



## **Radiologic Technology Program Application Checklist**

Please use this form as a reference so that all items required are attached with your program application when submitted. **ALL application materials must be received in the Health Sciences Dept. or postmarked by the June 1<sup>st</sup> deadline. NO FAXED or EMAILED applications are accepted!**

### ALL APPLICANTS MUST:

- Meet admission requirements for **Jackson State Community College**

- ☐ Are you a new JSCC student? Have you completed the JSCC college application? If you have questions about your college admissions status, please contact the Admissions Office.
- ☐ Are you a continuing JSCC student? Have you taken classes within the last semester or so? If you have, then you should have met the college admissions requirements.

### ALL APPLICANTS MUST:

- Successfully complete all requirements of the **Radiologic Technology Program Application**

#### **\*\*\*\* Students applying with college experience (at least 11 college level credit hours)\*\*\*\***

- ☐ Have you completed and printed the program application including a current email address along with your choice of clinical affiliations (ranked 1-5)?
- ☐ Have you attached a one page essay outlining personal and professional goals?
- ☐ Have you attached a **COPY** of college/university transcripts from **ALL** institutions attended **INCLUDING JSCC?**

#### **\*\* First-time college students (applying with no college credit or less than 11 college level credit hours)\*\***

- ☐ Have you completed and printed the program application including a current email address along with your choice of clinical affiliations (ranked 1-5)?
- ☐ Have you attached a one page essay outlining personal and professional goals?
- ☐ Have you attached a **COPY** of high school transcripts **AND** all ACT scores?

**Mail materials to:** Jackson State Community College, ATTN: Health Sciences Department c/o RADT Program Application, 2046 North Parkway, Jackson, TN 38301-3797, or deliver in person to the Health Sciences Department or RADT Program faculty/director.

After submitting or mailing program application packet to the Health Sciences Department by June 1st, **PLEASE frequently check the email address you listed on the application for information concerning admission/interview status. We will be using your application email to contact you!!!**



**RADIOLOGIC TECHNOLOGY PROGRAM  
APPLICATION FOR ADMISSION**

Applicants **MUST** include copies of ALL college transcripts **OR** copies of high school transcripts/ACT scores  
**All applicants must include an essay with this application**

**PERSONAL INFORMATION (PRINT or TYPE)**

**APPLICATION DEADLINE: June 1**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Current email address that you check frequently: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

**For applicants applying with recent High School Graduation, GED, no college credit, or High School Graduate w/Dual Credit**

High School Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_

GED Date: \_\_\_\_\_ Score: \_\_\_\_\_

**ACT Scores**

English \_\_\_\_\_, Math \_\_\_\_\_, Science \_\_\_\_\_, Reading \_\_\_\_\_, Composite \_\_\_\_\_

**For applicants applying with at least 11 hours of college/university level credit and a minimum GPA of 2.5  
Provide a complete list of all institutions attended on separate page if too many to list here (include JSCC if applicable)**

College \_\_\_\_\_ Dates and GPA \_\_\_\_\_

College \_\_\_\_\_ Dates and GPA \_\_\_\_\_

College \_\_\_\_\_ Dates and GPA \_\_\_\_\_

**MEDICAL EXPERIENCE**

Medical Experience:      Employment \_\_\_\_      Volunteer work \_\_\_\_      Observation in radiology \_\_\_\_

Facility \_\_\_\_\_ Position \_\_\_\_\_

City/State \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

**CLINICAL EDUCATION CENTER (indicate preference of clinical site by numbering 1-5, with 1 being first choice, etc.)**

\_\_\_\_\_ Jackson-Madison Co. General Hospital/North Campus      \_\_\_\_\_ WTH Dyersburg Hospital  
\_\_\_\_\_ Baptist Memorial Hospital - Union City      \_\_\_\_\_ WTH Henry County Hospital -Paris  
\_\_\_\_\_ Magnolia Regional Health Center – Corinth, MS