Radiologic Sciences
Program Application Packet
2020 Entrance

Application Deadline:
March 1, 2020

Location:
Yakima Valley College
Lyon Hall, Room 190

Telephone:
509-574-4932

TDD:
509-574-4600
Radiologic Sciences Program

Application Packet

2020 Entrance
Dear Radiologic Sciences Applicant,

This packet is intended to help you understand the requirements for entry to the Yakima Valley College (YVC) Radiologic Sciences Program. Please read the entire packet carefully. In addition, you will want to visit your advisor on a regular basis for counseling on course choice and sequence. Our Program Assistant (509.574.4932) is also a valuable resource for information about the program. Rely on information from the Program Assistant and from the faculty, not information from others who may not be aware of frequent changes in the program in response to accrediting or legislative bodies and the health care environment.

We appreciate your interest in our program and look forward to working with you. If you need additional information, please contact the Radiologic Sciences office 509.574.4932 or contact your advisor.

Sincerely,

Michele Coville

Faculty: Located in Lyon Hall – YVC Campus

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509.574.4932
Office: Lyon Hall, 190
The Radiologic Sciences faculty and staff are located in **Building #30**, Lyon Hall.

**SOUTH CAMPUS BUILDING LEGEND**

20. PALMER MARTIN HALL  
21. SUNDQUIST HALL  
23. ALLIED HEALTH TECHNOLOGY  
24. TECHNOLOGY COMPLEX  
25. RESOURCE CENTER  
26. JANE’S HOUSE EARLY LEARNING CENTER  
28. CAMPUS OPERATIONS – SHOP  
29. CAMPUS OPERATIONS  
30. STUDENT RESOURCE CENTER (SRC) (HOPF HALL & LYON HALL)  
32. SKILLS CENTER  
33. SKILLS CENTER ANNEX  
34. ENGINEERING & PHYSICS CENTER

Application Deadline – **March 1 of each year!**

Yakima Valley College does not discriminate against any person on the basis of race, color, national origin, disability, sex, genetic information, or age in admission, treatment, or participation in its programs, services and activities, or in employment. All inquiries regarding compliance should be directed to the Director of Human Resource Services, YVC, South 16th Ave. & Nob Hill Blvd., Yakima, WA 98902; or call 509.574.4670.
Yakima Valley College  
Radiologic Sciences  

Table of Contents  

The Profession ........................................................................................................................................6  
The Program Mission ...............................................................................................................................6  
The Program Outcomes ..........................................................................................................................6  
The Program ...........................................................................................................................................6  
Clinical Practicum ......................................................................................................................................7  
Technical Standard ....................................................................................................................................8-9  
Program Curriculum ..................................................................................................................................10  
Prerequisites ...........................................................................................................................................11  
Admission’s Requirements and Selection Criteria ....................................................................................12  
Course Sequencing ....................................................................................................................................13-14  
Estimated Costs .......................................................................................................................................15  
General Information ...............................................................................................................................16-18  
Application Checklist .............................................................................................................................19  

Application Forms ....................................................................................................................................22-39  

- Radiologic Sciences Program Application............................................................................................22-24  
- Job Shadow Instructions/Form ................................................................................................................26-27  
- Volunteer Time Sheet Form ....................................................................................................................28  
- Authorization for WA. State Patrol Criminal History Information .......................................................30  
- Applicant Disclosure Form ........................................................................................................................32-33  
- Disclosure of Academic Performance ....................................................................................................34  
- Personal Data Form .................................................................................................................................36-38
The Profession

Thank you for your interest in Radiologic Sciences at Yakima Valley College. Upon successful completion of this 8-quarter program, graduates are eligible to apply to take the national registry examination offered by the American Registry of Radiologic Technologists and seek employment in hospitals, clinics, and physician offices. With additional training, and/or college coursework, graduates are eligible for careers in CT, MRI, Nuclear Medicine, Radiation Therapy, administration, and education.

A Radiologic Technologist (Radiographer) uses critical thinking and independent judgement to obtain a diagnostic imaging study while maintaining quality patient care and minimizing radiation exposure. Radiologic Technologists take images of parts of the human body for diagnosing medical problems. They prepare patients for radiographic examinations by explaining the procedure and positioning patients so that the parts of the body can be appropriately radiographed. To prevent unnecessary exposure to radiation, Radiographers use their expertise with radiation protection knowledge to minimize exposure to the patient and those involved in their imaging procedures.

Radiologic Technologists consult with physicians, surgeons, and other health specialists. Technologists must follow orders precisely and conform to hospital protocols and standardized regulations for patient care.

A hospital employee may expect to be hired for a particular shift; days, evenings, or nights. Perhaps they will rotate from one shift to another and fill in where needed. Graduates working for a clinic or a particular doctor can expect to work days, Monday through Friday.

The Program Mission

The Radiologic Sciences Program strives to graduate individuals who are qualified in the use of ionizing radiation for the purpose of diagnostic imaging and demonstrate professional and ethical behavior in delivering quality patient care.

The Program Outcomes

- Students will graduate with entry-level job skills.
- Students will be prepared to pass the national exam for the American Registry of Radiologic Technologists.
- The program will maintain integrity and be responsive to community needs.

The Program

This is a sequenced program of courses that fulfill the educational objectives established by the American Society of Radiologic Technologists and competencies outlined by the American Registry of Radiologic Technologists. The program commences in June of each year. After successful completion of the 8 quarter course, students are granted an Associate of Applied Sciences Degree in Radiologic Technology (AAS) and are eligible to apply to take the national exam for American Registry of Radiologic Technology, a nationally recognized examination.

