



2020-2022 PCC Radiography Program Application Instructions

Thank you for your interest in the Portland Community College (PCC) Radiography program. The PCC Radiography program is a competitive, closed entry program.

Please read the following directions carefully. Failure to complete your application correctly or submit appropriate documentation can result in a loss of points or render your application ineligible.

APPLICATION DEADLINE: April 6, 2020 at 5:00 p.m.

All application materials must be submitted to the Health Admissions Office, SY CC 209, by this deadline. **Materials postmarked but not received by the deadline will NOT be accepted.** If submitting your application within two weeks of the application deadline, hand delivery of your application materials is the only way to guarantee receipt by the 5:00 p.m. application deadline. Due to PCC centralized mail distribution process, expedited mailing options are not directly received by the Health Admissions Office on the delivery confirmation date. Application materials may not be faxed, e-mailed, or scanned.

APPLICATION MATERIALS SHOULD BE MAILED OR HAND DELIVERED TO:

Portland Community College
Health Admissions Office – SY CC 209
P.O. Box 19000
Portland, OR 97280-0990

MINIMUM ELIGIBILITY REQUIREMENTS

The following prerequisites must be completed by the end of Winter term prior to the application deadline.

- 1. Anatomy & Physiology Sequence: BI 231-BI 233 (7 year expiration)***
Applicants who have completed two semesters instead of the three quarters of Anatomy and Physiology may leave the third section blank on the attached Prerequisite Completion Chart. Applicants with more than three sections of Anatomy and Physiology and/or separate lab sections may use a separate sheet to list courses if necessary.
- 2. Mathematics: MTH 111 (7 year expiration)***
Applicants may use College Algebra or a higher-level math algebra based course. Statistics (MTH 243 or equivalent) will not fulfill this requirement. Applicants who have an expired MTH 111 course and wish to use the grade for their application can update that course by taking the ALEKS Math Placement exam. Students must place into MTH 111 or higher to update their expired course. The placement test must be completed by the end of Winter Term (March 22, 2020). PCC accepts ALEKS, COMPASS, ASSET, or Accuplacer test results. Students must submit a copy of their raw test scores with their Radiography Application. Math placement must be based on the PCC Testing Center's designation.
- 3. English Composition: WR 121**
Applicants may also use a higher level college composition course to satisfy this requirement. Examples of higher level composition courses at PCC are WR 122, WR 123, WR 222, and WR 227.
- 4. Medical Terminology: MP 111**
This course must be worth a minimum of 3-4 quarter credit hours. It must be taught by body systems and cover prefixes, suffixes, root words, abbreviations, conditions, symptoms and procedure terms.
- 5. Computer Literacy Documentation, computer literacy form or CAS 133:**
PCC Radiography Program applicants must be computer literate. This can be demonstrated by reading and carefully filling out the attached Statement of Computer Literacy form.

***Expiration Dates:** College Algebra and the Anatomy and Physiology sequence must be completed within seven years of the application deadline. The last year accepted for the 2020 Radiography Application is 2013. Courses dated 2012 and earlier will not be accepted.

ADMISSION APPLICATION PROCESS

Radiography program applications are evaluated on a three-phase point system:

PHASE I: Application evaluation

- Applications are evaluated on a 70-point scale based on academic achievement in science and math prerequisites, overall college GPA and health care experience (see page 3).
- Applicants must meet minimum eligibility requirements.
- Only complete applications submitted by the application deadline will be considered.

PHASE II

- Applicants who score the highest in Phase I evaluation will be invited to participate in phase II. Program selection is based solely on Phase II points.
- Applicants will be notified of invitation to Phase II via their PCC email address. This is the only method of notification. Applicants who do not check their PCC email address regularly should forward their PCC email address to one they check more frequently.
- Applicants will be required to attend a mandatory orientation prior to attending Phase II. Orientation dates will be posted on our website www.pcc.edu/radiography in early February.

PHASE III: Post-Selection Requirements*

Applicants offered a seat in the program must meet the following requirements prior to beginning the Radiography Program in the Summer term.

