



LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
2018-2019

ADMISSION INFORMATION AND PROCESS
For Classes Beginning 2019

The Radiography faculty is pleased with your interest in our radiography program. We have experienced personal satisfaction in radiography and hope that you will also.

The radiography curriculum at Laramie County Community College (LCCC) is designed to meet all the requirements for radiography programs accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT, 20 North Wacker Drive, Suite 2850, Chicago, IL 60606-3182, 312.704.5300, mail@jrcert.org) and the curriculum guide of the American Society of Radiologic Technologists.

It is the applicant's responsibility to furnish results of all the required paperwork. Failure to provide all required information by the application deadline will cause the applicant to be ineligible for consideration.

This information is also available at our website: lccc.wy.edu/programs/radiography

For admission to the radiography program, complete the following steps:

Step 1.

Apply for admission to LCCC and take three placement exams in the college counseling/testing area. Note: The cost for these tests is part of the college's admissions fee, which must be submitted prior to testing.

- a. Demonstrate competency to enter the first semester of freshman English (ENGL 1010). Prior course work or the equivalent is required as proof of meeting this requirement.
- b. Minimum of a 13th grade reading level. **All** applicants are required to take the placement test offered at LCCC and show a score of Level III within the last **five** years. (Spring 2013 to present. This may be demonstrated by the following within the last five years: McCann reading score - 80 or above; ACT reading score - 21 or above; Compass reading score - 75 or above.) **Please submit your placement results with your application.**

NOTE: The reading test is a requirement for all applicants, regardless of past college coursework. All applicants must take LCCC's reading test. Arrangements can be made for those residing outside the region to have the test monitored elsewhere.

- c. Completion of, or in the progress of completing, all required prerequisites as outlined in the program application and the college catalog corresponding to the year in which the student hopes to enter. All must be completed or in progress with a grade of "C" or better by the application deadline:
 - ZOO 2010 - Anatomy and Physiology I (within the last five years) **and**
 - ZOO 2020 - Anatomy and Physiology II (within the last five years) **or**
 - ZOO 2015 - Human Anatomy (within the last five years) **and**
 - ZOO 2025 - Human Physiology (within the last five years)
 - MATH 1400 - College Algebra (within the last five years)
 - HLTK 1200 - Medical Terminology

Step 2.

Provide a copy of all past college transcripts to the LCCC program director and one to the Admissions Office. **Only those science and math courses taken within the last five years will be considered. (Spring 2014 to present).**

Step 3.

Pre-admission observation: Complete eight hours of observation in a radiology department (it is recommended that at least four hours of this requirement be completed in a hospital setting, if possible) by making an appointment with the facility first, and taking both of the attached observation forms with you. Out-of-county and out-of-state applicants may make appointments and complete observations closer to home. It is recommended that students review the application questions prior to completing their clinical observations. In addition, students are requested to dress appropriately (i.e., interview attire) for their observations. 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. **Please be advised that some facilities require immunizations and background clearance prior to your observation, so please allow adequate time to complete these actions, if necessary.**

If you wish to complete your Observation at Poudre Valley Hospital or Medical Center of the Rockies, there is an application process through Volunteer and Guest Services. The following website address will take you to their Job Shadow information and contact information: www.uhealth.org/give-to-uhealth/volunteer/ to set up your observation.

NOTE: Applicants desiring to complete their observation at Ivinson Memorial Hospital in Laramie, Wyo., must call the LCCC program director or clinical coordinator prior to setting up an appointment. (Numbers to call: 307.778.1292 or 307.778.1391). In addition, all observing applicants must have current immunization to include MMR, Hepatitis-B, and a negative two-step PPD test for tuberculosis (PPD must be within the last 12 months.) Titers are also acceptable for this requirement, if applicable. Proof of immunizations can be obtained from high school transcripts, physician records, or other documentation from a qualified health care provider.

Step 4.

