the Americans with Disabilities Act (ADA) should contact the Southern Union State Community College ADA Coordinator at (334) 745-6437 extension 5351.

**Notice:** According to the American Registry of Radiologic Technologists, application for certification to practice as a Radiographer may be denied if a person has been convicted of a felony, is guilty of a crime involving moral turpitude, and/or has displayed other grounds for denial as specified by law. Additionally, many health care facilities will not employ a person, even if fully certified and/or licensed, who has been convicted of a felony or who has unfit personal habits including alcohol or drug abuse.

## Radiologic Technology Program Admissions Worksheet

Please print

<b>Applicant's Name</b>	<b>SS#</b> _____ - _____ - _____
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**A. Directions: For the following courses enter the number of points you will earn by using the following point scale: (A = 95, B = 85, C = 75)**

<b>English and/or Speech Courses</b>	<b>ENG 101</b> (If college English not taken, enter points for 12th grade high school English )	grade _____ = _____ points
	<b>ENG 102 or SPH 106/107</b> (If not completed, leave blank)	grade _____ = _____ points
<b>Math Course</b>	<b>MTH 100 or higher</b> (If college level math not taken, enter points for Algebra II from high school)	grade _____ = _____ points
<b>Science Courses</b>	<b>BIO 103/101</b> (If college biology not taken, enter points for highest biology taken in high school)	grade _____ = _____ points
	<b>BIO 201 A&amp;P I</b> (If not completed, leave blank)	grade _____ = _____ points
	<b>BIO 202 A&amp;P II</b> (If not completed, leave blank)	grade _____ = _____ points

**For Office Use only:** Average all points earned from course grades:  
 Total Points \_\_\_\_\_ ÷ Number of classes completed \_\_\_\_\_ = \_\_\_\_\_ GPA Average  
 GPA Average \_\_\_\_\_ X .50 = \_\_\_\_\_ **GPA POINTS**

**B. Directions: Enter your scores for the three sections of the COMPASS placement test which has been taken within three years of the deadline date. (Attach scores.)**

<b>Date Taken:</b>	_____ / _____ / 20____		
<b>Pre-Algebra Score</b>	_____	<b>Algebra</b>	_____
<b>Writing Score</b>	_____	<b>Reading Score (76 min. required)</b>	_____

**For Office Use only:** Enter Algebra (NOT Pre-Algebra) Score \_\_\_\_\_ *If Algebra score < 28 and MTH 098 has been completed, enter score of 28*  
 Enter Writing Score \_\_\_\_\_ *If Writing score < 65 and ENG 092 has been completed, enter score of 65*  
 Enter Reading Score \_\_\_\_\_ *Minimum score of 76 REQUIRED*  
 TOTAL COMPASS TEST SCORES \_\_\_\_\_ X .50 = \_\_\_\_\_ **COMPASS POINTS**

**TOTAL POINTS**  = **GPA POINTS + COMPASS POINTS**

**C. You will receive One (1) point for each academic course required in Radiologic Technology curriculum that has been completed with a "C" or better. (Attach unofficial copies of ALL transcripts to application packet)**

Course	Grade	School	Course	Grade	School
BIO 101/103 Biology (Optional)			ENG 101 English Comp. I		
BIO 201 Anatomy & Phys. I			MTH 100 Inter. College Algebra		
BIO 202 Anatomy & Phys. II			P SY 200 General Psychology		
ENG 102 English Comp. II or SPH 106/107 Speech			HUM Elective (consult advisor for approved list)		

**For Office Use only:**  
**Total Course Points** \_\_\_\_\_ (1 pt. for each course above with grade of "C" or better)

**TOTAL APPLICANT SCORE**  = **Total Points + Course Points**

*Applicants are ranked by Total Applicant Score  
 If a tie should exist between applicants, the Cumulative GPA will determine ranking*

# Southern Union State Community College

1701 LaFayette Parkway • Opelika, Alabama • (334) 745-6437

## RADIOLOGIC TECHNOLOGY PROGRAM

### Radiologic Technology Program Applicant:

To increase your knowledge and awareness of Radiologic Technology, you are required to complete 12 hours of observation in the diagnostic area of a hospital radiology department (2 – six hour visits or 3 – four hour visits). Each of these visits should be scheduled to begin at 7:30am Monday - Friday. Each facility reserves the right to refuse observation if you are not dressed appropriately. Please adhere to the following guidelines: No scrubs, shorts, open-toed shoes, short skirts, midriff tops, spaghetti straps, denim (shirts or jeans), or caps are to be worn.

**Take the attached form with you to each visit and present it to the technologist at that facility.** Fill in your name at the top of the form and the technologist will check the appropriate areas observed. Please note there is a section at the bottom of the form that you are to complete. Your application to the Program will not be considered complete unless this section is completed. The technologist at the facility will not turn the form into the Program. You must submit the form when you make application to the Program.

You **MUST** complete the observation visits **prior** to the application deadline. You are **strongly** advised you to schedule your radiology department observation visits well ahead of the deadline. All observation visit forms must be submitted to the Radiologic Technology Program with you application to be considered for admission.

Observation visits **MUST** be scheduled. You may schedule the observations with a radiology department in your community. Listed below are the locations, phone numbers, and contact persons of the clinical sites in the immediate area. You are **NOT** limited to these sites and if you choose to visit a hospital not on this list you should contact the radiology department at that hospital to schedule a visit. If you have difficulty in scheduling a visit, please contact the Radiologic Technology Program at 334-745-6437 for assistance.

East Alabama Med. Center, Opelika, AL	Carla Holt (Primary contact person)	334-528-4162
	Buddy Glidewell (Secondary)	334-528-1412
Lanier Health Services, Valley, AL	Mitchell Turnham RT(R)	334-756-1630
Russell Medical Center, Alex City, AL	Shelley James, RT(R)(CT)	256-329-7126
Jackson Hospital, Montgomery, AL	Bob Gardner, RT(R)	334-293-8000
VA Hospital, Montgomery, AL	Connie Smith, RT(R)	334-272-4670

Carol Southern, Ed.D., R.T.(R)(CT)  
Program Director  
(334) 745-6437

Ericka Lasley, R.T.(R)  
Clinical Coordinator  
(334) 745-6437

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## RADIOLOGIC TECHNOLOGY PROGRAM

### Radiology Department Observation Form

Name of Applicant: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

Radiology Department Visited: \_\_\_\_\_

Radiologic Technologist: Please check the appropriate blanks listed below.

	Observed	Not Available
Chest	_____	_____
Fluoroscopy	_____	_____
IVP	_____	_____
Extremities	_____	_____
Portables	_____	_____
Myelogram	_____	_____
Other areas observed (please list):		

To be completed by the Technologist:		
	Yes	No
Arrived on time	_____	_____
Stayed required time	_____	_____
Neat appearance	_____	_____
Good hygiene	_____	_____
Showed interest	_____	_____
Asked appropriate questions	_____	_____
Followed directions	_____	_____

Signature of Radiologic Technologist \_\_\_\_\_

Total Amount of Time Spent in Radiology Department \_\_\_\_\_

**To the Applicant: In the space provided below, give a summary of your visit at this radiology department. (sign and date form after summary)**

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\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

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