Program Policies may be found in the RT office.
Clinical Practicum
Clinical practicum is a program requirement. Students are assigned to approximately 1600-1700 hours of practicum in several clinical education centers and rotate through a variety of days and shifts. The goal is to provide students with a broad base of experience to prepare them for entry level employment as a radiographer. Clinical education centers currently associated with the Radiologic Sciences Program at Yakima Valley College include:

- Astria Sunnyside Hospital – Sunnyside, WA
- Astria Toppenish Hospital – Toppenish, WA
- Astria Regional Medical Center – Yakima, WA
- Virginia Mason Memorial Hospital – Yakima, WA
- Orthopedics Northwest – Yakima, WA
- Valley Imaging Partners – Yakima, WA

Students will be enrolled for clinical experience during six quarters. Students may expect to spend a majority of that time at two of the hospitals.

Clinical rotations are scheduled on a monthly basis. Students should expect to be assigned to shifts on days, evenings, weekend days, and weekend evenings. Shifts will be on an equal rotation basis, each student completing a similar number of hours on each shift. Clinic site day shifts vary from starting anywhere between 7am to 11:30am and evening shifts varying from starting anywhere between 2:30pm to 3:30pm.

Students may request one to three day clinical rotations in Cardiac Catheterization, Mammography, Ultrasound, MRI, Nuclear Medicine, or Radiation Therapy. Students will participate in mandatory rotations to Orthopedics, Water's Edge, Valley Imaging and CT Scan at two hospitals. These special rotations occur during the second year.

*This may change depending on academic schedule.

Students are expected to adhere to clinical educational facilities’ policies and procedures. These policies and procedures are located in the RT office.
Technical Standards

A Radiologic Technologist must be capable of communicating with and maneuvering patients, reacting to emergency situations, manipulating heavy equipment and handling radiographic accessories; therefore, he/she must have adequate use of speech, limbs and auditory as well as visual senses. The following is a list of essential functions that must be performed in a satisfactory manner.

- Apply knowledge of anatomy, physiology, positioning and radiographic techniques to accurately demonstrate anatomical structures on a digital image receptor.
- Determine exposure factors to achieve radiographic techniques with minimum radiation exposure to the patient.
- Monitor medical equipment attached to patient.
- Assist physician and technologists with sterile field and administration of contrast media.
- Provide patient care and appropriate patient communication.
- Recognize emergency patient conditions and initiate lifesaving first aid and basic life support procedures.
- Evaluate the performance of radiologic system equipment, know safe limits of equipment operations and report malfunctions to the proper authorities.
- Participate in radiologic quality assurance programs.
- Understand and review medical records/patient chart when appropriate.
- Adhere to standard precaution protocols and maintain cleanliness of equipment.
- Adhere to appropriate procedures including: airborne, droplet, contact or reverse isolation.
- Have the ability to understand, remember, and apply oral and/or written instructions in English.
- Understands complex problems and collaborates and explores alternative solutions.
- Hear faint sounds from a distance of 15 ft. away
- Have correctable far vision in one eye to 20/20 and 20/40 in the other eye.
- Lift 20 pounds from the floor, carry 10 ft. and place on a surface 36 in. high.
- Participate in frequent lifting and carry up to 50 lbs.
- Push/pull 1 to 20 lbs. of force continuously and 20-50 lbs. force occasionally.
- Work with arms overhead for 2-5 minutes at a time.
- Sitting, standing and walking for long periods of time.
- Have the ability to feel, reach, grasp and perform repetitive motions.
- Safely and successfully manipulate and transport mobile radiographic equipment.
- Endure observing and working, hands-on, with severely injured trauma patients and/or critically ill patients.
- Assist in radiography of a corpse.
- Communicate effectively with patients and staff.
- Adhere to all HIPAA Regulations.

Motor Skills

Students should have sufficient motor function so that they are able to safely and substantially perform the essential requirements needed to provide general care and treatment to patients in all healthcare settings. For example; for the safety and protection of patients, the student
must be able to perform basic life support, including CPR, and function in an emergency situation. The student must have the ability to safely assist a patient in moving from a chair to a bed, examination table or from a wheelchair to another location.

**Sensory Observation**
Students must be able to observe a patient accurately, at a distance and close at hand, and observe and interpret non-verbal communication.

**Communication**
Students must communicate effectively and sensitively with other students, faculty, staff, patients, family and other professionals. He/she must be able to express their ideas and feelings clearly and demonstrate a willingness and ability to give and receive feedback. The student must be able to convey or exchange information at a level that allows development of a health history, identify problems presented, explain alternate solutions, and give directions orally and in writing. The student must have the ability to make correct judgement in seeking supervision and consultation in a timely manner.

**Cognitive**
Students must be able to measure, reason, analyze, integrate and synthesize in the context of their professional study. They must be able to quickly read and comprehend extensive written material, as well as evaluate and apply information and engage in critical thinking.

**Behavior/Emotional**
Students must possess the emotional health required for the exercise of good judgement, the prompt completion of all responsibilities attendant to the care of patients and their families. In addition, they must be able to maintain mature, sensitive and effective relationships with patients, students, faculty, staff and other professionals under all circumstances including highly stressful situations. The student must have the emotional stability to function effectively under stress and to adapt to an environment that may change rapidly, without warning, or in unpredictable ways. The student must be willing to change his or her behavior when it interferes with productive individual or team relationships. The student must possess skills necessary for effective and harmonious relationships in diverse environments.

**Professional Conduct**
Students must have the ability to reason morally and practice healthcare in an ethical manner. They must be willing to abide by professional standards of practice. Students must be able to engage in patient care delivery in all settings and be able to deliver care in all populations. Students must demonstrate professional behavior and attitudes, such as the ability to collaborate with others, and to admit mistakes gracefully.

If an applicant is unable to perform the essential functions of a Radiologic technologist, requests for reasonable accommodations may be discussed with Disabled Student Services and the program coordinator.
Program Curriculum

First Year:
   Summer Quarter
   Professional technical courses.