Complete the Radiography program's admission form and mail it as soon as possible. Applications will be accepted after January 2, 2019, and **must be received on or before March 1, 2019.** Any forms received after March 1 will be ineligible for consideration. Anatomy and Physiology and other prerequisite courses must be completed or in progress with a grade of "C" or better prior to the application deadline. Please provide the grades of all courses in progress, also. (See Page 2 of the Admission Form.)

Step 5.

Obtain three completed Reference Forms (attached); at least one must be from a former or current supervisor and/or instructor. No relatives may be used as references. These forms are to be returned to the LCCC program director under separate cover by the individual completing the form.

Successful applicants who have completed the admission process will be notified before April 1, 2019, of their conditional acceptance. Note: As applications for financial aid are due April 1, 2019, it is suggested that all applicants eligible for aid apply by April 1, 2019, rather than waiting until notification of acceptance.

Step 6.

After conditional acceptance to the radiography program, proof of the following additional requirements must be submitted to the radiography program by the dates stipulated in the acceptance letter:

- a. A completed physical examination form including verification of current vaccinations and titers (Hepatitis B, Rubella, Rubeola, Mumps, PPD, Diphtheria-Tetanus, Varicella).

- b. A copy of current certification from the American Heart Association in “CPR for the Health Care Worker” when classes begin in the Fall. CPR certification must be valid for the duration of the program.
- c. Students are advised that influenza vaccinations are also a requirement each Fall semester as mandated by various clinical settings.
- d. **Acceptable Drug Screening and Criminal Background Checks**
All allied health students are required to submit a pre-clinical urine drug screen according to the policy of the Allied Health Programs at LCCC. The drug screen is completed at the student’s expense and must be paid for at the time of application via the CastleBranch (or another LCCC contracted vendor) website.

At their discretion, clinical sites may also require a drug screening and/or a criminal background check prior to allowing students into the clinical setting. (If required, any associated fees will be the responsibility of the student.) In addition, LCCC and the clinical sites may require random drug testing and/or drug testing for reasonable cause. Generally, the urine drug test screens for alcoholic beverages, illegal drugs, or drugs that impair judgment while in the clinical agency. Testing positive on the screening, or evidence of tampering with a specimen, will disqualify a student from participation from the clinical assignment.

In addition to drug screening, for the safety of patients and health care workers, allied health students must also undergo a background check performed by CastleBranch or similar vendor at the student’s expense. Your acceptance into an allied health program at LCCC will not be final until LCCC has received background check information from the reporting agencies, and the background check is clear of disqualifying offenses. For more information, please see the complete Health Sciences and Wellness Division Policies for Allied Health Students posted on the Division website. Certain criminal activities, as evidenced by a criminal background check may also disqualify a student from clinical participation.

Students are advised that the inability to gain clinical education experiences can result in the inability to meet program objectives and outcomes. These circumstances may prevent final acceptance into and/or progression through the program, and ultimately result in dismissal from the program.

In keeping with the program’s due process policies, if a student disagrees with the accuracy of the information obtained, s/he may request a confirmatory test and/or a review of the accuracy of the background information within seven (7) working days. All requests must be made in writing to the Dean, Health Science and Wellness, and must include relevant information and/or extenuating circumstances supporting the request. A designated committee will review the results and the request, and will be responsible for making the final decision regarding the student’s request. The student will be notified in writing of the committee’s decision within seven (7) working days. For further information please refer to the Health Science & Wellness Handbook available under resources on the LCCC website at lccc.wy.edu/Programs/Radiography.

NOTE: Certificate Eligibility

Because the American Registry of Radiologic Technologists (ARRT) can deny certification, applicants with any of the listed violations below should complete an Ethics Pre-Application Review (available at www.arrrt.org) prior to enrollment in the program, or more than six months prior to program completion. These violations include:

- Criminal proceedings including:
 - misdemeanor charges and convictions,
 - felony charges and convictions,
 - military court-martials; and/or
- Disciplinary actions taken by a state or federal regulatory authority or certification board; and/or
- Honor code violations.