- Pass a criminal background check from an agency designated by PCC
- Pass a 10-panel drug screen from a lab designated by PCC
- Submit proof of current immunizations
- Submit proof of current CPR for Health Care Providers certification

Applicants should **NOT pursue meeting these requirements prior to being admitted to the Radiography Program. Admitted students will receive specific directions from PCC's Radiography department on how to meet these requirements. For more information on required immunizations, please visit: www.pcc.edu/radiography.*

APPLICATION TIMELINE

- **February 1, 2020:** Application acceptance period begins. Applications submitted before February 1, 2020 will not be accepted.
- **April 6, 2020:** Application deadline. All application materials are due in the Health Admissions Office by 5:00 p.m.
- **Second week of April, 2020:** Applicants will be notified of selection status to Phase II via PCC email.
- **Third week of April, 2020:** If selected for the second phase of the selection process, applicants will be required to attend a mandatory orientation prior to beginning Phase II. Specific orientation dates will be posted on the Radiography Admissions page in February 2020.
- **Last week of May, 2020:** Students notified of final admission status via PCC email.
- **Summer Term, 2020:** PCC Radiography Program courses begin (if accepted).

CERTIFICATION REQUIREMENTS AFTER GRADUATION

Upon graduation from PCC Radiography program, students will apply to take the national certification examination offered by the American Registry of Radiologic Technologists (ARRT) and for licensure as a radiographer in the state of Oregon. Candidates for certification are held to stringent ethics standards in order to be eligible for initial certification and annual renewal of registration. Successful completion of PCC's criminal background check does not guarantee eligibility for ARRT certification. For additional information, please visit www.arrt.org/Certification. Applicants with a criminal history are encouraged to complete an Ethics Review Pre-Application with ARRT prior to applying to PCC's Radiography Program. For more information, please visit www.arrt.org.

THE 2020-2022 PCC RADIOGRAPHY PROGRAM APPLICATION INSTRUCTIONS

Please read the following instructions carefully. It is the FULL responsibility of the applicant to complete the admission application correctly and submit all required documentation pertaining to Radiography Program application to the Health Admissions Office by application deadline.

PAGE 1 – Applicant Data Form

- All applicants must be admitted to PCC as credit, degree-seeking students. Applications to PCC must be completed online at www.pcc.edu/admissions.
- Indicate whether you applied to PCC's Radiography Program in 2019. Applicants who applied in 2019 do not need to submit new official transcripts unless they completed new coursework since the previous application.
- List your PCC Student ID number, name, address, and phone number(s). If your personal information has changed since you began attending PCC, please contact the PCC Enrollment Services at 971-722-8888 (option 2) to update your information. If your contact information changes after you submit your Radiography Program Application, contact both the PCC Enrollment Services Office AND the Health Admissions Office at 971-722-4795.
- List all colleges or universities attended (including PCC, if attended). Official transcripts are required for ALL colleges attended (other than PCC). Applicants are responsible for ensuring all final grades and/or degrees are posted on their transcript(s).

Official Transcript Policy

A transcript is a copy of a student's permanent academic record from a college or university including all courses taken, all grades received, and all degrees and certificates conferred to a student. Official transcripts are issued directly from a college or university's registrar. Official transcripts are required from all colleges or universities where courses were attempted and must be in a sealed envelope from the institution where work was completed. Official transcripts must be submitted to the Health Admissions Office with your Radiography Program Application by 5:00 p.m. on April 6, 2020. Other PCC departments, including Student Records, will not be able to accept official transcripts required for the Radiography application, even if previously submitted for transfer credit evaluation.

Applicants who applied the previous year (2019) do not need to resubmit all official college transcripts unless new course work was completed at an institution other than PCC. Official transcripts submitted to the Health Admissions Office after April 6, 2020 at 5:00 p.m. will not be considered. **Failure to submit official transcripts for all coursework attempted at all previous colleges and schools will render your application ineligible.** If PCC is the only institution attended, applicants must list PCC under the Education Information section on page one of the application and the health admissions office will generate PCC transcripts to match up with the applicant file. For questions or concerns regarding this policy, please contact the Health Admissions Office at 971-722-4795.

