



Application for Admission

Directions: Complete **ALL** information requested and submit with a copy of your HIGH SCHOOL DIPLOMA or EQUIVALENCY.

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP CODE

HOME PHONE: (____) _____ CELL: (____) _____

D.O.B.: ____ / ____ / ____ SSN: ____ - ____ - ____
MM DD YYYY

EMAIL ADDRESS: _____

ARE YOU A U.S. CITIZEN? YES NO

IF NO, DO YOU HOLD A **SIGNED** PERMANENT RESIDENT IMMIGRATION STATUS (GREEN CARD): YES NO

IF YES, PLEASE PROVIDE A COPY OF YOUR **SIGNED** PERMANENT RESIDENCY CARD WITH THIS APPLICATION.

WHO TO NOTIFY IN CASE OF EMERGENCY: _____ RELATIONSHIP: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

HOME PHONE: (____) _____ CELL: (____) _____

EDUCATION: List **ALL** institutions attended beginning with high school. Official transcripts are required from **ALL** institutions that you were enrolled in, regardless of length of time attended. No student copies will be accepted.

High School: _____ Dates Attended: _____

College: _____ Dates Attended: _____

College: _____ Dates Attended: _____

Other: _____ Dates Attended: _____

Turn paper over please

HAVE YOU EVER BEEN CONVICTED OF A CRIME: YES NO

IF YES, PLEASE EXPLAIN: _____

HOW DID YOU HEAR ABOUT THIS PROGRAM?

NEWSPAPER CAREER DAY H.S. COUNSELOR FRIEND OR RELATIVE

CURRENT H.C.C.C. STUDENT (H.C.C.C. STUDENT I.D. #: _____) OTHER: _____

All papers filed in support of this application become a permanent part of the Radiography Program. They are not returnable. I certify that the information given by me on this application is complete and accurate, and I understand that any misrepresentation may be cause for dismissal and / or refusing admission. Each application must be 18 years of age or older to qualify for admission to the School Program. I am aware that, if accepted to the Radiography Program, I will be required to agree to a criminal background and drug screening investigation. I further understand that commencement and continuation in the Radiography Program is contingent upon the satisfaction of the school's Radiography Program, in its sole and total discretion, with the results of the criminal background investigation.

Signature of Applicant: _____

Date: _____ / _____ / _____

The Admission and Education Policies of the Hudson County Community College-Radiography Program are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability and national origin.

Office Use Only

Application Received On:

Stamped with the date application is received in the department office.



Reference Form

Please include this form with the Application for Admissions. The school will mail the form to the reference person. A total of two (2) reference forms are required. (No relatives or friends)

NAME OF APPLICANT: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP CODE

Agreement of Confidentiality

I, waive do not waive, my right to access to this recommendation form under the Family Educational Rights and Privacy Act of 1974. I understand that this form will be used by the school solely in its procedures relating to admissions.

Signature of Applicant: _____

Date: _____ / _____ / _____



NAME OF REFERENCE: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP CODE

Please give your candid evaluation of the above named applicant. We appreciate you taking the time to complete this form.

The above named applicant is applying for the Radiography Program. The program attaches great importance to the testimony of faculty members and others qualified to make judgments of the applicant.

Do not complete this form if the section above has not been completed and signed.

How long have you known the applicant? _____

In what capacity? _____

(Continue on next page)

Reference Form

Academic Professional Performance	POOR	FAIR	AVERAGE	ABOVE AVERAGE	NOT ABLE TO JUDGE
Competence in written work					
Skill in oral expression					
Creativity in research work, progress, etc.					
Motivation for school study					
Preparation for school work					
Ability to work independently					
Personality					
Ability to get along with others					
Honesty					
Judgment					
Assertiveness					
Mental Alertness					
Compassion for others					

Personal Impression/Remarks:

Recommender's Name: _____

Date: _____

Recommender's Position or Title

Recommender's School or Place of Business

ADDRESS: _____

STREET

CITY

STATE

ZIP CODE

Signature: _____

Please return to: Hudson County Community College, Radiography Program, 870 Bergen Avenue, 2nd Floor, Jersey City, NJ 07306.



