Application Process

Waiting List

Due to the HIGH demand of the Radiologic Technology Program, there will be a waitlist that will not exceed 100 applicants. This waitlist should be no more than three years in length. Once the 140 qualified applications are accepted for 2016, 2017, 2018 and 2019, the waitlist will close until the following year application dates. All prerequisite courses must be completed within four years of the start date in the program and the Mathematics refresher course within 1 year of your start date if you have not had Intermediate Algebra or it has been over four years.

Students applying must have all prerequisite courses completed by the application deadline and have either an Educational Plan that shows all general education is complete for an A.S. degree, or students must have an A.S. degree or higher in order to be considered for the program (see page 5 of application guide).

Step 1

1. For students without an Associate’s Degree, an educational plan will need to be created by a Mesa counselor showing that an acceptable General Education pattern has been completed. Transcripts must be submitted and evaluated prior to the counseling appointment.
2. Students with an Associate’s degree must have that degree posted on their official transcripts, and will need to make an appointment with a counselor for an educational plan in June after being accepted into the program.

Step 2

1. Fill out program application completely (page 8 of application guide).
2. Have the Application Agreement completed and submit with application (see page 9 of application guide).
3. Have the document for Career Exploration signed and submit with application (see page 10 of application guide).
4. Fill out the Technical Standards (Essential Functions) and submit with application (see page 12 of application guide).

Step 3

1. Turn in application to the Special Admissions office during the application dates.
2. Be sure to get a number for your application as it is first come, first serve.
3. Check email to ensure @sdccd.edu is going into regular email.

Step 4

1. If admitted to the program, send confirmation letter back by the deadline to save your spot for summer.
2. If on waitlist for the upcoming years, be sure to fill out an “Updated Application” and send transcripts for new courses completed by the deadline. If we do not hear from you every year by the deadline, you will be removed from the waitlist and will need to reapply to the program.

Deferral: an accepted student may defer entry into the program for one year only. If an applicant again wishes to defer a second year, they will forfeit their original date of application and need to reapply to the program.
Send application with all required materials to:
SPECIAL ADMISSIONS, SD MESA COLLEGE, 7250 MESA COLLEGE DR., SAN DIEGO, CA 92111

Name: 

Address: 

Phone Number

E-mail

CSID

Date of Birth

In Case of Emergency Notify: 

Address

Telephone Number

A. Degree or Educational Plan (submit EITHER #1 or #2 below)

1. Official transcripts from the institution you received an associate degree or higher that indicates degree conferred.

Institution ___________________________ Degree ___________________________

2. Updated Education Plan from Mesa College with all general education & District competency requirements completed.

Date of Education Plan Printing ______________ Name of Academic Counselor __________________

B. Prerequisites - Submit official transcripts with this application that indicate completion of:

1. Human Anatomy & Physiology with Lab (Bio 160 or equivalent: 4 units)

Institution ___________________________ Units ________ Semester/Year ________________ Grade ______

2. Information Systems (CISC 150, CISC 181 or equivalent: 3 units)

Institution ___________________________ Units ________ Semester/Year ________________ Grade ______

3. Mathematics – Intermediate Algebra (Math 96 or equivalent: 3 units)

Institution ___________________________ Units ________ Semester/Year ________________ Grade ______

***Mathematics – Intermediate Algebra/Geometry Refresher (MATH 15C: 1 unit)***

Institution ___________________________ Units ________ Semester/Year ________________ Grade ______

4. English Composition (Eng 101 or equivalent: 3 units)

Institution ___________________________ Units ________ Semester/Year ________________ Grade ______

5. General Physics (PHYS 100: 3 units)

Institution ___________________________ Units ________ Semester/Year ________________ Grade ______

6. Medical Terminology (MEDA 110: 2 or more units)

Institution ___________________________ Units ________ Semester/Year ________________ Grade ______

C. Career Exploration (Submit Form) – Date of Completion: ____________________________
Applicant Agreements: Instructions: Read and place your initials by each item.
Retain a copy for your records.

_____ I have read all of the material contained in the RADT Information/Application Guide, had the opportunity to ask for clarifications, and understand the application and admission requirements and processes before the stated deadlines.

_____ I understand that after my application is submitted, it is my responsibility to notify the Mesa College Special Admission Clerk of any changes in my email, address or telephone number.

_____ I understand that it is my responsibility to make sure my email listed on the application is legible and that my account settings are set to receive all emails and attachments from sdccd.edu.

_____ I understand that if I should require special accommodations, it is my responsibility to contact the College Disabled Student Program and Services office (619-388-2780) early in the process so as to ensure time to validate and establish the necessary reasonable accommodation which maintains the essential elements of the program.