PAGE 2 – Statement of Computer Literacy

- PCC's radiography program applicants must be computer literate, defined as proficiency in word processing, spreadsheets, data entry, Internet and email use, and basic understanding of computer terminology.
- All applicants must read, complete and sign the Statement of Computer Literacy form.
- PCC does not require proof or documentation of computer literacy. It is the applicant's responsibility to ensure they are prepared to use computers prior to beginning the radiography program.

PAGE 3 – Technical Standards Form

- All applicants must thoroughly read, complete and sign the Technical Standards Form.

PAGE 4 – Prerequisite Completion Chart and Supplemental Application Questions

- The PCC Radiography Program requires applicants to complete 25 credits of prerequisite coursework and provide documentation of computer literacy prior to applying to the program.
- Applicants are responsible for properly documenting their prerequisite coursework on the Prerequisite Completion Chart.
- Courses completed at institutions other than PCC are subject to evaluation for course equivalency.
- Respond to Supplemental Application Questions listed at the bottom of the page.

PAGE 5 – Health Care Experience Form Part 1 (Must be completed by ALL applicants)

- List any and all hospitals where you previously volunteered or worked. Write "N/A" if not applicable.
- Check ONE of the boxes to indicate the type of health care experience you completed.
- Points will not be awarded if forms are incomplete and/or if documentation is missing.

PAGE 6 – Health Care Experience Form Part 2 (if applicable)

- This form is only required for applicants that may be eligible for health care experience points. Applicants with no health care experience do not need to complete this form.
- This form must be completed by the supervisor.
- Give this form to your supervisor or HR representative who can verify the health care experience completed.
- Points will not be awarded if forms are incomplete and/or if documentation is missing.

PAGE 7 – Applicant Checklist

- All applicants must thoroughly read, complete, and sign the checklist.

**For office use only**

Payment type:

Check # _____ Money Order # _____

Business office receipt _____

2020-2022 PCC Radiography Program Application

Applicant Data – Page 1

☐ Please check here if you applied to PCC's Radiography Program in 2019. (PCC keeps all application materials on file for one year. Re-applicants do not need to resubmit official transcripts unless they completed new courses)

Applicant Information

Please type or print neatly in blue or black ink

Last Name First Name Middle Initial Previous Last Name(s)

Male ☐ Female ☐

PCC ID Number (G#)

Date of Birth (mm/dd/yyyy)

Current mailing address number and street City State Zip

Message Phone Alternate Phone

EMAIL NOTICE: PCC will use email to communicate notification of admission status. Email correspondence regarding your admission status will be sent **ONLY to your PCC email address**. If you do not regularly check your PCC email, you will need to forward your PCC email address to one that you check regularly. You are required to check the box below acknowledging you have read and understand this notice.

☐ I have read and understand the email notice statement regarding correspondence of admission status notification.

Education Information

LIST ALL COLLEGES OR UNIVERSITIES PREVIOUSLY ATTENDED including PCC (even if a prerequisite was not taken). Official transcripts must be submitted with your radiography program application for all institutions attended. Failure to list all schools attended and/or failure to submit all official transcripts with your radiography application will render your application ineligible. For additional information about PCC's Radiography program application official transcript policy, please refer to page 3 of the Radiography application instructions.

For office use only	College/University (including PCC)	State	Dates of attendance	Degree earned (if applicable)

Please note that all required application documentation must be received in the Health Admissions Office (Sylvania, CC 209) by 5:00pm on Monday, April 6, 2020. Late applications with an April 6, 2020 postmark will not be considered.

I have read and understand the admission criteria for the Radiography Program at Portland Community College. I understand that it is my responsibility to meet all program and application criteria. I verify that all statements on this application are complete and true. I understand that falsification of any information may lead to disqualification or dismissal from the program.

