



Radiography Program
Application Deadline March 28th 2025
Entrance Exam Deadline March 28th 2025

FALL 2025

Dear Radiography Program Applicant:

Thank you for your interest in the H.C.C.C. Radiography Program. Kindly complete and return the attached Radiography Program packet as the forms are completed and/or documents are ready. Timely submission of the application is highly encouraged. You may return it via regular U.S. Postal Mail, via email, via fax or make an appointment to bring it in personally.

The application packet includes:

1. Radiography Program Application
2. Radiography Program Technical Standard Form
3. Radiography Program Pre-Interview Questionnaire

Please return the packet with:

- a. Copy of your H.S. Diploma/GED/transcript
- b. Current copy of your resume
- c. Copy of current/valid Government I.D.
- d. Copy of the front and back of your health insurance cards
- e. Copy of COVID Card (which includes booster vaccine)
- f. Official sealed transcripts from any other college/universities/instructions you have attended.
- g. TEAS Entrance Exam Score
- h. Confirmation attendance of an Open House Event or Radiography Program Info. Session

We look forward to you becoming a part of our Radiography Program in the near future.

Radiography Program
Joseph A. Cundari Center; Building F
870 Bergen Avenue, 2nd Floor
Jersey City, NJ 07306
O: 201.360.4784
F: 201.420.7513



Radiography Program

Application for Admission

Complete **ALL** information requested and submit with all listed items on cover letter.

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP CODE

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

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

EMAIL ADDRESS: _____

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 institutions **other than H.C.C.C.** 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 T.V. SOCIAL MEDIA OPEN HOUSE

INFORMATION SESSION FRIEND OR RELATIVE OTHER: _____

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

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 College 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 College'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		
<table border="1"><tr><td>Application Received On:</td></tr><tr><td> </td></tr></table>	Application Received On:	
Application Received On:		
<i>Stamped with the date application is received in the department office.</i>		



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. Why did you choose Hudson County Community College over other local colleges?

2. Were you enrolled in any other majors, or were interested in any another major?
What was it? Yes No

3. Why did you choose radiography?

4. The program is strict on attendance and tardiness, do you foresee any issues with adhering to attendance policies? Yes No

If yes, what?

5. Do you think you will have any difficulty interacting the people of difference cultures and backgrounds? Yes No

If yes, why?

6. Do you think you will have any difficulty working with/touching patients with known and unknown communicable diseases? Yes No

If yes, why?

7. Do you think during laboratory and simulation procedure evaluations, that you will have difficulty positioning and touching classmates, and being positioned and touched by classmates? Yes No

8. Describe what life/work experiences you have that will help you interact well with both patients and peers?

9. Have you ever been involved in caring for someone in a health care situation, family or friend? Please explain what care you provide.

10. Are you aware of the avenues for advancement/progression in the field of radiology?

Yes No

If yes, what were they?

11. What interested you about them and have you considered or checked into any of these?

Yes No

If yes, why?

12. What are your salary and/or employment expectations after graduation?

13. Are you aware that you will be required to complete clinical rotations in Bayonne, Hoboken, Jersey City, Montclair, Nutley, Rutherford, Union City, West New York, Staten Island and other cities including future clinical sites? Yes No

14. Are you aware that acceptance to the Program is not based on your ability/inability to travel to assigned clinical sites? Yes No

15. Are you CPR Certified? *Required upon the start date of clinical* Yes No

16. What qualities do you think a radiographer should possess?

17. What do you think will be your greatest challenge during the full-day, 24-month Radiography program?

18. Provide an example of a time when you have worked with a team and used your communication skills. (Ex. Work or school)

19. Do you consider yourself more of a leader or team member?

Leader Team Member

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

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

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

Complete other side

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

Employer	Job Title	Start Date	End Date

24. 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.arrt.org

25. Are you a United States Citizen? Yes No
If NO, answer question 7

26. Do you possess a valid government ID with photo/ (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.

27. Do you know anyone in the field of radiology? Yes No
If **YES**, please provide names _____

28. Do you know any past graduates from the program? Yes No
If **YES**, please provide names: _____

APPLICANT SIGNATURE

Submit