Dear Applicant:

Please submit this application form and ALL other application materials between January 15th and May 1st.

Your file must contain the following forms before your application can be considered for the panel interview with the Selection Committee. All documents must be official (sent to Mineral Area College by the Institution). Hand carried transcripts will not be accepted.

1. High school transcript or GED. (Request one to be sent to the Radiology Department and the other to Admissions, if you are NOT a current Mineral Area College student.)
2. American College Test (ACT) scores or COMPASS scores must be taken within the last three (3) years and meet the minimum required scores.
3. Please send one previous college transcripts, other than MAC transcripts, to Admissions at MAC and one to the Radiology Department.
4. Please note the pre-requisite courses must be completed by the spring semester of the application year.
5. Have a Medical Professional complete the Health Statement Form and return it to the Radiology Department with a copy of your immunizations.
6. The applicant is responsible for checking that reference forms and the above required documents have been returned to the Radiology Department by May 1st.
7. There is a $25.00 non-refundable application fee.
8. Information for references must be filled out completely: name, street, city, state, and zip code. A College form letter will be sent to each reference listed on the application. There is no need to ask for a letter of reference.
9. Please be sure all paperwork for financial aid is submitted. Questions regarding financial aid should be referred to the Mineral Area College Financial Aid Department (573) 518-2133.
10. Students accepted into the Radiology Program will be required to pass a drug screen and background check to continue in the program.
11. An Application for Admission to Mineral Area College should be submitted.
12. All applicants must not have past due balance with Mineral Area College for tuition, fees or other charges.

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY PREVENT YOUR APPLICATION FROM BEING CONSIDERED FOR PROGRAM SELECTION.

I have read and understand the information listed above. I have also read and understand the brochure.

__________________________________  _________________________
Applicant's Signature               Date
MINERAL AREA COLLEGE
RADIOLOGY PROGRAM
APPLICATION FOR ADMISSION

Do Not Write in This Space
For Office Use Only
$25.00 Fee Paid
Class beginning Fall 20__
Date of Application______

Name ____________________________________________
(last) (first) (middle) (maiden)

Home Address ____________________________________________
(street) (city) (state) (zip)

Home Phone # ___________ Cell Phone #: ___________ E-Mail Address: __________________________

Business Phone #: ____________________________ *Date of Birth ____________________________

Social Security #: ____________________________ Student ID# ____________________________ Other Last Names: ____________________________

NOTE: Have you ever been convicted, adjudged guilty by a court, pled guilty or pled nolo contendere to any crime (excluding traffic violations, whether or not sentence was imposed? Yes □ No □ If yes, explain fully on a separate sheet. FBI and Highway Patrol background checks are required for licensure.

EDUCATIONAL BACKGROUND

High School Name: ____________________________ Location: ____________________________ Date of Graduation: ____________

GED: __________ Score: __________ Date: ____________

College(s) Attended & Year: 1. ____________________________
2. ____________________________
3. ____________________________

The American College Test (ACT) or COMPASS is required prior to admission. Scores are accepted if taken in the past 3 years. Scores must be filed in the Radiology Department prior to Selection. Application deadline is May 1st.

High School transcripts, GED scores, college transcripts and this application must be filed with the college as soon as possible. Send these immediately to: Mineral Area College, Radiology Department, P.O. Box 1000, Park Hills, Missouri 63601.

It is the policy of Mineral Area College that no person shall, on the basis of race, sex, creed or color is subject to discrimination in employment or in admission to any educational program or activity of the college. If you have special needs as addressed by the Americans with Disabilities Act and need this publication in an alternative format, notify us at the address or telephone number listed in the accompanying brochure. Reasonable efforts will be made to accommodate your special needs.

*Information not mandatory for admission. Revised: Dec, 2009

PERSONAL REFERENCE

Please list three personal references (Do not include relatives or clergy).