Signature: _____ Date: _____



2020-2022 PCC Radiography Program Application Statement of Computer Literacy - Page 2

Statement of Computer Literacy

Applicants to the Radiography Program must be computer literate. This can be demonstrated by completing a computer education/application course or by verifying competency of basic computer skills. Computer competency includes the following skills:

- **Describe computer hardware, software and functions:** Knowledge of basic computer terminology and equipment.
- **Perform basic computer operations:** Using the keyboard and mouse, turning the computer on and off; opening software applications; opening, minimizing and closing windows; and managing files and folders.
- **Create and edit documents:** Use of word processor, presentation, and spreadsheet software such as MS Word, PowerPoint, and Excel.
- **Use your computer to communicate with others:** Use of e-mail, discussion forums, and instant messaging to exchange information.
- **Conduct Internet searches:** Effectively search the Internet using a browser, such as Firefox or Internet Explorer.

Applicants who do not feel that they possess the basic computer skills listed above are encouraged to complete a computer course. PCC recommends CAS 133, Basic Computer Skills/MS Office.

PLEASE CHECK OFF THE BOX THAT IS APPROPRIATE TO YOUR SITUATION.

- ☐ *I have read the above computer literacy competency description and have met the requirement through educational, professional, and/or personal experience with computers.*

OR

- ☐ *I have met the requirement by completing a college level computer course documented by official college transcripts included with my program application. Course completion is as follows:*

COMPUTER COURSE	GRADE	COLLEGE	TERM/YEAR COMPLETED

I have read and understand criteria for computer literacy required for admission to the Radiography Program at Portland Community College. I understand that is my responsibility to meet all program and application criteria.

Signature: _____ Date: _____

2020-2022 PCC Radiography Program Application Technical Standards Form – Page 3

The following standards are capabilities related to successful practice in the Radiography profession. They are “non-academic” criteria and include physical capabilities required of radiography students and radiography professionals. Students should be aware that they must be able to meet these standards in order to successfully complete the Program:

Please read each item carefully and if you determine you are able to meet that requirement, please initial in the space provided below. If you feel you cannot meet these requirements, please meet with the Program Director to discuss your concerns.

COMMUNICATION ABILITY:

Initials: _____

- The ability to communicate both orally and in writing as it relates to:
 - Obtaining and recording patient history
 - Explaining or discussing procedures
 - Discussing patient consent forms
 - Providing clear verbal instructions to patients either face to face or from the radiography control area, which is at a distance from the patient

VISUAL ACUITY:

Initials: _____

- The ability to see fine lines and distinguish gradual changes in blacks, grays, and whites is necessary to:
 - Evaluate radiographic images in dimmed lighting
 - Assess the direction of the central ray to the anatomical part being imaged
 - Read department protocols for imaging procedures, examination request, monitors, and any written directions or orders

HEARING ABILITY:

Initials: _____

- The ability to hear sounds is necessary in order to:
 - Respond to patient questions, concerns, and needs
 - Hear faint or muffled sounds when the use of surgical masks is required
 - Hear faint or muffled sounds from the operator control areas, which are separated from the x-ray table and patient
 - Monitor equipment operation or dysfunction which may be indicated by low sounding buzzers or bells

MOTOR FUNCTIONS ABILITY:

Initials: _____

- Good manual dexterity, motor skills, and eye-hand coordination are necessary in order to:
 - Manipulate machine locks and controls
 - Don surgical gloves, fill syringes, and handle sterile trays and equipment
 - Operate both mobile and stationary medical imaging equipment
 - Provide strength to move and operate equipment and patient carts and wheelchairs
 - Stand unassisted for long periods of time
 - Provide strength to transfer and position a patient without placing the patient at risk
 - Reach overhead in order to manipulate an x-ray tube that hangs from the ceiling

Please contact PCC's Disability Services for assistance facilitating reasonable accommodations: www.pcc.edu/resources/disability. If you are accepted into the Program and your functional abilities change, please meet with the Radiography Program Director for assistance.

