



Application for admission to:

# DIAGNOSTIC MEDICAL IMAGING–RADIOGRAPHY

Austin Community College does not discriminate on the basis of race, color, creed, national origin, religion, age, gender, sexual orientation, political affiliation, or physical disability.

**Applications to Health Sciences programs are NOT accepted without documentation of COMPLETED program immunization requirements. Copy of immunization form is available for print out at [www.austincc.edu/health/immunizations.php](http://www.austincc.edu/health/immunizations.php) or you may obtain a copy from the Health Sciences Admission Office.**

PLEASE PRINT OR TYPE

Application Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name in Full: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
Number & Street Apt # City County State Zip

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Student ID: \_\_\_\_\_

ACC E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Upon completion of the Diagnostic Medical Imaging-Radiology program, you will be required to answer the following questions as part of the Application for certification as a Radiologic Technologist:

- Have you ever been denied licensure by a licensing authority?
- Have you ever had disciplinary action taken against you by a licensing/certifying authority?
- Have you ever been convicted of a crime other than minor traffic violations?
- Is your ability to safely practice Diagnostic Medical Imaging-Radiology adversely affected by a physical or mental disability/illness which may endanger the health and safety of persons under your care?
- Have you been hospitalized or treated for chemical dependency within the past five (5) years?
- Are you currently an intemperate user of drugs or alcohol?

If you answer "Yes" to any of the above questions, you **may be ineligible** to take the National Credentialing Examination. To determine your eligibility for the exam, you should contact the American Registry of Radiologic Technologists and complete a "Pre-application Review of Eligibility for Certification." The website for the A.R.R.T is [www.arrt.org](http://www.arrt.org).

Have you ever before made an application to any Austin Community College Health Sciences Programs?

Yes

No

If yes, what program? \_\_\_\_\_

When: (approximate date) \_\_\_\_\_

**It is the student's responsibility to:**

**Return this application by mail or in person to the Health Sciences Admission Office at the Eastview Campus (3401 Webberville Rd., Bldg. 8000 Austin, TX 78702) or Round Rock Campus (4400 College Park Dr., Bldg. 3000 Round Rock, TX 78665)**

**Additional information on the web: <http://www.austincc.edu/health/> (512) 223-5700.**

**DO NOT FOLD!**

**Please note: Students must keep mailing address current with the Health Sciences Admission Office as well as the Admissions and Records Office.**

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**Give information concerning college, university, vocational schools, allied health schools attended:**

Name of Institution \_\_\_\_\_ City & State \_\_\_\_\_ Number of Credits Earned \_\_\_\_\_

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**It is your responsibility to provide copies of ALL previous education transcripts with your Radiology Program application.**

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List any licenses or certificates held (ie, EMT, etc): \_\_\_\_\_

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Certain minimum physical abilities and characteristics are required in health sciences professions. See <http://www.austincc.edu/health/radr/requirements.php> for specific requirements. Are you able to meet the minimum technical skills standards for the program to which you are applying?

Yes       No

If "No," explain: \_\_\_\_\_

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Applications are only accepted with proof of completion of the required prerequisite coursework. Applications are good for 3 years. If the applicant has not been admitted to the Radiology program within 3 years, the application will be removed from the applicant pool and the student will need to reapply.

Please note that to be compliant with clinical facility requirements a criminal background check will be required prior to admission to the Diagnostic Medical Imaging-Radiography program.

**Incomplete applications, as reflected by missing items from the checklist, will not be considered for selection into the program.**

**Completion Checklist:**

- All applicants must meet TSI (testing) requirements. Visit a campus advisor to determine status.
- All applicants must complete a mandatory Information Session. Submit a copy of the Verification Form with application.

All applicants must complete two (2) prerequisites with a "C" or better:

- BIOL 2404 Introduction to Anatomy & Physiology
- MATH 1314 College Algebra

If these courses were taken at a school other than ACC, you **must** provide a copy of the transcript with your application.

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**All applicants must provide a copy of written documentation from a physician for:**

- Proof of Varicella (Chicken Pox) immunity as shown by (a) physician documented history of disease (b) documentation of two immunizations **or** (c) a serum titer confirming immunity.

**AND**

- Proof of (a) a complete (3 injection series) Hepatitis B Vaccination **or** (b) a serum titer confirming immunity.

**AND**

- Proof of (a) **two** Measles Vaccinations (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.

**AND**

- Proof of (a) one Mumps Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** (c) proof the student was born prior to January 1, 1957 **or** immunity as shown by (d) physician documented history of disease.

**AND**

- Proof of (a) one Rubella Vaccination (may be part of a MMR) **or** (b) a serum titer confirming immunity **or** immunity as shown by (c) physician documented history of disease, **regardless of date of birth**

**AND**

- Proof of Tetanus-Diphtheria vaccination within the last 10 years.
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**This application may not reflect recent program changes. Please access the most up-to-date information on the Program's webpage through the link at [www.austincc.edu/health](http://www.austincc.edu/health).**

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or expulsion from the College. I understand that the information contained in this application will be read by the faculty and staff of the ACC Diagnostic Medical Imaging-Radiography program.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**