



LARAMIE COUNTY  
COMMUNITY COLLEGE  
Cheyenne | Laramie | Online

**RADIOGRAPHY PROGRAM**  
**RDTK 2992 – ADVANCED MODALITY CLINICAL COURSE**  
**APPLICATION FOR ENROLLMENT**

Application to enroll for (semester): \_\_\_\_\_

Desired Advanced Modality: \_\_\_\_\_

**Desired\* Clinical Site**

Please list up to three potential clinical sites for your clinical experience in order of your preference, with "1" being your first choice. If you are requesting a clinical site outside of Cheyenne, WY or a site that we do not currently use for our radiography program, please also provide an address, a person to contact, their title, and their contact information (telephone number and email address).

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Info. \_\_\_\_\_

**Applicant Contact Information (Please Print)**

Name:	Today's Date:
Maiden Name/Other Names Used (for transcript purposes):	
Address: (Street, City, State, ZIP)	
Home Phone:	Work Phone:
Cell Phone:	Email:

**NOTE: Please advise the Radiography Program Director if there is a change in any of the information above, so that we may contact you if additional information is required.**

**Applicant Prerequisite Information**

<b>Education:</b> Please list prior institutions attended and the degrees and majors earned starting with the most recent. Please provide transcripts.		
Institution:	Degree:	Date:
	Major:	
Institution:	Degree:	Date:
	Major:	
Institution:	Degree:	Date:
	Major:	

**Certifications and Licenses:** Please list all medical imaging certifications and other certification and licenses you currently hold. **Attach copies of all medical credentials with your application.**

<b>American Registry of Radiologic Technologists (ARRT)</b>		
Certification Number:	Discipline(s) credentialed in:	Expires:
<b>State license:</b> State _____	<b>**Scope of Practice:</b> _____	
License Number:	Expires:	
<b>State license:</b> State _____	<b>**Scope of Practice:</b> _____	
License Number:	Expires:	
<b>State license:</b> State _____	<b>**Scope of Practice:</b> _____	
License Number:	Expires:	

<b>Other:</b> _____ License Number: _____	Expires: _____
<b>CPR:</b> (Must be for the Healthcare Worker) Agency: _____	Expires: _____

**\*\*Specify Unrestricted or Limited**

**Employment Information:**

Provide your medical imaging employment experience starting with the most recent

Employer: _____ Address: _____	Position Title: _____ Dates of employment: _____
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**Reference Forms:**

To complete your application, please submit three completed reference forms † (see attached) from the following suggested individuals: Program Director, Clinical Coordinator, Clinical Supervisor, Employer, Supervisor, Medical Imaging faculty member. Please have them completed and returned directly to the Radiography Program Director by the application deadline of April 16, 2018.

† In the event that a candidate has not been actively employed in the medical imaging field within the last five years, s/he must complete an 8-hour observation in the desired advanced modality and an Advanced Modality Observation Form will be used and scored in lieu of one of the reference forms. (Please see the program's Observation and HIPAA Forms attached at the end of the application packet.)

To allow us to ensure that your application is complete, please list who will be providing reference forms and/or what facility you will completing an 8-hour observation in lieu of a third reference form:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Clinical placement and permission to enroll in the course will be based on the number of qualified applicants in each modality, clinical capacity, and the satisfaction of any other clinical placement requirements for the College or the site requested. In the event that two applicants requesting the same clinical setting are equally qualified, date of application may be used to determine final clinical placement.