I have read the Technical Standards for the Radiography program and understand the requirements:

Signature: _____ **Date:** _____

2020-2022 PCC Radiography Program Application Prerequisite Completion Chart – Page 4

Please complete the following chart and submit it with your program application:

PREREQUISITE COURSES		Courses Completed				
ANATOMY & PHYSIOLOGY I, II, III: 12 credits	Institution	Course number	Quarter or Semester?	Term / Year	Grade	Credits
<i>EXAMPLE:</i>	<i>PCC</i>	<i>BI 231</i>	<i>Quarter</i>	<i>Fall / 17</i>	<i>A</i>	<i>4</i>
BI 231: Anatomy & Physiology I (within 7 years)				/		
BI 232: Anatomy & Physiology II (within 7 years)				/		
BI 233: Anatomy & Physiology III (within 7 years)				/		
MATHEMATICS: 4–5 credits	Institution	Course number	Quarter or Semester?	Term / Year	Grade	Credits
MTH 111: College Algebra (within 7 years)				/		
ENGLISH COMPOSITION: 3-4 credits	Institution	Course number	Quarter or semester?	Term / Year	Grade	Credits
WR 121: English Composition I				/		
MEDICAL TERMINOLOGY: 3-4 credits	Institution	Course number	Quarter or semester?	Term / Year	Grade	Credits
MP 111: Medical Terminology				/		

Supplemental Application Questions

Please include a typed, one page response to the following questions.

NEW APPLICANTS: Answer Questions 1 and 2.

RE-APPLICANTS: Answer Questions 1, 2, and 3.

1. Please describe the steps you have taken to research or gain experience in the field of Radiography. How has this prepared you to be successful in the field of Radiography?
2. How will completing this program help you meet your personal and professional goals and interests?
3. This year you are re-applying to the Radiography program. What have you done since your last application to be a more competitive applicant this year?

All application materials must be hand-delivered or mailed to:

Portland Community College
Health Admissions Office – CC 209
P.O. Box 19000
Portland, OR 97280-0990

2020-2022 Radiography Program Application Health Care Experience Form Part I – Page 5

PART I: TO BE COMPLETED BY THE APPLICANT

Applicant Name: _____ **PCC ID:** _____

Please list ANY hospitals where you have volunteered and/or worked at in the past.

Hospital	Department	Dates

Please check **ONE** of the following that best describes your health care experience:

- ☐ I have a **minimum 300 hours paid work experience as a radiography aide, transporter, or assistant.**
My experience has been in a medical setting with demonstrated patient contact.
- ☐ I have a CNA, LPN, EMT, Paramedic, CMA (Certified Medical Assistant) certification, Limited X-Ray certification, Phlebotomy Technician certification, Licensed Massage Therapist (LMT) employed in a clinical setting, or Dental Hygienist licensure, **and I have obtained a minimum of 200 hours post-certification patient care.**
- ☐ I have a **minimum of 100 hours of work or volunteer experience** in a medical setting with demonstrated patient contact.
- ☐ I have **none or less than 100 hours of work or volunteer experience.**

Required Documentation For Health Care Experience Points

Health care experience documentation must be submitted with the application and received in the Health Admissions Office no later than April 6, 2020 at 5:00 p.m. If you have questions regarding this form, please contact the Health Admissions Office at 971-722-4795. Health care experience must be completed by March 22, 2020. Health care experience completed after March 22, 2020 will not be considered. Points will not be awarded if forms are incomplete and/or if documentation is missing.

Submit the following documentation:

- Completed *Health Care Experience Documentation Form Part II* (next page), signed by supervisor or Human Resources representative documenting number of patient contact hours completed prior to March 22, 2020.
- Copy of position description or detailed written description on the following page.
- IF APPLICABLE (Required ONLY for applicants that may be eligible to receive points for experience WITH certification):** Copy of state or national license with original date of issue (must be issued on or prior to March 22, 2020). A copy of the certification card or printed verification from state board website are both acceptable. Certificates of training completion, diplomas, or transcripts from health care training programs are **NOT** acceptable forms of documentation.

Signature: _____ **Date:** _____



2020-2022 Radiography Program Application Health Care Experience Form Part II – Page 6

PART II: TO BE COMPLETED BY THE SUPERVISOR

Applicant Name: _____

Name of Company/Facility: _____

City and State: _____

Is this position paid employment or volunteer? (Please check one) Full-time ☐ Part-time ☐ Volunteer ☐

Applicant's Position Title: _____

Beginning Date: _____ End Date: _____

Total number of hours completed*: _____ **OR** Average weekly hours completed*: _____

***Only count hours completed through 3/22/2020**

Is a certification required for this position? Yes ☐ No ☐

If yes, please specify certification type: _____

Attach a current position description OR provide a detailed description of the position duties in the space below:

The following contact information will only be used to verify information provided on this document.