   Fall Quarter
   Academic and professional technical courses. Anatomy & Physiology II must be taken this quarter if not taken previously.
   Orientation to clinical practicum.

   Winter Quarter
   Academic and Professional technical courses. Clinical Practicum (X-Ray Departments):
   Two-8 hour shifts per week; day, evening and weekend assignments.

   Spring Quarter
   Academic and Professional technical courses. Clinical Practicum (X-Ray Departments):
   Two-8 hour shifts per week; day, evening and weekend assignments.

Second Year:
   Summer Quarter
   Professional technical courses. Clinical Practicum (X-Ray Departments): Forty hours a week; day, evening and weekend assignments.

   Fall Quarter
   Academic and professional technical courses. Clinical Practicum (X-Ray Departments):
   Thirty-two hours a week; day, evening and weekend assignments.

   Winter Quarter
   Academic and professional technical courses. Clinical Practicum (X-Ray Departments):
   Three - 8 hour shifts per week; day, evening and weekend assignments.

   Spring Quarter
   Academic and professional technical courses. Clinical Practicum (X-Ray Departments):
   Three - 8 hour shifts per week; day, evening and weekend assignments.
Yakima Valley College
Radiologic Sciences
Prerequisite Information for 2020

- A cumulative college level GPA of 2.7 or higher.
- Complete prerequisite courses with a minimum of 2.0 GPA.
  It is acceptable to repeat a course in order to receive the required GPA. However, a student will not be considered eligible if he/she failed to receive a 2.0 on the 2nd attempt, or repeat 3 or more of the prerequisite classes. A student has the option to submit a letter of appeal if extenuating circumstances influenced unsatisfactory grade(s). If a course is repeated, the course grade will be averaged for point calculation.
- Higher division courses may be substituted at the discretion of the program coordinator.
- Courses may be taken at the educational institution of the student’s choice.
- It is the student’s responsibility to contact us and obtain the course equivalencies to your institution (Community College, College, or University).
- Courses marked with [ * ] must be satisfactorily completed within 5 years of application date.

- Of the eight (8) prerequisite courses, the following six (6) must completed by the end of spring quarter.

  - [ ] BIOL& 160* General Biology (C+ or better required by YVC)
  - [ ] CHEM& 100* Introduction to Chemistry or one year high school equivalent
  - [ ] ENGL 102 English Composition II
  - [ ] AH 119* Medical Terminology (minimum of 4 credits)
    - For exceptions, Challenge Test is available. Contact RT Office @509-574-4932.
  - [ ] MATH 093* Intermediate Algebra Essentials or MATH095* (or higher)
  - [ ] BIOL& 241* Human Anatomy & Physiology I

- The remaining two (2) prerequisites must be completed by fall quarter following program acceptance.

  - [ ] CMST& 220 Intro to Public Speaking or CMST& 101 Intro to Communication
  - [ ] BIOL& 242* Human Anatomy & Physiology II

- It is to the student’s advantage to complete all prerequisites prior to program start date.

Applicants who have previously withdrawn or been dismissed from any health care training program must discuss circumstances with the program coordinator. Documentation from prior program may be requested. Applicants who have previously withdrawn or been dismissed twice from any health care training program are not eligible for the Radiologic Sciences program.
Yakima Valley College
Radiologic Sciences
Admission Requirements

1. Minimum college level GPA of 2.7.
2. Satisfactory completion of at least 4 program prerequisite courses by end of winter quarter.
3. Candidate must meet general admission requirements of YVC.
4. Candidate must be willing to complete a criminal background check and drug screen if accepted for program entrance. Background checks must prove to be satisfactory or participation in clinical education coursework may not be possible. Background checks are typically completed summer quarter during the program.
5. Application files must be complete by March 1. If a student applies after March 1, they will only be considered if openings are available.

Selection Criteria

- **College level GPA**
- **Program Interview**
- **Prerequisite Courses**
  - Points will only be awarded for prerequisite courses completed by the end of winter quarter. **A higher grade will receive a higher point value.**
- **Required – Essay**
  - Describes why the applicant chose Radiologic Technology as a profession and states what characteristics the applicant has to make them qualified to become an R.T. The essay should be typed, double spaced, and 1-3 pages in length. (Applicant must submit 4 copies, one with name and 3 copies without any identifying information).

- **Optional Selection Criteria**
  - Proof of 8 hours job shadow in an Imaging Department – within the last two years. **Use form in packet, pages 26-27. Must be completed by March 1.**
  - Proof of 40 hours volunteer time, or work related experience, in a patient care area – must be done within the last two years. [Volunteer time will be scheduled by the student, at the patient care facility of their choice. Volunteering must involve direct patient contact]. **Use form in packet, 28. Must be completed by March 1.**

Qualified applicants will be notified for an interview via the e-mail listed on the application page. Please be sure to write legibly to ensure that we respond to the correct e-mail. Notification of final student selection will be completed by May 30.