The Wyoming Board of Radiologic Technologists Examiners can also deny licensure if the board feels that such denial is in the public’s interest.

LCCC NON-DISCRIMINATION STATEMENT

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 non-discrimination 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.

SELECTION OF STUDENTS

After March 1, all completed applications will be reviewed by a selection committee composed of faculty members and other radiography personnel.

Selection will be based on the following criteria:

- a. Required prerequisite courses completed or in progress with a grade of "C" or better
- b. Other pertinent college credits
- c. Cumulative grade point average
- d. Observation evaluation
- e. Interactive personnel experience
- f. Responses to application questions
- g. References

Should any students receive identical scores, the date of receipt of the applications will be considered in giving priority. Final selection will be made and the students will be notified. An alternate list will be made to fill any cancellations.

Our program does not use an annual waiting list; therefore, students not selected for admission into the radiography program must initiate the admission process the following year before being reconsidered. All students' applications not selected will be kept for one year after the deadline and will then be destroyed.

PROGRESSION

To progress in the radiography program, the student must:

1. Maintain a minimum grade of "C" in each required radiography and support courses. A support course is any course that does not contain the RDTK prefix. A cumulative GPA of 2.0 or above is required prior to and after acceptance into the program.
2. Take radiography courses in sequence.

ESTIMATED EXPENSES

See college catalog for general tuition expenses. Additional estimated expenses for the entire Radiography program are:

Program fees	\$240/semester
Immunizations	150
Background check and drug screening costs	199
Books	700
Online clinical management system	150
Uniforms and shoes	150
Radiography student club dues and fees	60
ARRT certification exam fee (after program completion)	200
Wyoming licensure fee (after program completion)	225

The student is expected to provide transportation to class and to the assigned clinical education sites. Street clothes or uniforms may be worn to class, but the student is advised that the clinical sites' dress code policies must be strictly adhered to. This includes limited jewelry/piercing (only two small matched earrings, one in each ear, are allowed) and all tattoos must be covered. It should also be noted that during the Summer I semester, 20 hours of shift work in addition to normal clinical hours is expected to be completed.

STUDENT SERVICES

See college catalog for information.

TRANSFER STUDENTS

Prerequisites and other courses in the curriculum are only eligible for transfer credit from regionally accredited institutions and/or JRCERT-accredited radiography programs. Students seeking advanced standing will be evaluated on an individual basis and may be required to pass competency examinations monitored by the faculty to be accepted and to determine the level at which the student will enter the program. Official transcripts will be required. All transcripts will be evaluated by LCCC's Registrar and the Program Director for transfer credit and/ or advanced placement, as applicable. Specific requirements are outlined in the Radiography Student Handbook available from the LCCC program director and on the program's website.

Transfer students and students reentering the program will reenter under the applicable college catalog requirements. Only those science, math and radiography courses taken within a 5-year period will be accepted. Other courses may require testing to determine if they will be accepted.

STUDENT EMPLOYMENT

Due to the demands of the full-time radiography program, student employment is not encouraged. This personal decision should be based on individual performance in the classroom, clinical education sites, and personal health. It is the desire of the radiography faculty that students be successful in the program and that essential learning is not compromised. Students will not be excused from class or clinical assignments for personal work schedules. An alternative may be found by contacting the Financial Aid Office at the college.