Applicants will be notified of their enrollment eligibility status in early May. Successful applicants will be required to complete a drug screen, background check, child abuse clearance, and provide proof of the required immunizations or titers at the cost of the student by the date specified in the selection letter and prior to the start of the course. In addition, some agencies may require additional background checks or drug screens prior to clinical participation. **Students are advised that testing positive on the drug screening, or evidence of tampering with a specimen, will disqualify a student from participation in this clinical course. In addition, certain criminal activity may disqualify a student from clinical participation; the inability to gain clinical education experiences can result in the inability to meet course objectives and outcomes. These circumstances may prevent acceptance into and/or continuance in the course.**

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed applications to: Laramie County Community College  
Radiography Program  
1400 E. College Drive  
Cheyenne, WY 82007

Laramie County Community College is committed to providing a safe and nondiscriminatory educational and employment environment. The college does not discriminate on the basis of race, color, national origin, sex, disability, religion, age, veteran status, political affiliation, sexual orientation or other status protected by law. Sexual harassment, including sexual violence, is a form of sex discrimination prohibited by Title IX of the Education Amendments of 1972. The college does not discriminate on the basis of sex in its educational, extracurricular, athletic or other programs or in the context of employment.

The college has a designated person to monitor compliance and to answer any questions regarding the college's nondiscrimination policies. Please contact: Title IX and ADA Coordinator, Suite 205, Clay Pathfinder Building, 1400 E College Drive, Cheyenne, WY 82007, 307.778.1217, [TitleIX\\_ADA@lccc.wy.edu](mailto:TitleIX_ADA@lccc.wy.edu).

## Before You Submit Your Application Checklist

To ensure your application is complete have you:

- Attached copies of your ARRT and CPR certification(s)?
- Attached copies of any medical imaging licenses that you currently hold?
- Distributed your three reference forms (two, if a department observation is required) and followed up with your references to ensure they are submitted to the radiography program director by April 16, 2018?
- (If applicable) Made arrangements to complete an eight-hour observation in the medical imaging modality by April 16, 2018?
- Completely answered all of the items on the Application Form?
- Ensured that all of your contact information is accurate and up-to-date?
- Signed and dated your application?

\*Please be advised that we can only place students in facilities with whom LCCC has a current Clinical Affiliate Agreement and/or Memorandum of Understanding, adequate exam volumes that meet the ARRT competency criteria for the desired modality, sufficient qualified staff for clinical supervision purposes, and permission from the site for clinical placement for the semester requested. If LCCC is not currently affiliated with the desired clinical site, please allow adequate time for the required paperwork to be completed.



**LARAMIE COUNTY COMMUNITY COLLEGE**  
**1400 E. College Drive, Cheyenne Wyoming 82007**  
**ADVANCED MODALITY CLINICAL COURSE ENROLLMENT**  
**REFERENCE FORM**

To Be Completed By Applicant

Name:	
Application for (Modality):	Semester Desired:
Address: (Street, City, State, ZIP)	
Home Phone:	Work Phone:
Cell Phone:	Email:

**To Be Completed by Individual Serving as a Reference:** The applicant named above is applying for permission to enroll into the Advanced Modality Clinical Course at Laramie County Community College. As part of the application process, each applicant must have three reference forms completed and returned to the LCCC program director by the program’s application deadline, April 16, 2018. Enrollment is based on a priority and capacity basis, so your input is very valuable to us. Please rate the applicant in the categories below, answering as honestly as possible in order to allow us to place the best candidates. All answers are kept strictly confidential, and are shared only with program officials. After completing the form, please enclose it in the enclosed pre-addressed envelope seal the envelope and sign over the seal then drop it in the mail before the deadline of April 16, 2018. All reference forms are to be sent directly to the LCCC radiography program director, as indicated on the envelope. If you have any questions, please call Starla Mason, M.S., R.T. (R) (QM) at 307.778.1391 or email: SMason@lccc.wy.edu. Thank you for your assistance.

Please place an “X” in the column under the rating which best describes the applicant’s abilities in each area **with 5 being the highest rating, and 1 the lowest.**

	LOWEST					HIGHEST
	1	2	3	4	5	
Attendance						
Punctuality						
Grooming and hygiene						
Dependability						
Follows instructions						
Respect for authority and organizational policies						
Initiative						
Commitment and follow through						
Attention to detail						
Learns from mistakes						
Accountability						
Accepts responsibility for actions						
Receptive to suggestions and/or corrections						
Motivation level						
Interpersonal skills						
Time management						
Team player						
Honesty and integrity						
Overall work ethic						
Would you recommend this candidate?						