Any official transcripts not received by April 10 will not be calculated in total or used to assess points. **Courses taken spring quarter of application year do not apply to selection process.**

It is the student's responsibility to ensure transcripts arrive to the RT department. It is suggested that the student e-mail an unofficial transcript at the end of winter quarter to mcoville@yvcc.edu and also make arrangements to have an official transcript sent electronically to Yakima Valley College at admission@yvcc.edu.
# Yakima Valley College

## Radiologic Sciences

### Course Curriculum

### First Year

#### Summer Quarter

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>RT 110</td>
<td>Introduction to Radiology</td>
<td>3</td>
</tr>
<tr>
<td>RT 116</td>
<td>Radiographic Communication</td>
<td>2</td>
</tr>
<tr>
<td>RT 117</td>
<td>AIDS/HIV/CPR</td>
<td>1</td>
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</table>

Total: 6 credit hours

#### Fall Quarter

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>RT 111</td>
<td>Intro to Clinic</td>
<td>1</td>
</tr>
<tr>
<td>RT 120</td>
<td>Image Acquisition I Theory</td>
<td>3</td>
</tr>
<tr>
<td>RT 121</td>
<td>Image Acquisition I Lab</td>
<td>1</td>
</tr>
<tr>
<td>RT 130</td>
<td>Rad. Positioning I Theory</td>
<td>3</td>
</tr>
<tr>
<td>RT 131</td>
<td>Rad. Positioning I Lab</td>
<td>2</td>
</tr>
<tr>
<td>RT 140</td>
<td>Rad. Patient Care Theory</td>
<td>2</td>
</tr>
<tr>
<td>RT 141</td>
<td>Rad. Patient Care Lab</td>
<td>1</td>
</tr>
<tr>
<td>BIOL&amp; 242</td>
<td>Anatomy &amp; Physiology II</td>
<td>5</td>
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</table>

Total: 18 credit hours

#### Winter Quarter

<table>
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<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
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<tbody>
<tr>
<td>RT 122</td>
<td>Digital Imaging</td>
<td>4</td>
</tr>
<tr>
<td>RT 132</td>
<td>Rad. Positioning II Theory</td>
<td>3</td>
</tr>
<tr>
<td>RT 133</td>
<td>Rad. Positioning II Lab</td>
<td>2</td>
</tr>
<tr>
<td>RT 150</td>
<td>Clinical Practicum I</td>
<td>6</td>
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</table>

Total: 15 credit hours

#### Spring Quarter

<table>
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<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credit Hours</th>
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</thead>
<tbody>
<tr>
<td>RT 134</td>
<td>Rad. Positioning III Theory</td>
<td>2</td>
</tr>
<tr>
<td>RT 135</td>
<td>Rad. Positioning III Lab</td>
<td>2</td>
</tr>
<tr>
<td>RT 136</td>
<td>Radiographic Procedures</td>
<td>4</td>
</tr>
<tr>
<td>RT 151</td>
<td>Clinical Practicum II</td>
<td>6</td>
</tr>
</tbody>
</table>

Total: 14 credit hours
Yakima Valley College
Radiologic Sciences
Course Curriculum

Second Year

Summer Quarter
RT 250  Clinical Practicum III  13 credit hours

Fall Quarter
RT 230  Path/Adv. Procedures I  3 credit hours
RT 240  Radiation Biology  3 credit hours
RT 251  Clinical Practicum IV  13 credit hours

Total: 13 credit hours

Winter Quarter
RT 220  Equip. Operation & Physics  2 credit hours
RT 231  Path/Adv. Procedures II  4 credit hours
RT 252  Clinic Practicum V  11 credit hours
RT 259  Professional Prep  1 credit hour

Total: 19 credit hours

Spring Quarter
RT 232  Path/Adv. Procedures III  2 credit hours
RT 246  Advanced Physics  5 credit hours
RT 253  Clinical Practicum VI  7 credit hours
RT 260  Registry Review  2 credit hours

Total: 16 credit hours

Course scheduling may change to meet program needs.
### First Year

<table>
<thead>
<tr>
<th>Type of Fee</th>
<th>Summer Quarter</th>
<th>Fall Quarter</th>
<th>Winter Quarter</th>
<th>Spring Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition*</td>
<td>$726.54 (for 6 credits)</td>
<td>$1708.98 (for 18 credits)</td>
<td>$1522.20 (for 15 credits)</td>
<td>$1459.59 (for 14 credits)</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>$100.00</td>
<td>$400.00</td>
<td>$150.00</td>
<td>$100.00</td>
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<td>Lab Fees</td>
<td>$0</td>
<td>$100.00</td>
<td>$40.00</td>
<td>$45.00</td>
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<tr>
<td>Non-Refundable Fee**</td>
<td>$150.00</td>
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<tr>
<td>Uniforms</td>
<td>$0</td>
<td>$150.00</td>
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<tr>
<td>Mal Practice Insurance</td>
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<td>$15.00</td>
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</tr>
<tr>
<td>Liability Insurance</td>
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<td>$3.00</td>
<td>$0</td>
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<tr>
<td>Background &amp; Drug Screen</td>
<td>$88.00</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td><strong>Total:</strong></td>
<td><strong>$1064.54</strong></td>
<td><strong>$2376.98</strong></td>
<td><strong>$1712.20</strong></td>
<td><strong>$1604.59</strong></td>
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</table>

### Second Year

<table>
<thead>
<tr>
<th>Type of Fee</th>
<th>Summer Quarter</th>
<th>Fall Quarter</th>
<th>Winter Quarter</th>
<th>Spring Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition*</td>
<td>$1397.68 (for 13 credits)</td>
<td>$1814.51 (for 19 credits)</td>
<td>$1708.98 (for 18 credits)</td>
<td>$1584.46 (for 16 credits)</td>
</tr>
<tr>
<td>Books/Supplies</td>
<td>$0</td>
<td>$150.00</td>
<td>$100.00</td>
<td>$100.00</td>
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<td>Lab Fees</td>
<td>$0</td>
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<tr>
<td>Uniforms</td>
<td>$100.00</td>
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<td>Mal Practice Insurance</td>
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<td>Liability Insurance</td>
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<td>$0</td>
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<tr>
<td>Degree Application</td>
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<td>$0</td>
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<td>ARRT Board/App. Fee</td>
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<td>$0</td>
<td>$0</td>
<td>$200.00</td>
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<td><strong>Total:</strong></td>
<td><strong>$1515.68</strong></td>
<td><strong>$1964.51</strong></td>
<td><strong>$1808.98</strong></td>
<td><strong>$1894.46</strong></td>
</tr>
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Approximate cost of the 24 month program: $13,941.94
Possibility of an increase in tuition; unknown at time of printing.