Radiography Program

NEW APPLICANT PRE- INTERVIEW QUESTIONNAIRE FORM

To Be Submitted With School Application Forms

NAME: _____ **TODAY'S DATE:** _____ / _____ / _____
MM / DD / YYYY

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

HOME TELEPHONE #: (_____) _____ CELL #: (_____) _____

EMAIL ADDRESS: _____

INSTRUCTIONS: *Please write clearly.* Kindly answer ALL questions to the best of your ability. These answers will be used in conjunction with the interview process.

1. What subjects did you enjoy the most *and* the least in high school? Why? _____

2. Did you participate in extracurricular activities/volunteering in high school/college? List them.

3. What experiences in school or at work have you had that will help you as a Radiologic technologist? _____

Complete other side

4. List your employment experiences and dates: (starting with most recent)

Employer	Job Title	Start Date	End Date

5. Were you ever convicted of a felony or misdemeanor? Yes No

If YES, explain: _____

Note: upon graduating from the program, you are allowed to sit for the ARRT registry exam. Individuals who have been involved in a criminal proceeding or who have been charged with or convicted of a crime may file a request for PRE-APPLICATION REVIEW with the ARRT. A charge or conviction of a plea of guilty or a plea of nolo contendere to an offense that is classified as a misdemeanor or felony constitutes a conviction for ARRT purposes. Fee \$100; www.rrt.org

6. Are you a United States Citizen? Yes No

If NO, answer question 7

7. Do you possess a (signed) green card / permanent resident card or Naturalization Papers?

Yes No

A copy must accompany your application to confirm eligibility to sit for ARRT exam.

8. Do you know anyone in the field of radiology? Yes No

If YES, please provide names _____

9. Do you know any past graduates from the program? Yes No

If YES, please provide names: _____

10. Briefly state why you have chosen to study the field of radiology. _____

APPLICANT SIGNATURE

H.C.C.C. School of Radiography
Essential Job Functions for Admission
“Required Technical Standards”

To participate in the clinical education portion of the program, the applicant must possess certain non-academic skills. The following are essential job functions for any Radiologic Technologist as compiled from observations of a wide variety of job experiences.

1. Visual Acuity:
 - Distinguish whether x-ray beam is perpendicular, horizontal or angled through the center of the anatomical area being x-rayed to the center of the film.
 - Perform necessary radiographic procedures that involve placement of needles, catheters, etc. into proper structure of the patient.
 - Read protocol for radiography procedures in the department.
 - Perform data entry tasks using digital and computer terminals.
2. Hearing Acuity:
 - Hearing must be sufficient to communicate with others.
 - Distinguish phonetic sounds either mechanically transmitted or from conversation, in order to perform film processing tasks and fluoroscopic procedures in light controlled areas.
 - Hear and retain pertinent information to relay instructions.
 - Hear and respond to patient questions and clinical history while processing a request.
3. Speaking Ability:
 - Speak clearly and loudly enough to be understood by a person in the Radiology Department, in surgery or on the phone.
 - Good communication skills are also necessary to maintain good interpersonal relationships with patients and peers.
4. Digital Dexterity:
 - Graps and manipulate small objects required to perform job function.
 - Operate a variety of x-ray equipment
 - Arms and hands or functional artificial limbs are essential to perform radiographic procedures and transfer patients.
 - Legs and feet or functional artificial limbs are essential to maintain balance to accomplish required duties and transport patients.
5. Physical Ability:
 - Stand for the majority (approximately 80%) of a normal work day.
 - Maneuver through congested area(s) or unit(s) to perform positioning procedures and transport patients.
 - Raise arm(s) while maintaining balance when positioning a patient, reaching over table, adjusting x-ray tube.
 - Maneuver/push heavy radiographic equipment through congested areas.
 - Pull/push medical equipment and adjust x-ray tubes to standard focal film distance; transfer of patients to and from unit.
 - Weight must allow free movement within small control booth, move quickly during patient emergencies; squeeze in small areas while performing portable radiography procedures.
 - Lift incapacitate patients, for placement of film; lift and carry approximately 30 pounds of equipment.
6. Adaptive Ability:
 - Complete assignments or job functions within deadlines.
 - Complete required tasks/functions under stressful conditions.
 - Track and complete multiple tasks at the same time.
 - Perform independently with minimal supervision.
 - Interact appropriately with diverse personalities.

I have read the above Essential Job Functions for Admission into the Radiography Program. My signature below determines that I am capable of fulfilling these requirements.

_____ / _____ / _____
Print Name

Signature

Date