

YUBA COLLEGE
Math, Engineering, Science & Health Occupations Division
2088 North Beale Road
Marysville, CA 95901
(530) 741-6786

**RADIOLOGIC TECHNOLOGY ADMISSIONS
TWO-YEAR ASSOCIATE DEGREE
PROGRAM REQUIREMENTS**

It is the STUDENT'S responsibility to meet ALL criteria to be eligible.

Applications may NOT be submitted until ALL prerequisites for the program have been completed. OFFICIAL high school and college transcripts **MUST** be submitted **WITH** the application. (Even if you have previously submitted transcripts to Yuba College, you MUST obtain new Official transcripts to attach to your application.)

You should request **official** transcripts from your high school and other colleges you have attended to be sent directly to you. Do NOT open these transcripts when you receive them. Attach the transcripts (in their sealed envelopes) to the application. When you have ALL official transcripts to verify that you have completed the prerequisites, you should submit/mail the application and transcripts to the Math, Engineering, Science & Health Occupations Division (address is in the box above this one). Applications submitted without OFFICIAL transcripts **attached** or any of the forms require will be RETURNED to the student. PLEASE DOUBLE CHECK YOUR APPLICATION BEFORE SUBMITTING.

For complete information on the program and the prerequisites please check the website. While the program, the prerequisites and/or the college graduation requirements do not change often, they do change so we recommend you check the website for any changes that may occur.

Classes start in the Fall semester only but applications are accepted at any time they are complete. A wait list is available for your review on the website.

<http://www.yccd.edu/radtech>

Please use this checklist to assure you have your application completed before it is submitted.

- Proof of High School graduation (students who graduated from a high school in a foreign country will be required to provide an "evaluation of credit" performed by an official credentialing agency) or pass the G.E.D. examination.
- Official transcripts for the prerequisites. 4-unit Anatomy, 4-unit Physiology (can be combined A & P, must be two semesters, 8-units), 5-unit Chemistry, 4-unit Elementary Algebra = All college level.
- 8 hour observation from or Career Exploration Work Sheet
- Completed Immunization and Hepatitis forms: Note your name will NOT be placed on the wait list unless the immunizations are completed as listed on the form and signed hepatitis form.

VERIFICATION OF OBSERVATION REQUIREMENT FOR RADIOLOGIC TECHNOLOGY APPLICANTS:

You are required (as part of the application process) to complete 8 hours of observation in a busy Medical Imaging Facility. (Students who do not submit this form or the Career Exploration Work Sheet WILL NOT be placed on the wait list.) You will need to take this verification form with you so the attending Radiologic Technologist can certify your observation in the areas indicated. This observation requirement is designed to give an applicant an overview of the types of activities that will be required of a Radiologic Technologist.

It is your responsibility to schedule this observational period yourself. As stated you may go to any busy hospital or clinic in your area, but the Yuba College Radiologic Technology Program currently has partnerships with Radiology Departments at Fremont-Rideout Hospitals, Sutter North Medical Foundation Yuba City, Redding Medical Center, Mercy Hospital Redding, Paradise Hospital, Oroville Hospital, Sutter Memorial and General in Sacramento, Sutter Roseville, Sutter Davis, UCDCMC and Woodland Hospital. They are very receptive to this observation and clearly understand the requirements. If you decide to use any of these sites please ask to speak to the Clinical Instructor to schedule your appointment. Any hospital or clinic will be accepted with the exception of a single specialty facility such as an Orthopedic or chiropractic office. In the event you are having problems scheduling this time, please call Angela Willson, Program Director, at (530) 741-6960 for assistance.

INSTRUCTIONS TO ATTENDING RADIOLOGIC TECHNOLOGIST IN COMPLETING FORM:

It is our belief that all potential Yuba College Radiologic Technology students will benefit from at least eight (8) observational hours in a busy Imaging Department. In order for a person to have a basic idea of the duties of a technologist, we believe that at least the four (4) areas listed below should be observed. Under fluoroscopy a BE or UGI or both is necessary. In the event any of the listed areas are not observed, would you please take the time to discuss in detail what these exams are and how they vary according to pathology or age of the patient. We thank you for your assistance.

APPLICANT'S NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE(s) of Observation: _____

TIME(s) of Observation: _____

In accordance with the instructions listed above, I verify that this applicant did complete at least 8 hours of observation (or discussion), which included: (all of these are necessary)

- _____ Fluoroscopy
- _____ Pediatrics
- _____ Geriatrics
- _____ General
- _____ Other

Facility Name: _____

Facility Address: _____

Printed Name of Attending RT _____ Signature of Attending RT _____

You do NOT need to do both this and the 8 hour observation/Please only do one of them.