*Tuition, Fees & Lab Fees
*Tuition*, 'Fees' & 'Lab Fees' amounts are based upon current rates at time of print and are subject to change.

**Non-Refundable Fee
This non-refundable fee covers necessary items required for the CT Program, and must be paid within two (2) weeks of acceptance.

Financial Assistance
Because of the academic responsibilities and the necessity of practical experience during a variety of clinical shifts, the faculty discourages outside employment for Radiologic Sciences students. Clinical assignments will not be adjusted to meet outside personal or employment schedules. Students who need financial aid assistance should consult with the Radiologic Sciences faculty or personnel in the Financial Aid office.
General Information for the Radiologic Sciences Student

Complete Disclosure of Academic Performance
By law, education records, which contain information directly related to a student and maintained by an educational agency or institution can be shared with other school officials who have legitimate educational interests. You will need to give written permission for a Complete Disclosure of Academic Performance to YVC prior to entry into the Radiologic Sciences Program.

Health Insurance
Each student participating in the clinical education program is strongly encouraged to acquire comprehensive health and accident insurance that will provide continuous coverage during his or her tenure in the program. Students are responsible for their own health care costs, health insurance coverage, and their own health needs, including illness or injuries which might occur in the clinical setting.

Immunization Requirements
Students who are accepted to the Radiologic Sciences Program must supply official documentation of their immunization status prior to entering the second quarter of the Radiologic Sciences Program. Immunization status is coordinated through the YVC Radiologic Sciences Office. If a student's immunization record is incomplete, the student may be required to obtain immunizations or proof of immunity at their own expense. If immunizations expire, or new requirements are added while a student is enrolled in the program, it is the student's responsibility to update immunizations at their own expense and provide the necessary documentation reflecting current immunization status.

**IF IMMUNIZATION STATUS IS NOT CURRENT, THE STUDENT WILL NOT BE ALLOWED TO PARTICIPATE IN THE CLINICAL COURSES.**

Current Immunization Requirements are as follows:

- **TDAP** within the past 8 years.
- **Measles, mumps, rubella injection (MMR).** Documentation of 2 doses of MMR vaccine or record of laboratory serology (titers) results. You cannot be pregnant and must not become pregnant for the next month if receiving MMR shots, since these are live vaccines. You may be breast feeding. Please check with your physician.
- **Hepatitis B Vaccine (HepB)** consists of a series of three injections; the second injection is given one month after the first injection and the third injection is given six months after the first.
- **PPD Testing:** RT students are required to have a two-series PPD to establish a baseline. The second PPD is administered in 1-3 weeks after the first, unless they have had a negative PPD the two previous years. After the 2 step PPD, single dose PPD's are required annually. Quantiferon test is also acceptable. **A positive PPD test requires the results of a negative chest x-ray and a screening form that documents no tuberculosis symptoms since their last Chest X-ray (see Program Coordinator).**
• **Varicella.** Provide proof of inoculation series (2 shots), positive serology (titer), or documentation that student has had chicken-pox.  
• **H1N1 Influenza** required annually.

**It is the student’s responsibility to ensure compliance with these immunization requirements.**

**Drug Screen and Criminal Background History**
Satisfactory clearance is required prior to clinical practicum placement. Procedure for this will be discussed at orientation. Student is responsible for the cost (approximately $88) at the printing of this material.

**Cardiopulmonary Resuscitation (CPR)**
Prior to entering the second (2nd) quarter, **all students** are required to obtain CPR certification. The certification must cover One-person and Two-person Adult CPR and Obstructed Airway Management, Child and Infant CPR, Obstructed Airway Management AED for health care professionals. Program curriculum will provide an opportunity for CPR training during summer quarter for all students in the program.

**STUDENTS WILL NOT BE ALLOWED TO PARTICIPATE IN CLINICAL COURSES UNLESS CPR CERTIFICATION AND IMMUNIZATION INFORMATION IS CURRENT.**

**Transportation**
Students are responsible for their own transportation and for complying with parking regulations on campus and in the assigned clinical agencies. The Radiologic Sciences Department will attempt to schedule classroom and clinical sites as close to the main campus as possible. However, some distant clinic sites within our community college district are utilized. **Clinical practicum or class/lab schedules will not be adjusted for transportation problems that might arise.**

**Disabled Student Services**
The Radiologic Sciences Program, as part of YVC, is committed to the principle of equal opportunity. The program does not discriminate on the basis of race, color, creed, religion, national origin, gender, sexual orientation, age, marital status, disability, disabled veteran or Vietnam era veteran status. When requested, and within appropriate documentation, the program will provide reasonable accommodation to otherwise qualified students with disabilities. Students who need adaptations or accommodations because of a disability, emergency medical condition, or need special arrangements in case a building must be evacuated, should notify the Program Coordinator and the instructor of their choice. More information is available through Disabled Student Services at 574-4961.

**Occupational Hazards**
Occupational hazards for the field of radiology may include, but are not limited to: exposure to infectious diseases such as AIDS or hepatitis, exposure to hazardous chemicals or substances,
accidental injury, neuromuscular problems, exposure to blood borne pathogens, exposure to radiation and allergic reactions to latex, anesthetic agents, or other chemical agents.

Students accepted into the Radiologic Sciences Program will be required to sign an “Informed Acknowledgement of and Consent to Hazards and Risks Form”. Questions may be directed to the Program Coordinator.

Warning and Notification of Hazards & Risks

All occupations have inherent risks that prospective students should be aware of. The purpose of this Warning and Notification of Hazards & Risks is to bring students’ attention to the existence of potential dangers in Radiologic Technology, and to aid them in making an informed decision concerning participation in the YVC RT Program, and in signing the Informed Acknowledgement of and Consent to Hazards and Risks Form.