QUESTIONS

If you have any questions about the radiography program or the admission process which are not answered here, please contact:

Ashleigh Ralls, B.S., R.T.(R) (CT)
Radiography Interim Program Director
307.778.1292 Fax: 307.778.1395
ARalls@lccc.wy.edu

or Kacee Hansen, B.S., R.T.(R)
Radiography Interim Clinical Coordinator
307.778.1391 Fax: 307.778.1395
KHansen@lccc.wy.edu

Visit lccc.wy.edu/programs/radiography



LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
TECHNICAL STANDARDS

Graduates of this program, as entry-level radiographers, will be able to provide quality patient care and will be able to perform quality radiographic examinations with minimal radiation exposure to the patient and themselves in the full range of diagnostic procedures such as skull, chest, bone, gastrointestinal, genitourinary, bedside exams and surgical procedures. On occasion, the job may also require the ability to tolerate physically and mentally taxing workloads. The ability to adapt to changing environments, display flexibility, and function effectively under stress and in uncertain conditions are also important job requirements. In order to satisfy the requirements of the position and those of the program, certain essential functions must be performed in a satisfactory manner. These are outlined below for your review.

The student must have the ability to:

1. Analyze and comprehend medical and technical materials and instructions;
2. Communicate effectively with patients and various members of the health care team, including the ability to perceive nonverbal communication;
3. Set up and manipulate x-ray equipment in a safe, reliable and efficient manner;
4. Practice and apply appropriate radiation protection and safety measures;
5. Perceive the relationships of internal organs, the x-ray tube and the image receptor in order to obtain radiographic images of diagnostic value;
6. Adjust machine controls and arrange and adjust various radiographic support devices;
7. Handle radiographic cassettes and imaging plates, develop radiographic film, and process digital radiographic images;
8. Perform reaching, lifting and bending in order to assist or move patients and equipment in a safe, reliable and efficient manner, with or without assistance;
9. Recognize and respond to adverse changes in patient condition, including those requiring emergency medical intervention;
10. Evaluate radiographs to determine their acceptability for diagnostic purposes;
11. Prepare and maintain radiologic reports and records.
12. Respect the confidentiality of patients and demonstrate integrity, a motivation to serve, and a concern for others.

If the applicant is unable to perform any of the designated tasks, upon request, LCCC will make reasonable accommodations if these accommodations do not constitute an undue hardship on LCCC and if those accommodations do not interfere with the performance of any essential functions of a radiographer's duties.



LCCC RADIOGRAPHY PROGRAM

PREREQUISITES

- College Reading Level
- GPA of 2.0 or higher

REQUIRED

	ZOO 2010^	Anatomy and Physiology I ¹ and	4
	ZOO 2020^	Anatomy and Physiology II ¹ or	4
	ZOO 2015^	Human Anatomy ¹ and	4
	ZOO 2025^	Human Physiology ¹	4
GenEd: QR	MATH 1400+	College Algebra ¹	3
	HLTK 1200^	Medical Terminology.....	2

Additional 1st Semester Course

GenEd: CS	COLS 1000>	Choose from approved College Seminar courses. (or qualify for exemption).....	3
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Semester Credit 16

FIRST YEAR

Fall I

	RDTK 1503*	Introduction to Radiography.....	4
	RDTK 1520*	Radiographic Patient Skills.....	1
	RDTK 1620*	Radiation Biology and Protection.....	3
GenEd: WY	USWY>	Choose from approved U.S./ Wyoming Constitution courses.....	3
GenEd: CV	CO/M 2010*^>	Public Speaking.....	3
GenEd: CW	ENGL 1010*+>	English I: Composition.....	3
		Clinical: Last 7-8 weeks, TTh, 10-12 hours/week = 70 hours ²	

Semester Credit 17

Spring I

	RDTK 1610*	Radiographic Imaging I	3
	RDTK 1611*	Radiographic Imaging I Lab.....	1
	RDTK 1583*	Radiographic Procedures I	3
	RDTK 1584*	Radiographic Lab I	1
	RDTK 1590*	Clinical Education I	4
		Clinical: TTh, 12 hours/week = 180 hours ²	

Semester Credit 12

Summer I

	RDTK 1683*	Radiographic Procedures II	3
		(Pending name change approval)	
	RDTK 1684*	Radiographic Lab II	1
	RDTK 1713*	Clinical Education II	4
		Clinical: MWF 24 hours/week = 192 hours + 20 shiftwork hours = 212 hours ²	

