

**Pearl River Community College**  
**Radiologic Technology Program**  
**Application Forms ONLY**



**Radiography General**  
**Forms for Applicant**

# Pearl River Community College

## SPRING OF 2020 APPLICANTS WILL UTILIZE THE ONLINE APPLICATION PROCESS for the Radiology Program

**Pearl River Community College  
RADIOLOGY APPLICATION FORM  
5448 U.S. Highway 49 South, Hattiesburg, MS 39401**

**Hope Husband, Program Director/ Instructor**  
[hhusband@prcc.edu](mailto:hhusband@prcc.edu) 601-554-5510

**Kristie Windham, Clinical Coordinator/Instructor**  
[krwindham@prcc.edu](mailto:krwindham@prcc.edu) 601-554-5484

**Sinetta Bolton, Radiology Secretary**  
[sbolton@prcc.edu](mailto:sbolton@prcc.edu) 601-554-5487

Full Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street City State Zip email

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Military \_\_\_\_\_yes \_\_\_\_\_no Where \_\_\_\_\_

Parent, Guardian, Spouse \_\_\_\_\_

Are you attending school now? \_\_\_yes \_\_\_no Where \_\_\_\_\_

All colleges Attended \_\_\_\_\_

Major \_\_\_\_\_ Estimated Grade Point Average \_\_\_\_\_

Are you employed? \_\_\_yes \_\_\_no Where? \_\_\_\_\_

Personal References: Examples are school administrators, teachers, or past employers.

Name	Relationship	Address	State/Zip	Area code/Phone

Employment References:

Company Name	Supervisor Name	Email address	Area code/phone

Have you ever been convicted of any misdemeanor or felony? \_\_\_yes \_\_\_no

Are you currently under indictment on any charges? \_\_\_yes \_\_\_no

If Yes to either of last two questions please explain: \_\_\_\_\_

**DEADLINE FOR APPLICATION IS FEBRUARY 1.  
APPLICANTS MUST USE ONELINE APPLICATION BEGINNING SPRING 2020**

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*Pearl River Community College*

*Forrest County Center*

Allied Health Program  
Medical Radiologic Technology Program

**RANDOM DRUG TESTING CONSENT**

Any student must agree to be randomly tested for drugs at any point and time while enrolled in the ***Medical Radiologic Technology Program*** or any Allied Health Program as determined by the appropriate authority. The Student is responsible for all expenses associated with testing. (Pearl River Community College Catalog, page 46; section V.)

If the test is positive, the student will be dismissed from the radiology or allied health program and seek rehabilitation. The student will be considered for readmission in the Medical Radiologic Technology or any Allied Health Program following the appropriate treatment.

I have read and understand the above-stated policy of Pearl River Community College. I hereby agree to comply with the terms therein and acknowledge my consent by this signature affixed hereto.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Program Director

\_\_\_\_\_  
Date Signed

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Pearl River Community College

CONFIDENTIALITY ACKNOWLEDGEMENT

I, \_\_\_\_\_, an APPLICANT for the Radiologic Technology Program at Pearl River Community College, understand that information observed from clinical tour must be held in strictest confidence. I hereby pledge that I will not divulge any information concerning patients or facility business. I understand that failure to keep such information confidential will result in my automatic dismissal from the selection process and may result in legal actions.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

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Allied Health Program

**Criminal History Record Affidavit**

All persons who provide direct, hands-on medical care in a patient's/resident's/client's room, or in a treatment or recovery room will be required to undergo a criminal history record check. Thus, all persons working in the mentioned capacity in a hospital, nursing home, personal care home, home health agency, or hospice will be required to complete this check prior to working. This includes all students who work in the above stated capacity.

**Mississippi Legislature House Bill No. 1077** was made in to law. This law states: " If the criminal history record check discloses a felony conviction, guilty plea or plea of nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, or sex offenses listed in *Section 45-33-23 (f)*, child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult that has not been reversed on appeal or for which a pardon has not been granted, the employee applicant shall not be eligible to be employed at the licensed entity."