Occupational hazards for the field of radiology include, but are not limited to:

- exposure to infectious disease which may lead to side effects or death
- exposure to hazardous chemicals or substances
- accidental injury or death in the clinic setting or in route to or from a clinical site
- injury or illness that can affect one’s personal health or the health of an unborn child
- exposure to radiation that may negatively affect one’s health or the health of an unborn child

An injury or illness can impair one’s general physical and/or mental health and may hinder one’s future ability to earn a living, engage in business, social, or recreational activities, or generally impair one’s ability to enjoy life. There may also be risk of injury, illness, or death resulting from causes not specified in the Warning and Notification of Hazards & Risks.

In addition to acknowledging hazards and risks, the applicant must take responsibility regarding matters of safety involving self and others. After receiving instruction, students will be expected to demonstrate safety practices designed for radiology. Students must inform appropriate faculty of any relevant personal medical condition which might be hazardous or risky to self or others. A student may be required to submit permission from his/her personal physician to participate in radiology education activities.

Upon entering YVC’s Radiologic Sciences Program, the student will be required to sign an Informed Acknowledgement and Consent to Hazards & Risks Form.
Yakima Valley College
Radiologic Sciences
Application Checklist

The following forms must be received or post marked by March 1.

☐ Radiologic Sciences Application Form
☐ Criminal History and Drug Screen Notification Form
☐ Disclosure of Academic Performance & Permission for Release of Information
☐ Applicant Disclosure
☐ Personal Data Form
☐ Transcripts: If submitting for the calculation of prerequisites, and college level GPA, please send as follows:

- **Unofficial transcripts** are required with the application from ALL colleges.
- **Official transcripts - Send one copy** (including winter quarter) from institutions other than YVC. Must be received by April 10.

  admission@yvcc.edu
  or
  Yakima Valley College Admissions
  PO Box 22520
  Yakima, WA 98907-2250

  AND if courses are taken winter quarter (other than YVC) send unofficial transcripts with winter quarter grades, emailed to mcoville@yvcc.edu by April 10.

Students from other colleges (not YVC students) must submit an admissions application and $30.00 fee to yvcc.edu online to be eligible for the Radiologic Sciences program. *Fee is accurate at time of printing and is subject to change.

☐ High school transcript – official sent to the Radiologic Sciences Program – **only if applicable for prerequisite courses**.
☐ Proof of spring enrollment if taking prerequisite classes, can be emailed after registration.
☐ Essay – 4 copies; one (1) with name, three (3) with no identifying information.

Optional forms must be received or post marked by March 1.

**PARTIAL CREDIT IS NOT GIVEN FOR INCOMPLETE HOURS.**

☐ Job Shadow Form completed within 2 years. (8 hours)
☐ Volunteer or work related experience form – in a patient care area within 2 years. (40 hours)

  Notification of interviews by May 1, and selection will be complete by May 30.
ATTENTION!

PLEASE DETACH ALL OF THE FOLLOWING DOCUMENTS (SIGNED FORMS) AND INCLUDE THEM IN YOUR APPLICATION SUBMISSION.

ALL ITEMS BEFORE THIS PAGE ARE FOR YOUR REFERENCE ONLY. PLEASE DO NOT INCLUDE THEM IN YOUR APPLICATION SUBMISSION.

THE DEADLINE FOR APPLICATION SUBMISSION TO THE RADIOLOGIC SCIENCES PROGRAM IS:

ON OR BEFORE MARCH 1, 2020, BY 4:00 PM.

YOU MAY SUBMIT YOUR APPLICATION IN ONE OF TWO WAYS:

HAND-DELIVERED TO:

LYON HALL, ROOM 190 – YAKIMA CAMPUS ON OR BEFORE MARCH 1, 2020, BY 4:00 PM.

VIA MAIL, POST-MARKED BY MARCH 1, 2020 TO:

YAKIMA VALLEY COLLEGE
ATTN: RADIOLOGIC SCIENCES
PO BOX 22520
YAKIMA, WA 98907
LEAVE BLANK
Yakima Valley College
Radiologic Sciences
Application for Program Admission – Summer Quarter 2020
DUE MARCH 1, 2020 BY 4:00 PM

MAY BE HAND DELIVERED TO: LYON HALL, ROOM 190 ON OR BEFORE MARCH 1, 2020

OR POST-MARKED BY MARCH 1, 2020 TO:

YAKIMA VALLEY COLLEGE
ATTN: RADIOLOGIC SCIENCES
PO BOX 22520
YAKIMA, WA 98907

YVC STUDENT ID# (if applicable): ___________________________ DATE OF BIRTH: __________

NAME: ____________________________________________________________
(last) (first) (middle) (maiden)

LOCAL ADDRESS: ______________________________________________________
(street address)

(city) (state) (zip code)

EMAIL: ____________________________________________________________ PHONE: ______________________

Notification of acceptance status will be delivered to this email. Please write legibly.

SIGNATURE OF APPLICANT (requires a non-electronic signature):

________________________

COLLEGE CURRENTLY ATTENDING:

(current institution) (city) (state)

Years Attended: from 20__ to 20__

Name other colleges attended: If submitting for the calculation of prerequisites, support courses and college level GPA.

If applicant chooses to claim transfer credits from a previous institution, YVC will calculate ALL grades from that transcript.