Semester Credit 8

SECOND YEAR

Fall II

RDTK 2583*	Radiographic Procedure III 3 (Pending name change approval)
RDTK 2584*	Radiographic Lab III 1
RDTK 2623*	Radiographic Equipment, Digital Imaging, and Quality Assurance 3
RDTK 2624*	Radiographic Lab IV 1
RDTK 2510*	Clinical Education III 7 Clinical: First 4 weeks, MTWTHF = 29 hours/week + Last 11 weeks, MWF = 21 hours/week = 325 hours ² _____
	Semester Credit 15

Spring II

RDTK 2630*	Radiographic Pathology 1
RDTK 2603*	Survey of Technical Specialties 2
RDTK 2900*	Radiography Seminar 4
RDTK 2613*	Clinical Education IV 7 Clinical: MWF = 21 hours/week = 315 hours ² _____
	Semester Credit 14
	Total Credit 82
	Total Clinical Hours 1,102

* This course has at least one prerequisite. Check the Course Descriptions section of the catalog to see the course prerequisites.

+ If the placement test score is not adequate for course enrollment, students must complete the appropriate developmental course(s) before enrolling. These courses may increase the total number of program credits. Students should review their math and writing placement with their advisor before planning out their full program schedules.

> Indicated course may be taken prior to program admission however all courses must be completed before or during the semester progression as indicated.

1 Science and math courses must be five years current.

2 Clinical hour totals are approximate and may vary slightly because of scheduled college holidays/planning days.

^ Program Comments

Students should take ZOO 2015 and ZOO 2025 however ZOO 2010 and ZOO 2020 may be accepted. For students planning to enter the program in Fall 2017 and after (catalog year 2017-2018), MATH 1000 Problem Solving will no longer be accepted, MATH 1400 will be required. Beginning with the 2017-2018 academic year (catalog) only CO/M 2010 will satisfy CV requirements; CO/M 1030 will no longer satisfy the CV requirement for any degree.

Other Information

Additional Supplemental courses not required but may be taken to improve a student's application score include: PSYC 1000, PHYS 1050, and HLTK 2300.

HLTK 2300	3 credits	Health Care Ethics
PSYC 1000	3 credits	General Psychology
PHYS 1050	4 credits	Concepts of Physics



LARAMIE COUNTY COMMUNITY COLLEGE
 RADIOGRAPHY PROGRAM
 2018-2019

ADMISSION FORM

(Print in ink or type)

Name _____ Today's Date _____

Maiden Name/Other Names Used (for transcript purposes) _____

Address _____

_____ Application for Fall _____
 Year

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.

Step 1. A. English Placement: (Placement into English 1010 required)

Date Taken _____ I was placed in ENGL 1010 (Y/N) _____ **or**

I have taken/currently am taking ENGL 1010 or above

Institution _____ Semester/Year _____

Course Title _____ Credit Hours _____

B. Reading Placement: (College Level Required) This may be demonstrated by the following within the last five years: McCann reading score - 80 or above; ACT reading score - 21 or above; Compass reading score - 75 or above.)

Test Taken _____ Results attached

Date Taken _____ Where _____ Score _____

Must be 5 years current (Spring 2014 to present)

C. MATH Placement:

(MATH 1400 - PreCalculus Algebra or College Algebra completed or in progress by March 1, 2019) (Must be five years current - Spring 2014)

I have taken/currently am taking MATH 1400 or equivalent or higher

Institution _____ Semester/Year _____

Course Title _____ Credit Hours _____

Step 2. ACT (SAT): Score _____ (**NOTE:** Only for those applicants who have taken the ACT or SAT in the past five years and whose scores are in lieu of placement tests above.)

Step 3. Pre-admission eight-hour observation in a radiography department

Date(s): _____ Where _____

(Reports will be forwarded to the LCCC program director under separate cover.)