Please feel free to comment on any of your answers or provide any other additional information which you feel may assist us in our selection on the back of this page.

Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Capacity in which you know/knew the applicant: \_\_\_\_\_



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Time management						
Team player						
Honesty and integrity						
Overall work ethic						
Would you recommend this candidate?						

Please feel free to comment on any of your answers or provide any other additional information which you feel may assist us in our selection on the back of this page.

Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Capacity in which you know/knew the applicant: \_\_\_\_\_



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**1400 E. College Drive, Cheyenne Wyoming 82007**  
**ADVANCED MODALITY CLINICAL COURSE ENROLLMENT**  
**REFERENCE FORM**

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Application for (Modality):	Semester Desired:
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	1	2	3	4	5	
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Punctuality						
Grooming and hygiene						
Dependability						
Follows instructions						
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Attention to detail						
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Motivation level						
Interpersonal skills						
Time management						
Team player						
Honesty and integrity						
Overall work ethic						
Would you recommend this candidate?						

Please feel free to comment on any of your answers or provide any other additional information which you feel may assist us in our selection on the back of this page.

Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Capacity in which you know/knew the applicant: \_\_\_\_\_



## LARAMIE COUNTY COMMUNITY COLLEGE ADVANCED MODALITY CLINICAL COURSE PRE-ENROLLMENT OBSERVATION GUIDELINES AND ACCEPTANCE FORM

**Instructions:** Please read the following information and complete the indicated information at the bottom of the form. Submit this signed form (along with your "PRE-ENROLLMENT OBSERVATION EVALUATION FORM") to the orienting technologist of the radiology facility at the start of your observation period. You may make a copy of the completed form for your records, if you wish.

Health care facilities are organizations designed to provide medical diagnoses, treatment, and care for patients. As an observing student in a radiology department or imaging center, you will be allowed to observe various interactions between patients, technologists, physicians, and other health care personnel.

The health care environment is governed by various rules and policies that serve to ensure that the patient and his/her information is held in trust. In keeping with this, individuals who are observing as potential students in LCCC's Advanced Modality Clinical course are required to follow these guidelines:

1. As a student applying for enrollment in the Advanced Clinical course at LCCC, your role is strictly an observer. Although you may be qualified to administer certain aspects of patient care (such as CPR) due to your past education and experiences, you may not provide any direct patient care during this observation period.
2. During your observation, you will observe both patients and their information (including their medical images.) You may even observe an examination or information of someone you know while at the facility. It is permissible to ask questions of the technologists available about the procedures you are observing. **Please be advised that this is privileged information protected by federal privacy acts, and therefore cannot be shared with ANY party outside the facility, no matter how tempting it may be. This includes family members and friends.**
3. Due to the privacy rules described above, some facilities may require you to sign a confidentiality statement specific to their institution in addition to this form prior to your observation. Department personnel may also request patient permission prior to your observation of each procedure. While most patients do give their permission, patients do have the right to deny your observation of their examinations. Please do not be offended if a patient does not wish to have you present or observe his/her exam. Instead, respect the patient's right to choose how his/her care is delivered.
4. The health care facility will make every effort for a safe and educational observation experience, but because your observation is in an imaging center or the radiology department of a health care facility, you may be exposed to blood-borne and other pathogens while at the facility.
5. An observing student is ultimately responsible for his/her own actions. If a student fails to comply with the guidelines listed above, the facility has the right to immediately suspend the student's observation and/or bar him/her from future observations. In addition, the facility and/or Laramie County Community College cannot be held responsible for any damages or liability which may result due to inappropriate student behaviors during or after the observation period.