(previous institution) (city) (state)

Years Attended: from 20__ to 20__

(previous institution) (city) (state)

Years Attended: from 20__ to 20__
List the courses you have completed, include the appropriate campus if different than YVC, with a letter grade of “C” or better:

<table>
<thead>
<tr>
<th>YVC Prerequisites</th>
<th>Other Institution Equivalent (Course &amp; Number)</th>
<th>Quarter</th>
<th>Year</th>
<th>Grade</th>
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</thead>
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<tr>
<td>BIOL &amp; 160*</td>
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<td></td>
</tr>
<tr>
<td>CHEM 100* or 1 year of high school chemistry</td>
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<tr>
<td>ENGL 102</td>
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<td>CMST &amp; 220 or CMST &amp; 101</td>
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<td>AH 119*</td>
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<tr>
<td>MATH 093* or MATH 095* or higher</td>
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<tr>
<td>BIOL &amp; 241*</td>
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<tr>
<td>BIOL &amp; 242*</td>
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</tbody>
</table>

*Courses must have been taken within 5 years of application date.
**It is the applicant’s responsibility to contact us and obtain the course equivalencies to your institution.

If presently enrolled in college, list the courses you are taking or will be taking in this pre-RT year:

YVC OR NAME OF OTHER INSTITUTION: ________________________________

Fall Quarter

____________________
____________________
____________________

Winter Quarter

____________________
____________________
____________________

Spring Quarter

____________________
____________________
____________________

RETURN THIS FORM WITH YOUR APPLICATION TO THE YVC RADIOLOGIC SCIENCES DEPARTMENT

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Job Shadow Instructions
This may include a full service Out Patient Imaging Center.

Job shadow is an option for program selection, but it will provide you with a wealth of information about what the daily job of a Radiologic Technologist is like. Eight (8) hours are required to earn the optional points towards selection.

At the date of this printing, there is one local hospital that allows job shadows:

Virginia Mason Memorial Hospital
2811 Tieton Drive. Yakima, WA.

Go to: "https://volunteer.yvmh.org/pages/app:radiologic" to fill out the job shadow form. When it is complete and sent, the hospital volunteer coordinator will contact you regarding requirements and scheduling. Due to hospital requirements, please plan on 3-4 weeks prior to being scheduled for job shadow. Once the hospital requirements are complete, contact the Program Assistant at YVC, 574-4932, to make an appointment. Job shadows are scheduled during Mon-Fri day shift, and must be scheduled at least 2 hours at a time, but 4 hours are preferred.

Utilize the enclosed form for documentation. The form must be signed by a Registered RT at the institution. Please verify that they are an RT, forms signed by non-RT's will not be counted.

If you are unable to attend your scheduled visitation, the applicant must notify the Program Assistant and the Imaging Department.

-- OR --

If you live near the hospital listed below, you may contact them directly to arrange for your visitation. To make an appointment call directly:

Astria Sunnyside Hospital (509-837-1760) – You also MUST contact Astria Sunnyside Hospital's Human Resource Department at (509-837-1649) for prescreening at least two weeks prior to any observation.

If you live out of the area, you may contact the Imaging Department directly, at a local hospital.

Job Shadow – Dress Code:

When observing an x-ray department at the hospital, it is extremely important to dress appropriately. A professional, clean appearance is necessary as you will be observing patients. Please follow the guidelines below:

1. Appropriate (business) length dress or skirt, or nice slacks (no jeans)
2. Flat shoes with toe and heel covered, no heels.
3. Limit jewelry to small and light colored.
4. Hair neat and clean, no hats. Hair that is longer than shoulder length needs to be pulled up.
5. Absolutely no perfumes or cologne please.
6. No cell phones.

Visitation Instructions:

When you arrive at the Imaging Department, you will be sent to the “work area” where you job shadow with technologists. Sometimes in a department that is either very busy or very quiet, you may have to ask to be included. Remember, the technologist's first priority is their patient. Don't hesitate to ask appropriate questions – just remember patient confidentiality and, most of all, BE PROFESSIONAL.
# Job Shadow Form
## Radiologic Sciences
Yakima Valley College
*(TO BE COMPLETED PRIOR TO MARCH 1, OF YEAR APPLYING)*

*Please review the dress code policy found on page 26.*

## SESSION 1

<table>
<thead>
<tr>
<th>Applicant's Name:</th>
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<tbody>
<tr>
<td>(first)</td>
<td>(last)</td>
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*I understand that all patient observations and information regarding those patients are strictly confidential.*

Signature of Prospective Student *(requires a non-electronic signature):*

<table>
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<tr>
<th>(hospital)</th>
<th>(number of hours)</th>
<th>(date)</th>
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What exams did you observe?

Radiographer's Signature *(requires a non-electronic signature):*

## SESSION 2

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<th>Applicant's Name:</th>
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*I understand that all patient observations and information regarding those patients are strictly confidential.*

Signature of Prospective Student *(requires a non-electronic signature):*

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<th>(hospital)</th>
<th>(number of hours)</th>
<th>(date)</th>
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What exams did you observe?

Radiographer’s Signature *(requires a non-electronic signature):*

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Volunteer Time Sheet or Work Related Experience
Radiologic Sciences
Yakima Valley College

Student’s Name: ________________________________
Facility: _______________________________________
Supervisor: ___________________________ Phone: _______________________
Supervisor’s Signature (requires a non-electronic signature): ____________________________
Date: ________

**Purpose:** 40 hours volunteer work in a patient care setting or work related experience in a patient care area – **MUST INVOLVE DIRECT PATIENT CONTACT** and must be completed prior to the March 1st deadline.

Phone: 509-574-4926    Email: mcowille@yvcc.edu

<table>
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<tr>
<th>DATE</th>
<th>DESCRIPTION</th>
<th>HOURS</th>
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**Total Hours:**

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Pursuant to RCW 43.43.830.842, employees and volunteers who provide service to developmentally disabled persons, vulnerable adults, and/or children under the age of 16, must successfully pass criminal history background checks as a condition for licensing or certification. You may be ineligible to pursue certification or licensure in your profession based on the results of the Criminal Background checks.