Step 4. Official Transcripts

Attached Forwarded to LCCC. Date:_____.

Please list all applicable institutions: _____

I have taken other non-Radiography college courses which will apply to the Radiography program.

No Yes

Step 5. Obtain 3 completed reference forms (attached) to be mailed directly to the LCCC program director at the address given at the end of the application. Please list the names of the applicable individuals here:

1. _____ 2. _____ 3. _____

PREREQUISITE AND SUPPORT COURSES	PLEASE PROVIDE SEMESTER AND GRADE			Institution
	Semester Completed & Grade	In Progress*	Instructor	
ZOO 2010 Anatomy and Physiology I ¹ 4 cr.				
-AND- ZOO 2020 Anatomy and Physiology II ¹ 4 cr.				
-OR- ZOO 2015 Human Anatomy ¹ 4 cr.				
-AND- ZOO 2025 Human Physiology ¹ 4 cr.				
MATH 1400 College Algebra or equivalent ¹ 3 cr.				
HLTK 1200 Medical Terminology 2 cr.				

The following courses may be taken prior to acceptance into the Radiography program.

ENGL 1010 English I: Composition 3 cr.				
CO/M 2010 Public Speaking 3 cr.				
ECON 1200 Economics, Law, and Government -OR- POLA 1000 American and Wyoming Government -OR- HIST 1211 U.S. to 1865 -OR- HIST 1221 U.S. from 1865 -OR- HIST 1251 Wyoming History 3 cr.				
COLS 1000 Approved College Seminar Course -OR- Equivalent Exception** 3 cr.				

Additional supplemental courses not required but may be taken to improve a student's application score include:

PSYC 1000 General Psychology 3 cr.				
PHYS 1050 Concepts of Physics ¹ 4 cr.				
HLTK 2300 Health Care Ethics 3 cr.				

¹ Must be five years current

* NOTE: Please provide completed In-Progress Grade Report forms for all courses marked **in progress** by the application deadline. (see attached forms)

**This course and/or its grade is not included in the applicant's selection score.

Prior LCCC Radiography Program Applicant? No Yes

If yes, list year applied and name used: _____

Employment and previous and/or current volunteer experience: _____

Questions:

Comment boxes on the electronic version are limited to 700 characters. If you would like to say more, please attach your comments in a separate document. Please note in the comment box that you have provided your answers on the other document.

1. What reasons/experiences influenced you to choose a career in radiography?
2. What do you perceive are the primary duties of a radiographer?
3. What do you feel are some advantages and disadvantages of being a radiographer?
4. What two or three personal strengths or attributes do you feel will most contribute to your success as a radiographer? Explain why you chose each characteristic.
5. To help us with future marketing and publicity, tell us how you found out about the radiography program at LCCC?

11. What two or three things are the most important to you in your instructional and work environments? Explain each choice.

12. Give an example about a time you failed to meet a deadline. Describe the circumstances and the things you failed to do. What were the repercussions or results? What did you learn from this experience?

13. How would you describe your preferred learning style? Please explain a time when a course instruction method did not match your preferred learning style and how you accomplished learning the content.

14. Think of a situation where you had to interact with a difficult person (as a peer, customer, employee, etc.). Describe the circumstances of the situation and how you dealt with the person and situation in order to resolve the conflict. Is there anything you would have done differently? Explain:

15. Please describe in detail how you would handle the situations outlined below:
 - a. You have been confronted by the radiologist responsible for interpreting medical images about the patient identification associated with the radiograph. As the diagnosing physician, he is angry about this and contends that the identification is for another patient. You check the images and discover he is right, and the radiographs are marked incorrectly. In addition, you discover that they are images from the previous day that **you** completed. How will you deal with this?

- b. Mrs. Green has been scheduled for a radiographic examination in your department. The physician's order states she is to have a chest x-ray performed; however, while preparing to do the exam, Mrs. Green tells you "I don't need a chest x-ray. It's my right foot that hurts." What do you think you should do and say next?