_____ I understand it is my responsibility to: meet program requirements; ensure prerequisite course equivalency; follow proper application procedures; provide transcripts as directed; and keep informed on revisions regarding degree requirements, program requirement, and selection process.

_____ I understand that the general education requirements for the associate degree are subject to change with the publication of each year’s Mesa College catalog.

_____ I understand that if I am notified for program admission, my failure to submit a written confirmation of acceptance or any required clinical placement eligibility documentation by the specified deadline will result in forfeiture of my admission status.

_____ I understand that the RADT program admission policies are based on published College and Department policies; program admission is an equal opportunity process and persons are not excluded based on ethnicity, age, gender, sexual orientation or religion.

_____ I understand that success in this program and profession is based on clinical competency and patient safety, and that if the results of my physical examination or physical condition conflict with the physical requirements of the profession (tactile sense; see; hear; bend; stoop; lift; push; operate overhead equipment and transfer patients with both hands/arms; and other requirements as listed under "Technical Standards"), my admission or status may be re-evaluated or denied due to patient safety. I understand I have the opportunity to discuss these matters beforehand with the Program Director and access due process if these matters pertain to me.

_____ I understand that Mesa College reserves the right to revise program requirements and/or selection procedures, immediately after the application filing date, out of regulatory or accreditation necessity.

_____ I have read the current Allied Health Department Policy manual (www.sdmesa.edu/allied-health) and understand that I will be expected to adhere to the terms and conditions outlined in the most current version of the manual as part of my participation in an Allied Health Department program.

_____ I understand that once I have met all Directed Clinical Practice placement requirements, I will be assigned to a Mesa College clinical affiliate, not necessarily of my preference.

_____ I understand that I will need to submit an updated application every year to the Special Admission Counselor, along with any new transcripts, by January 31st while on the waitlist. Failure to do so will forfeit my spot on the waitlist.

Name_________________________Signature_________________________Date ___________
The purpose of Career Exploration is to allow prospective students to make an educational and career decision based on firsthand knowledge of what radiologic technologists do on a daily basis. To ensure that this is achieved, please complete the following **50 Hours**.

<table>
<thead>
<tr>
<th>Area Or Modality</th>
<th>Hours Required</th>
<th>Hours Completed</th>
<th>Supervisor/Tech Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fluoroscopic Procedures</td>
<td>8</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Emergency Room/Trauma Radiology</td>
<td>8</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>Portables</td>
<td>8</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Inpatient General Radiology</td>
<td>8</td>
<td>_______</td>
<td>_______</td>
</tr>
<tr>
<td>Outpatient General Radiology</td>
<td>8</td>
<td>_______</td>
<td>_______</td>
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<tr>
<td>Specialty areas (choose any or a combination: Ultrasound, CT, MRI, Angiography or Nuclear Medicine)</td>
<td>10</td>
<td>_______</td>
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__________________________ has completed 50 hours of Career Exploration
(Name of individual completing hours)

Comments __________________________________________________________
_________________________________________________________________

Dates of Attendance (list first and last date): _________________________

Hospital ________________________________

Imaging **Supervisor or Manager** Name: _______________________________

Imaging Supervisor or Manager Signature _______________________________

Phone ___________________________ Date ________________
RADIOLOGIC TECHNOLOGY
CAREER EXPLORATION

UCSD Medical Center Contact: Volunteer Services (619) 543-6370
200 W. Arbor, San Diego, CA

Palomar Medical Contact: Sam Ramos (442) 281-1240
2185 W. Citracado Parkway, Escondido, CA

Veterans Administration Contact: Ruben Herrera (Ruben.Herrera@va.gov)
3350 La Jolla Village Drive, La Jolla, CA

Grossmont Hospital Contact: Katrina Tomik (619) 740-4059
5555 Grossmont Center Drive, La Mesa, CA

Scripps Mercy Hospital Contact: Volunteer Services (619) 260-7082
4077 5th Avenue, San Diego, CA

Kaiser Permanente Contact: Education Services (619) 641-4133
4647 Zion Ave, San Diego, CA

Planning for Career Exploration
Hospitals may not be able to accommodate the dates of your preference and several have waitlists for Career Exploration. Prospective students are encouraged to make their Career Exploration contacts as early as possible to ensure completion by the program application deadline.

Eligible Hospitals
This is a list of hospitals familiar with participating in career exploration or you may choose another hospital in any area or state. Hospitals or Medical Centers other than those listed here are acceptable but must have an emergency room, in-patients and operating rooms. To arrange Career Exploration at a hospital not on this list, contact their Imaging Department Manager for permission and coordinate registration/orientation with their Volunteer Services.