### ACCEPTANCE OF OBSERVATION GUIDELINES

I have read the Guidelines for the Pre-Enrollment Observation Requirement for students applying for the Advanced Modality Clinical course at Laramie County Community College. I understand my responsibilities concerning the observation with regard to patient confidentiality and the importance of following the instructions of the technologists during my observation. I understand that I am bound to these rules and other applicable department/hospital policies during my observation, and will comply with these policies to the best of my ability.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technologist Signature

\_\_\_\_\_  
Date

If you have any questions about the observation or this form, please call the Radiography Program Director at 307.778.1391.

**Note to host facilities:** Please feel free to keep the original or a copy of this document for your records, and forward one copy back to the LCCC Radiography Program Director attached to the Pre-Enrollment Observation Evaluation Form. Thank you for your time and assistance during this pre-observation experience.



LARAMIE COUNTY COMMUNITY COLLEGE  
ADVANCED MODALITY CLINICAL COURSE  
**PRE-ENROLLMENT OBSERVATION  
EVALUATION FORM**

***For use in place of one reference form for potential students who have not been actively employed in the medical imaging field within the last five years.***

This form allows a potential student who wishes to enroll in LCCC’s Advanced Modality Clinical course—but who has not been actively employed within the last five years in the medical imaging field—the opportunity to observe in the desired modality. For these individuals, this form’s scored items will be used in place of one of three required reference forms determining their eligibility and clinical placement in RDTK 2992 – Advanced Modality Clinical Education.

A potential student must have observed in the desired modality in a Department of Radiology for an eight-hour period. It is permissible for the student to attend two, four-hour intervals or one, eight-hour interval, but it is recommended that four hours out of the eight-hour total are in a hospital setting, if possible. We feel that the prospective student will have a better understanding of the type of work that an advanced credentialed technologist does by attending this observation period.

NOTE: In the event that patient volume in the department appears to be low or inadequate, it is permissible for the observing student to reschedule remaining and/or additional observation time if the supervising technologist deems this to be appropriate.

The faculty of the LCCC radiography program would like to thank you and your staff for the consideration you have shown to this prospective student and appreciate your comments.

**Please answer the questions on the back of this sheet and return this form and the Pre-Enrollment Observation Guidelines and Acceptance Form to the following address by April 16, 2018:**

Laramie County Community College  
Director, Radiography Program  
1400 E. College Drive  
Cheyenne, WY 82007

Name of Facility: \_\_\_\_\_

Name of Prospective Student: \_\_\_\_\_

Number of Hours Spent in the Department of Radiology: \_\_\_\_\_

Date(s) of Attendance: \_\_\_\_\_

*Thank You For Your Assistance.*

If you have any questions, please call the LCCC radiography program director at 307.778.1391 or email Starla Mason at SMason@lccc.wy.edu. \*If the student observes at two different clinical facilities (i.e., an office setting and a hospital setting), this form may be copied for use at both sites.)



The student:	YES	NO
1. Called to make an appointment		
2. Was punctual		
3. Stayed the required 8 (or 4) hours		
4. Came to the department properly groomed		
5. Came to the department properly attired		
6. Came to the department prepared to observe with the appropriate paperwork		
7. Displayed a professional demeanor (courteous, no cell phone or PED use, etc.)		
Note: Please explain and/or comment on any item(s) where "no" has been checked.		
Please rate the following items from 1 to 5 with 5 being the highest rating possible.		
	<b>LOWEST</b>	<b>HIGHEST</b>
	<b>1</b>	<b>2</b>
	<b>3</b>	<b>4</b>
	<b>5</b>	
8. Actively engaged in the observation process		
9. Displayed interest in the modality's procedures		
10. Asked pertinent questions during the observation		
11. Displayed the ability, knowledge, and willingness to interact and communicate in a medical imaging environment		
12. Recognized the potential hazards of radiation and magnetic fields and the need to maintain an aseptic environment		
13. Recognized and respected patient confidentiality requirements		
14. Displayed respect for organizational policies and procedures		
15. Would you recommend this student?		
Please comment: Other comments and overall impressions:		

Name of Orienting Technologist (Please print) \_\_\_\_\_

Signature of Orienting Technologist \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to the address shown on the front page, regardless of the number of hours observed.