16. If you saw a co-worker or classmate doing something dishonest, what would you do?

17. Our graduates often cite the variety of clinical rotations available as one of the program's strengths. We have several clinical affiliates at this time, including Wheatland, Laramie, Kimball, Ft. Collins and Loveland, Colo. sites. It is likely that you will be required to complete a portion of your clinical education at a distant site. Are you aware of any circumstances at this time, which may interfere with a semester assignment that would require you to commute? If so, please outline them here.

18. "Be prepared to work hard . . ." "Best decision I ever made! It's not easy, but it is incredibly worth it!" "Study hard for the ultimate goal: to become a good technologist!" "Keep up with the work . . . (with) your best effort." ". . . try to study just a little but every day." This is the advice our 2018 graduates wished to pass along to new students. Obviously, this program requires a great deal of study and clinical time. What type of support do you feel that you will have from family and friends?

19. Why should we accept you into the program over someone else?

20. Comments:

Date _____

Signed _____

Send completed form to: Laramie County Community College
Radiography Program
1400 E. College Drive
Cheyenne, WY 82007

Before You Submit Your Application Checklist

To ensure your application is complete have you:

- Attached a complete official transcript from all institutions or arranged to have them forwarded to the LCCC radiography program director?
- Attached the results of your Reading Placement test taken within the last five years?
- Distributed your three reference forms and followed up with your references to ensure they are submitted to the radiography program director by March 1, 2019?
- Distributed your In-Progress Grade Report Forms and followed up with your instructors to ensure they are submitted to the radiography program director by March 1, 2019?
- Completely answered all of the items on the Admission Form in addition to the application questions?
- Ensured that all of your contact information is accurate and up-to-date?
- Signed and dated your application?

**LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
IN-PROGRESS GRADE REPORT FORM – SPRING 2019**

Please use this form to report all of your in-progress grades for the Spring 2019 semester. As part of the selection process, we consider the level of student preparedness for each applicant. To assess this, please include all of the courses in the Radiography curriculum which you would like considered. (This includes both the prerequisite courses and the additional general education courses listed within the program's course of study.)

Instructions:

For all courses you wish considered, have each instructor provide your current course grade, and sign and date the form where indicated. For confidentiality purposes, please make individual copies of this form to provide to each instructor.

Deadline: March 1, 2019*

- * Please note that you may complete all of the other portions of your application and submit them anytime between January 2, 2019 and March 1, 2019. You may submit this form under separate cover, and it will be associated with your application file upon its receipt.

NAME OF APPLICANT: _____

COURSE: _____ **CREDIT HOURS** _____
(Include both the course prefix and title)

NAME OF INSTRUCTOR: _____

CURRENT GRADE: _____

INSTRUCTOR: _____ **DATE:** _____
(Signature)

CONTACT INFORMATION/EXT. #: _____

OTHER COMMENTS: _____

To the instructor: Thank you for your assistance in our student selection process. If you have any questions regarding this form or the radiography program, please contact the Radiography Program Director at 307.778.1292 or ARalls@lccc.wy.edu.

**LARAMIE COUNTY COMMUNITY COLLEGE
RADIOGRAPHY PROGRAM
IN-PROGRESS GRADE REPORT FORM – SPRING 2019**

Please use this form to report all of your in-progress grades for the Spring 2019 semester. As part of the selection process, we consider the level of student preparedness for each applicant. To assess this, please include all of the courses in the Radiography curriculum which you would like considered. (This includes both the prerequisite courses and the additional general education courses listed within the program's course of study.)

Instructions:

For all courses you wish considered, have each instructor provide your current course grade, and sign and date the form where indicated. For confidentiality purposes, please make individual copies of this form to provide to each instructor.

Deadline: March 1, 2019*

- * Please note that you may complete all of the other portions of your application and submit them anytime between January 2, 2019 and March 1, 2019. You may submit this form under separate cover, and it will be associated with your application file upon its receipt.