I \_\_\_\_\_ have never been convicted of, plead guilty to, or plead nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, or sex offenses listed in *Section 45-33-23 (f)*, child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and or/ battery of a vulnerable adult that has been reversed on appeal or for which a pardon has not been granted.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I understand that if I sign this document falsely, I will be dismissed from the **Medical Radiologic Technology** Program for falsification of records.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I understand that if my criminal history record check does not report that I am "**clear**", I may not be able to complete the required clinical rotations required for an Associate in Applied Science degree or obtain a license and or registration to practice.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to all Signatures and Notary Public

\*\*\*\*\* THIS FORM MUST BE NOTARIZED \*\*\*\*\*

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Pearl River Community College  
Medical Radiologic Technology Program  
**Criminal Background Check Questionnaire**

**Our Obligation:**

- If you are accepted into PRCC Medical Radiologic Technology Program, your fingerprints will be submitted to the:
  - Mississippi Department of Health to process a Criminal Background Check in accordance with section 43-11-13 of the Mississippi Code of 1972, as amended, which covers healthcare facilities.
- Local, state, national and military records will be checked.
- Having a criminal conviction is not an automatic bar to enrollment in the RGT program.
  - If you disclose a conviction and /or plea during the pre-admittance process, we will look at the details surrounding the event to determine how it relates to your clearance to proceed in the program.
  - If you fail to disclose a conviction and/or plea during the pre-admittance process, this will be considered falsification of your application and/or Criminal Background Check questionnaire. Falsification is grounds for dismissal from the RGT program.

**Your Obligation:**

- You are obligated to fully disclose any convictions, guilty pleas or no contest plea even if you do not think it will show up during a record search.
- If you have questions or concerns about whether an incident could be considered a conviction, please share the information so a determination can be made if the incident would be considered a conviction, a guilty plea or a no contest plea.

**Relevant Information:**

- Applicants who have been convicted of, pled guilty, nolo contendere, attempted to commit, or conspired to commit felony crimes, not all inclusive, but may include:
  1. Possession or sale of drugs
  2. Murder
  3. Manslaughter
  4. Armed robbery
  5. Rape
  6. Sexual battery
  7. Sex offense listed in Section 45-33-23, Mississippi Code of 1972
  8. Child abuse
  9. Arson
  10. Grand larceny
  11. Burglary
  12. Gratification of lust
  13. Aggravated assault
  14. Felonious abuse and/or batter of vulnerable adult
- CBC results include offenses you may not consider convictions including, but not limited to:
  - Traffic related offenses (such as DUIs, reckless driving, driving with a suspended license)
  - Noise ordinance violations
  - Uttering/bounced check
  - Malicious mischief
  - Forgery, etc.

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- Conviction does not necessarily refer only to convictions / pleas that require someone to be incarcerated. The terms of your conviction / plea could have required you to:
  - o Pay a fine
  - o Serve probation or house arrest
  - o Participate in a work release program or other mandatory training program
  - o Participate in a diversion / non-adjudication program
  - o Complete other requirements considered appropriate by the judge hearing your case
- Convictions do not automatically “drop off” of your record after a certain period of time (i.e. 7 years) and should be disclosed regardless of the length of time since the conviction.
- For an arrest and/or a conviction that appears on your RAP sheet, you must provide documentation attesting to all the facts related to the arrest and/or conviction.
- For a conviction that appears on your RAP sheet that legally should have been removed from your record (expunged), you must provide documentation that an order to remove the conviction was executed prior to the application deadline to remain in the RGT Program.
- If you receive a RAP sheet, your continuation in the RGT program will be based upon review of all documentation provided to the Safety & Ethics Committee. There is no appeal process following the decision of the Safety & Ethics Committee.