Objective and Duties
The objective of Career Exploration is “job-shadowing” a radiologic technologist. Career Exploration volunteers should not be primarily assigned to patient transportation, file room or clerical duties beyond the extent of typical radiologic technologist duties. It is the student’s responsibility to ask for observation in each of the six radiology areas.

Patient Privacy and Professionalism
Any documented HIPAA (patient information) violations or inappropriate conduct committed during Career Exploration may be grounds for program admission denial.

Specific Hospital Requirements
Some hospitals require more than 50 hours of their volunteers. Only the first 50 hours are required for this program, but some hospitals may not release the Career Exploration form until all of their required volunteer hours are completed. The reason for this is that hospitals utilize their resources toward the orientation of volunteers and may understandably have certain expectations in return for their resource expenditure. The RADT program is not responsible for any conflicts between the program requirements and hospital requirements for volunteer hours.

There may be immunization, TB testing and other documentation and requirements specific to each hospital pertaining to volunteers. There may also be parking and uniform fees. These requirements and costs are the responsibility of the prospective student.
TECHNICAL STANDARDS (Essential Functions) FOR RADIOLOGY TECHNOLOGISTS

According to the ARRT Standards of Care (www.arrt.org), technologists must be physically and mentally capable of performing the clinical duties of their job. If a “No” response is given to one of the tasks, reasonable accommodation will be considered and utilized as appropriate to maintain program standards. While the program may be able to accommodate certain physical limitations, the student should be aware that potential employers may not be able to make similar accommodations.

DIRECTIONS: Please check the appropriate box on the right, sign, date, and return with your application.

<table>
<thead>
<tr>
<th>A. ARE YOU ABLE TO:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Stand for 60+ minutes (up to 4 hours) on a tiled or carpeted surface?</td>
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<td>2. Sit for 50 minutes on a chair at a table or desk?</td>
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<tr>
<td>3. Walk 600 feet one way on a tiled or carpeted surface? Turn to either direction on a tiled or carpeted surface? Walk backwards for up to 20 feet on a tiled or carpeted surface?</td>
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<tr>
<td>4. Lift and carry various equipment of up to 30 lbs with both hands?</td>
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<tr>
<td>5. Lift equipment of approximately 10 lbs to shoulder level and then carry same up to 30 feet?</td>
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<tr>
<td>6. Assist patients from a lying position to sitting on the edge of the bed (and vice versa) with varying degrees of assistance, working with up to 200 lbs?</td>
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<tr>
<td>7. Assist patient transfers between gurneys, wheelchairs and beds in a manner to prevent patient falls?</td>
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<tr>
<td>8. Maintain your standing balance in awkward positions (such as when you are handling equipment in sterile conditions and working with patients)?</td>
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<td>9. Bend, stoop, or crouch to reach a low object?</td>
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<td>10. Rotate your trunk (spine) from side to side?</td>
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<tr>
<td>11. Rotate your forearms to turn knobs and levers?</td>
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<td>12. Reach overhead, forward and side to side and able to push overhead equipment in the same manner?</td>
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<tr>
<td>13. Manipulate small size objects such as small dials and switches, needles and syringes, hospital gown ties, individual keys on a keyboard, etc.?</td>
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<tr>
<th>B. OTHER DEMANDS OF TRAINING IN THIS PROFESSION. ARE YOU ABLE TO:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SEE: all spectrum of colors, read printed information; read small control panels; observe patient skin and coloration before, during and after treatment; read patient identification and medical records on paper and computer screens; observe that the work area is free of obstacles, etc.?</td>
<td></td>
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<tr>
<td>2. HEAR: patient and healthcare team questions/comments face to face and without being face-to-face; faint cries for help, emergency call bells, equipment timers, etc.?</td>
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<tr>
<td>3. SPEAK: give exam instructions to patients/family members; clarify patient identification and history; provide patient and peer instructions in emergency situations, etc.?</td>
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<tr>
<td>4. TACTILE: feel hot and cold sensations, feel liquid that may spill or touch any part of your body, feel pressure such as to avoid accidentally touching or bumping a sterile field with any part of your body?</td>
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</table>

Name: ___________________________ Date: __________________________

Signature: __________________________

Note: Please read each item very carefully and answer the above questions accurately and honestly. Any answer of “no” will be addressed with the student to determine reasonable accommodation; however, fraudulent answers will be considered as a violation of the ARRT Rules of Ethics.