NAME OF APPLICANT: _____

COURSE: _____ **CREDIT HOURS** _____
(Include both the course prefix and title)

NAME OF INSTRUCTOR: _____

CURRENT GRADE: _____

INSTRUCTOR: _____ **DATE:** _____
(Signature)

CONTACT INFORMATION/EXT. #: _____

OTHER COMMENTS: _____

To the instructor: Thank you for your assistance in our student selection process. If you have any questions regarding this form or the radiography program, please contact the Radiography Program Director at 307.778.1292 or ARalls@lccc.wy.edu.



LARAMIE COUNTY COMMUNITY COLLEGE
1400 E. College Drive, Cheyenne Wyoming 82007
RADIOGRAPHY PROGRAM
REFERENCE FORM

To Be Completed By Applicant:

Name _____ Application for Fall _____
 Address _____ Phone # (Home) _____
 _____ (Work) _____
 _____ Email _____

To Be Completed by Individual Serving as a Reference:

The applicant named above is applying for acceptance into the radiography program 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, **March 1, 2019**. Selection is on a competitive 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 select the best candidates for our program. All answers are kept strictly confidential, and are shared only with the radiography selection committee.

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 **March 1, 2019**. All reference forms are to be sent directly to the LCCC program director, as indicated on the envelope. If you have any questions, please call Ashleigh Ralls, B.S., R.T.(R) (CT) at 307.778.1292 or ARalls@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	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 _____



LARAMIE COUNTY COMMUNITY COLLEGE
1400 E. College Drive, Cheyenne Wyoming 82007
RADIOGRAPHY PROGRAM
REFERENCE FORM

To Be Completed By Applicant:

Name _____ Application for Fall _____
 Address _____ Phone # (Home) _____
 _____ (Work) _____
 _____ Email _____

To Be Completed by Individual Serving as a Reference:

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Name (Please print) _____

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LARAMIE COUNTY COMMUNITY COLLEGE
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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
RADIOGRAPHY PROGRAM
PRE-ADMISSION 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 "PREAMISSION 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 which serve to ensure that the patient and his/her information is held in trust. In keeping with this, students who are observing as applicants of the LCCC Radiography Program are required to follow these guidelines:

1. As a student applying for the radiography program 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 by insuring an aseptic and clean environment, 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. We appreciate your assistance and cooperation in maintaining this aspect of patient care.
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-Observation Requirement for students applying for the radiography program 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 307.778.1292.

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-Admission Observation Evaluation Form. Thank you for your time and assistance during this preobservation experience.



**RADIOGRAPHY PROGRAM
PRE-ADMISSION OBSERVATION
EVALUATION FORM**

To be admitted to the LCCC radiography program, a student must have observed 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 a radiologic 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 Observation Guidelines and Acceptance Form to the following address by March 1, 2019.

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 307.778.1292 or email Ashleigh Ralls at ARalls@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.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Was punctual.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Stayed the required 8 (or 4) hours.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Came to the department properly groomed.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Came to the department properly attired.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Came to the department prepared to observe with the appropriate paperwork.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Displayed a professional demeanor (courteous, no cell phone or PED use, etc.).....	<input type="checkbox"/>	<input type="checkbox"/>

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.

	LOWEST		HIGHEST		
8. Actively engaged in the observation process.....	1	2	3	4	5
9. Displayed interest in diagnostic radiology procedures	1	2	3	4	5
10. Asked pertinent questions during the observation	1	2	3	4	5
11. Displayed the ability and willingness to interact and communicate in a medical environment	1	2	3	4	5
12. Recognized the potential hazards of radiation and the need to maintain an aseptic environment	1	2	3	4	5
13. Recognized and respected patient confidentiality requirements.....	1	2	3	4	5
14. Would you recommend this student?	1	2	3	4	5

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.