Career Exploration Work Sheet: In the event you are unable to complete the eight (8) hours of observation, you may complete this form. You will need to research the duties of a radiologic technologist to complete option number 1. Option number 2 is to interview an individual who is currently employed as a technologist. Use the following as a guide to the questions for the interview, should you chose this option. If you wish to take notes during the interview, be sure that you have the permission of the person you are interviewing.

Bring your notes to class for discussion.

1. Please write a short summary of your findings including a discussion on barium enemas, pediatrics radiography, geriatric radiography, and emergency radiography and radiation safety.

2. What type of facility does this person work for? (Hospital, clinic, etc)

3. Number of years working as a technologist?

Questions for discussion	Notes on responses
What are the major duties and responsibilities in your job?	
What do you see as the outlook for employment in this career?	
What do you like most about your career?	
What do you like least about your career?	
What special skills are needed for this career?	
Are there any special physical demands?	
What are the opportunities for advancement in this field?	
How many other people do you work with? Is teamwork expected in your job?	
What personal qualities are needed for this career?	
How many hours per week do you usually work?	
Do you look forward to coming to work? Why? Why not?	
If you were choosing a career today, would you choose the same career? Why? Why not?	
What types of exams are your required to do that I might find objectionable?	
Can you think of anything that I didn't ask that might give me more information about this field?	

RADIOLOGIC TECHNOLOGY PROGRAM

HEPATITIS NOTICE

Hepatitis is a term meaning "inflammation of the liver". There are four forms of the disease: Hepatitis A, Hepatitis B, Hepatitis C, and Hepatitis d. They are all caused by viruses, but are very different. Hepatitis A, also known as infectious hepatitis, is the most common form of hepatitis.

Hepatitis A virus is found in the human feces and is usually spread by eating something contaminated. Hepatitis C (HCV) accounts for a substantial portion of acute and chronic liver disease in the U.S. The primary modes of transmission of HCV are parenteral (blood transfusion, IV drug abuse, needlestick). Although not transmitted as efficiently as Hepatitis B, HCV can be transmitted sexually and perinatally. Hepatitis D infection only exists in the presence of HBV with the route of transmission similar to HBV. Fortunately, Hepatitis D is uncommon in the U.S.

HEPATITIS B: (HBV) is a virus formerly known as serum hepatitis. HBV is a major cause of acute and chronic hepatitis, cirrhosis, and primary hepatocellular carcinoma. The virus can be found in an infected person's body fluids, including blood, semen, vaginal secretions, saliva, and urine. HBV is more dangerous than other viruses because the virus can survive for more than seven days in dried blood or on exposed surfaces, thus increases the chances for infection.

Some HBV infections can be asymptomatic; however, symptoms of HBV may also include jaundice, anorexia, nausea, arthritis, rash, and fever.

A screening test for Hepatitis B surface antibody to determine whether you are presently immune to Hepatitis B is available. That test is performed on drawn blood.

Should it be determined that you are not immune to Hepatitis B, a vaccine is available which could decrease your chances of contracting Hepatitis B. Realize that as a student and future employee in a health occupation, you have an increased risk of contracting this serious illness.

There are risks involved in performing the test to determine if you are immune to Hepatitis B. Those risks include, but are not necessarily limited to bleeding, injury from the needle to various structures surrounding the vein from which the blood is drawn, including injury to nerves, blood vessels, and surrounding tissue which could result in paralysis, paresthesia, or numbness and tingling, or formation of a blood clot which could dislodge and enter your blood stream causing severe injury or death.

There are also risks attendant in receiving the vaccine against Hepatitis B, including but not necessarily limited to an adverse reaction to the vaccine which could cause anything from mild discomfort to severe injury or death caused by an anaphylactic or allergic reaction to the vaccine. In addition to all of the above, there are also unknown, rare, unpredictable and unanticipated complications which can possibly occur.

A high percentage of healthy people who receive two doses of vaccine and a booster achieve high levels of surface antibody (anti-HB's) and protection against Hepatitis B. Persons with immune-system abnormalities, such as dialysis patients, have less response to the vaccine, but over half of those receiving it do develop antibodies. Full immunization requires three doses of vaccine over a six month period, although some persons may not develop immunity even after three doses. There is no evidence that the vaccine has ever caused Hepatitis B. However, persons who have been infected with HBV prior to receiving the vaccine may go on to develop clinical Hepatitis in spite of immunization.

The usual vaccine procedure consists of 3 doses. The first dose is at the time you wish to start. The second dose is one month later. The third dose is six months after the first dose. The cost of these injections ranges from \$120 to \$180 for the series. The vaccine is prepared from recombinant yeast cultures, free of associated human blood or blood products, thus cannot be infected with HIV or other bloodborne pathogens.

It should be noted that a clinical facility has the right to refuse a student clinical tasks if the student has not been immunized - even if the student signs a waiver of liability.

HEPATITIS B VACCINE STATUS

INSTRUCTIONS: Please complete the following form in duplicate. One copy is to be included in your clinical notebook for examination by clinical personnel during your orientation process to each new clinical facility and the second copy will be filed in your personal file.