Further, students who are enrolled in an educational program that requires field work experience, clinical training, laboratory experience, or an externship wherein the student will be required to provide service to developmentally disabled persons, vulnerable adults and/or children under the age of 16, will be required to pass criminal history background checks and drug screen prior to clearance for entry to that field work experience, clinical training, laboratory experience, or externship. Inability to participate due to information obtained from the criminal history background checks and drug screen may result in a student's ineligibility to complete the program requirements.

The student will be notified, in a timely manner, if problems are identified. Because certain convictions may prevent you from being eligible for certification/licensure in the profession, it is possible that you could be admitted to, and successfully complete, the program and still be denied certification/licensure. If you have any questions or concerns about your ability to pass a criminal history background check, pursue your education, or practice in the profession, please make arrangements for a confidential appointment with the Radiologic Sciences Program Coordinator. You are also encouraged to contact the American Registry of Radiologic Technologist to discuss eligibility: www.arrt.org

I have been notified by YAKIMA VALLEY COLLEGE Radiologic Science Program that Criminal Background information and Drug Screen procedures are required as part of clinical practicum requirements. I understand that as part of program requirements, I will be furnished information regarding procedures, compliance and deadlines. I further understand that I am responsible for all fees incurred. Failure to comply with these requirements will prohibit clinical practicum.

Name: ________________________________
(last) (first) (middle) (maiden)

Signature (requires a non-electronic signature): ________________________________

Date: __________

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APPLICANT DISCLOSURE
PURSUANT TO RCW 43.43.834
CHILD AND ADULT INFORMATION ACT

Name: ________________________________

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against children or other persons, as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution?

   ANSWER: ____  IF YES, EXPLAIN BELOW:

   __________________________________________

   __________________________________________

2. Have you ever been convicted of crimes relating to the financial exploitation if the victim was a vulnerable adult, as follows: first, second, or third degree extortion; first, second, or third degree theft; first, second, or third degree robbery; forgery?

   ANSWER: ____  IF YES, EXPLAIN BELOW:

   __________________________________________

   __________________________________________

3. Have you ever been found in any dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

   ANSWER: ____  IF YES, EXPLAIN BELOW:

   __________________________________________

   __________________________________________
4. Have you ever been found in any domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

   ANSWER: _____ IF YES, EXPLAIN BELOW:

5. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?

   ANSWER: _____ IF YES, EXPLAIN BELOW:

6. Have you ever been found in any protection proceeding under chapter 74.24 RCW, to have abused or financially exploited a vulnerable adult?

   ANSWER: _____ IF YES, EXPLAIN BELOW:

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature (requires a non-electronic signature):

Date: ___________ Printed Name:

If you have concerns about your ability to pursue your education and practice in the profession based on your answers to questions in the Applicant Disclosure form, please make arrangements for a confidential appointment with the Radiologic Sciences Program Coordinator 509.574.4926.

FALSIFICATION OF THIS FORM WILL RESULT IN PROGRAM DISMISSAL.

RETURN THIS FORM WITH YOUR APPLICATION TO THE YVC RADIOLOGIC SCIENCES DEPARTMENT

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APPLICANT DISCLOSURE
COMPLETE DISCLOSURE OF ACADEMIC PERFORMANCE

I hereby give my permission to the YVC Radiologic Sciences Program to request relevant academic information from previous schools that I have attended.

Signature (requires a non-electronic signature):_____________________________________________________

Date: ___________ Printed Name: _________________________________________________________________

APPLICANT DISCLOSURE
PERMISSION FOR RELEASE OF INFORMATION

I hereby give my permission to the YVC Radiologic Sciences Program to release such academic information, as they deem advisable to facilities where I may be assigned for clinical experiences.

Signature (requires a non-electronic signature):_____________________________________________________

Date: ___________ Printed Name: _________________________________________________________________

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# APPLICANT DISCLOSURE

## PERSONAL DATA FORM

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, please explain: __________________________________________________________

*Medical Condition* includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

1a. If you answered “yes” to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).

1b. If you answered “yes” to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

(If you answered “yes” to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, the factors in “1b” so as to determine whether an unrestricted licenses should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)

2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
</table>

If yes, please explain: __________________________________________________________

*Currently* means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

*Chemical substances* includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?

| Yes □ | No □ |

4. Are you currently engaged in the illegal use of controlled substances?

| Yes □ | No □ |

“Currently” means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.

“Illegal use of controlled substances” means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a health care practitioner.

**Note:** If you must answer “yes” to any of the remaining questions, provide an explanation and copies of all judgements, decisions, orders, agreements and surrenders.

5. Have you ever been convicted, entered a plea of guilty, nolo contender or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

   a. The use or distribution of controlled substances or legend drugs

      | Yes □ | No □ |

   b. A charge of a sex offense

      | Yes □ | No □ |

   c. Any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)

      | Yes □ | No □ |

6. Have you ever been found in any civil, administrative or criminal proceeding to have:

   a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself?

      | Yes □ | No □ |

   b. Committed any act involving moral turpitude, dishonesty or corruption?

      | Yes □ | No □ |
c. Violated any state or federal law or rule regulating the practice of a health care professional?

Yes ☐  No ☐

7. Have you ever been found in any proceedings to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, explain and provide copies of all judgments, decisions, and agreements.

Yes ☐  No ☐

If yes, please explain: ____________________________________________________________

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority?

Yes ☐  No ☐

9. Have you ever been named in any suit or suffered any civil judgement for incompetence, negligence or malpractice in connection with the practice of a health care profession?

Yes ☐  No ☐

If yes to any of the above, identify state of offense: ________________________________

FALSIFICATION OF THIS FORM WILL RESULT IN PROGRAM DISMISSAL.

Signature (requires a non-electronic signature): ________________________________

Date: _______________  Printed Name: ____________________________________________

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