Name: ____________________________
Name: ____________________________

Street: ____________________________
Street: ____________________________

City, State, Zip ____________________________
City, State, Zip ____________________________

Name: ____________________________
Name: ____________________________

Street: ____________________________
Street: ____________________________

City, State, Zip ____________________________
City, State, Zip ____________________________
MINERAL AREA COLLEGE
HEALTH INVENTORY FORM*
(Please Print)

NAME: ____________________________________________

HOME ADDRESS: __________________________________ PHONE: __________________________

(City) (State) (Zip Code)

AGE: ________ DATE OF BIRTH: __________________________

SOCIAL SECURITY NUMBER: ____________________________

NOTIFY IN EMERGENCY: __________________________________

ADDRESS __________________________________ PHONE: __________________________

BUSINESS ADDRESS __________________________________ PHONE: __________________________

NAME OF PERSONAL PHYSICIAN __________ PHONE: __________________________

PLEASE CHECK HOSPITAL PREFERENCE TO BE USED IN EMERGENCY:

_____ Parkland Health Center, Farmington/Bonne Terre, MO
_____ Mineral Area Regional Medical Center, Farmington, MO

**AUTHORIZATION FOR EMERGENCY TREATMENT**

I authorize and direct the administration or medical representation to conduct whatever emergency medical action his/her
judgment may deem advisable in the event that __________________________ should suffer an accident or
illness while a student at Mineral Area College.

Signature of Student (if student is 21 years of age or older) ____________
Parent/Guardian (if student is under 21 years of age) ____________

**PERSONAL HEALTH HISTORY**

History of Illness/Medical Problems: __________________________________________

List Injuries and/or Operations: __________________________________________

Any Permanent Disability? __________________________________________

List Physical Restrictions: __________________________________________

PLEASE LIST ALLERGIES-Including latex allergies: __________________________

________________________________________

MEDICATIONS PRESENTLY TAKING: __________________________________________

(Include name, dosage, frequency) __________________________________________

*This information is provided to allow the college to access emergency care for you should it be required. These are questions
that may be asked by EMS personnel.
A copy of the Standards of Ethics by the American Registry of Radiologic Technologists is attached.

Please read its entirety before you sign below. If you have any questions or concerns on taking the Registry upon completion of the program, there is a pre-ethics application you can submit to the ARRT for approval. You can find this information listed at www.arrt.org

I know of no reason that I would be denied opportunity to sit for the ARRT Registry Examination following my training.

_________________________  _______________________
(Signature)                 (Date)

The information contained in this application is complete and accurate to the best of my knowledge.

_________________________  _______________________
(Signature)                 (Date)
Reference Letter Release Form

In applying for admission to the Radiology Program at Mineral Area College, I hereby voluntarily waive my right to access as provided by Federal Law, PL 93-380, to confidential letters and statements of recommendation submitted by references on my behalf. I request that persons listed as my work and/or personal references release information to Mineral Area College.

________________________________________  _____________
Signature of Applicant                       Date
1. Check the brochure to be sure you meet the grade point average required for the program, you will have completed the prerequisite courses by the deadline date, and your ACT or COMPASS test scores meet the minimum requirements.

2. Have all of the required immunizations and the Student Health Statement completed and returned by the deadline date.

3. Provide complete names and addresses for the references listed on your application and make sure the reference knows the deadline date of May 1st.

4. Admission has **nothing** to do with gender, race, who your advisor is, marital status, financial status, etc. The Selection Committee is composed of the Program Director of the Radiology Program, the Clinical Coordinator of the Radiology Program, and a representative from each clinical site.

5. Mineral Area College does **NOT** have a waiting list for the radiology program.

6. Applications and all application materials are due by May 1st of each year. Please do not wait until the last minute to submit your application. If your application materials are not returned in a timely manner, you will not meet the minimum requirements for an interview and this could cause you to not be accepted. Please apply **EARLY**!

7. If you need to repeat a class to improve a grade point average or need to repeat the ACT or COMPASS test to improve your scores, we encourage you to do so as soon as possible.

8. Please review the Application Requirements listed in the brochure.

9. Do not ever just stop attending a class. You should complete a Withdraw from Class form by the deadline date to preserve your grade point average.

10. Please contact your nursing advisor if you have any questions or problems! The phone number for the Radiology Department is: (573) 518-2334.