I have received the Radiologic Technology Department's communication concerning Hepatitis B. I understand that vaccination is indicated for me because of the possibility that I may be exposed to Hepatitis B in the course and scope of my clinical training and future employment. I have also been advised as to the potentially dangerous risks and consequences of my failure to be tested and receive the vaccination at this time.

I have also been advised that a clinical facility has the right to refuse my student clinical assignment if I have not been immunized - even if I sign a waiver of liability.

My signature below constitutes my acknowledgement:

- A. That the testing procedure and vaccination set forth has been adequately explained to me and that I have received all of the information I desire concerning such procedure and vaccination; and
- B. That I have read, understand and agreed to the testing and/or vaccination procedure indicated below:

Check One:

- I plan to be tested to determine Hepatitis B immunity. If test results indicate immunity, I will provide verification, otherwise I plan to seek immunization through my private doctor or by a health care facility and I will provide a copy of my verification when I have completed the three inoculations.

Date submitted: _____

- I do NOT want to be tested for Hepatitis B immunity, but I do plan to seek immunization through my private doctor or by a health care facility and I will provide a copy of my verification when I have completed the three inoculations.

Date submitted: _____

- I am already immunized and will provide verification.

Date submitted: _____

- I have decided not to pursue immunization for Hepatitis B even though I understand I am at some risk of contracting this disease. Therefore, with my signature below I am releasing Yuba College of any responsibility for the possibility of my contracting Hepatitis B.

Sign and Date, have witness Sign and Date:

Student Signature

Witness Signature

Date

Date

IMMUNIZATIONS

Name _____ Date _____

Hospitals, Clinics, and other facilities used for program instruction now require students to show proof of specific immunization. Since students will be unable to fully participate in the program without proof of specific immunizations, each student, prior to acceptance into the program, shall:

Provide proof of the following immunizations:

1. Tetanus-diphtheria (within the last ten years);
2. Mumps vaccinations
3. Two Rubeola (measles) and one rubella (measles) vaccinations, or positive Rubeola and rubella titers.
4. Documented history of Varicella (chickenpox) exposure or positive Varicella immunity titer.
5. Hepatitis B series (or signed statement declining to undergo the series of injections, included with application);
6. Proof of a negative PPD skin test or chest x-ray (tuberculosis screening tests) within six months prior to the participation in the clinical portion of the program;
7. Any specific immunization required of any of the clinical affiliates that is unlisted at this time.

INSTRUCTIONS:

- A. Please complete by putting the in the dates you were immunized or tested for immunities.
- B. Attach a copy of your shot records or proof of immunities.
- C. Please use a colored highlighter pen on your attached shot records or proof to mark each of the required immunizations or titer results.
- D. Sign and attach the Hepatitis form, even if you have or choose to have the series.

	Immunizations	Immunities
Tetanus-diphtheria (Within last 10 years)		
Mumps		
Rubeola		
Rubella		
Varicella		
Hepatitis B. If taken		
Tuberculosis or negative chest radiograph (within 6 months). *		
CPR for the professional (please submit a copy and list the expiration date in one of the boxes to the right.)*.		

* May be submitted on the first day of class.

NOTE: Your application will be accepted by the Division Secretary when completed and will then be forwarded to the Program Director. **Your name will NOT be placed on the wait list until this form is complete and all proof of immunization and/or immunities is submitted.** You will receive notification within 4 weeks, by the Program Director regarding your status on the wait list.

YUBA COLLEGE
Radiologic Technology Application

Return this application, Official Transcripts, and other forms to: Yuba College – Math, Engineering, Science & Health Occupations Division – Marysville, Ca 95901

Name: _____

List all previous names used: _____

Social Security Number OR College ID Number: _____

Birthdate: _____ Ethnicity: _____ Sex: Male Female

Address: _____

City _____ State _____ Zip _____

Phone: _____

_____ Official high school transcript attached

Name of high school _____ Year graduated _____

_____ Official college transcripts attached

Name of colleges attended:

Please indicate the course completed, where taken, and when completed:

	YUBA COLLEGE COURSE	COURSE COMPLETED	WHERE TAKEN	WHEN TAKEN
PREREQUISITES	Biology 4 (Human Anatomy)			
	Biology 5 (Human Physiology)			
	Math 50 (Elementary Algebra)			
	Chemistry 1A (General Chemistry) or 2A (Introductory Chemistry)			
GENERAL REQUIREMENTS	The courses listed below are part of the Radiologic Technology Program that may be taken before or during the program. If you have already completed these courses, please indicate the course completed, where taken, and date completed.			
	Humanities General Education Psychology 1A English 1A Math 52 (Intermediate Algebra) or higher			

Date: _____

Signature: _____

(Note: Students who have not established California residence in accordance with state regulations must pay non-resident tuition.)