If the applicant's supervisor is unable to complete this document, an HR representative or other management staff may verify the applicant's health care experience.

Supervisor Name: _____ Supervisor Title: _____

Supervisor Telephone Number: _____

Supervisor E-mail Address: _____

Supervisor Signature: _____ Date: _____

Thank you for taking the time to complete this form. All health care experience documentation forms and other documentation must be submitted by April 6, 2020 by 5:00 p.m., for applicants to receive work experience points. If you have any questions regarding this form or the PCC Radiography application process, please contact the Health Admissions Office at 971-722-4795.

2020-2022 Radiography Program Application Checklist – Page 7

Please complete and sign this verification checklist as a part of your PCC Radiography Program Application.

Applications will be accepted from February 1 through April 6, 2020 at 5:00 p.m. It is the full responsibility of the applicant to ensure that all application materials and required documentation are received by the Health Admissions Office by 5:00 p.m. on the application deadline.
Faxed, emailed, or postmarked applications and documentation will not be accepted.

- ☐ I have been admitted to Portland Community College as a credit, degree-seeking student. Students can apply online at www.pcc.edu/admissions.
- ☐ I have read and understand the email notice statement regarding correspondence of admission status on page 1. I understand that I am responsible for checking my PCC email address regularly. I understand that if I do not regularly check my PCC email, it is my responsibility to forward my PCC email address to an email address that I check regularly.
- ☐ I have verified that my current contact information and mailing address are on file with PCC and are correct (Students can update their phone number and mailing address by calling 971-722-8888 or in person at any campus admissions window).
- ☐ I have completed and signed all required documents in the **2020 – 2022 PCC Radiography Program Application Packet**. I understand that failing to complete and sign all required documents will render my application ineligible.
- ☐ I understand that I am required to pay an online **\$40 Radiography Program application fee**. I understand that this fee covers application processing and is non-refundable. Application fees can be paid online at <https://www.pcc.edu/programs/radiography/admission/>. I understand that I must submit proof of my online payment receipt with my Radiography application. **Cash, checks and money orders will not be accepted.**
- ☐ I understand that all application materials must be submitted to the Health Admissions Office, SY CC 209, by 5:00 pm on April 6, 2020. I understand that **materials postmarked but not received by the deadline will NOT be accepted.** I understand that if I am submitting my application within two weeks of the application deadline, hand delivery of my application materials is the only way to guarantee receipt by the 5:00 pm application deadline. I understand that my application may not be faxed, e-mailed, or scanned.
- ☐ I have included the following with my Radiography Program Application Packet:
 - ☐ **Completed and signed required Radiography Program Application forms including:**
 - ✓ Applicant Data Form
 - ✓ Statement of Computer Literacy
 - ✓ Technical Standards Form
 - ✓ Prerequisite Completion Chart, indicating all courses completed.
 - ✓ Application Checklist
 - ☐ **Supplemental essay question response**, one page typed.
Please include your name and student identification number at the top of the essay.
 - ☐ **Official transcripts** from ALL institutions I attended (other than PCC). I understand that other PCC departments, including Student Records, will not accept transcripts on my behalf. I have read and understand the Official Transcript Policy on page 3 of the Radiography Application Instructions.
 - ☐ **Proof of online \$40 Radiography Program application fee receipt** (paid online)
 - ☐ **Health Care Experience Documentation form** (if applicable)

Required documentation for Health Care Experience (check if applicable)

- ☐ I have attached Health Care Experience Documentation forms, completed and signed by my direct supervisor or HR representative, and all required documentation listed on the form, including copies of certifications if applicable.

I have read and understand the admission criteria for the Radiography Program. I understand that it is my responsibility to meet all program and application criteria. I verify that all statements on this application are complete and true.
I understand that falsification of any information may lead to disqualification or dismissal from the program.

Signature: _____ **Date:** _____