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Name: \_\_\_\_\_

Keeping the preceding information in mind, please check “Yes” or “No” for each offense to indicate if you have ever been convicted of, pled guilty, nolo contendere, “best interest of”, attempted to commit, or conspired to commit one of the following felonies:

Distribution or dispensing, manufacturing, and/or production of controlled dangerous substances	Yes	No	Child Abuse	Yes	No
Rape	Yes	No	Sex Offense	Yes	No
Murder	Yes	No	Arson	Yes	No
Manslaughter	Yes	No	Grand Larceny	Yes	No
Sexual Battery	Yes	No	Gratification of Lust	Yes	No
Aggravated Assault	Yes	No	Felonious Abuse and/or Battery of a Vulnerable Adult	Yes	No
Armed Robbery	Yes	No	Burglary	Yes	No

Please circle the appropriate response:

- Have you ever been convicted of, plead guilty or a no contest plea to any other felony? Yes \_\_\_ No \_\_\_
- Have you ever been convicted of, plead guilty or a no contest plea to any misdemeanor? Yes \_\_\_ No \_\_\_
- Have you ever been convicted of, plead guilty or a no contest plea to any healthcare related offenses? Yes \_\_\_ No \_\_\_
- Have you ever been convicted of, plead guilty or a no contest plea in any military court or have you received a discharge other than honorable discharge in lieu of court martial to any offense? Yes \_\_\_ No \_\_\_
- Are you currently or have you ever been debarred, excluded, or otherwise deemed ineligible to participate in Medicare/Medicaid programs? Yes \_\_\_ No \_\_\_
- Are you currently participating in a diversion and / or non-adjudication program? Yes \_\_\_ No \_\_\_
- Have you been fingerprinted by a healthcare facility in the past two (2) years in connection with the above referenced Criminal Background Check law(s)? Yes \_\_\_ No \_\_\_



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If yes, please provide the facility name \_\_\_\_\_

Criminal Background Check: If you answered “Yes” to any question above, please provide details on a separate sheet of paper.

**Declaration of Understanding:**

- I have carefully read the preceding information regarding criminal background checks and declare that the information provided above is an accurate reflection of any and all arrests and/or convictions, guilty pleas or pleas of no contest related to my background.
- Additionally, I have included details about current participation in any diversion and/or non-adjudication program.
- I have been advised that falsification of this information and/or not being fully honest in providing information will impact my acceptance and/or continuation in the RGT program.
- I have been advised that criminal background clearance must be obtained through the Mississippi Department of Health to remain enrolled in the RGT program.
- I have been advised that obtaining a criminal background clearance for enrollment in the program, does not guarantee licensure by any Board of Certification.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**PRCC PROOF OF RESIDENCY**

A student who has attended an out-of-state high school, GED program or college is considered an out-of-state resident until they show proof of being an in-state resident. A student who attended an in-state high school and an out-of-state college is considered an out-of-state resident until they show proof of being an in-state resident.

Unmarried students who are under the age of 21, will be considered in-state or out-of-state according to their parents residence status.

Military students are subject to additional rules and should check with the student services office for additional information.

According to the Admission's office in Poplarville, to prove in-state residence, a student must submit the following items:

**Student 21 years or older or Married**

1. A valid Mississippi Driver License

**Students under 21 years old**

1. Parent's valid Mississippi Driver License

**NOTE: Every student must submit a MS Driver's License AND one of the following items to the Admissions Office in Hattiesburg as part of the application process.**

- |  |   |
|--|---|
| 1. Mississippi Automobile Registration       | 1. Parent's Mississippi Automobile Registration       |
| 2. Mortgage paperwork or lease agreement     | 2. Parent's Mortgage paperwork or lease agreement     |
| 3. Utility bill (electric, telephone, water) | 3. Parent's Utility bill (electric, telephone, water) |
| 4. MS Income Tax Return                      | 4. Parent's MS Income Tax Return                      |
| 5. Homestead exemption (if home owner)       | 5. Parent's Homestead exemption (if home owner)       |
| 6. MS County voter registration card         | 6. Parent's MS County voter registration              |
| 7. Marriage License, if under age 21         |   |

**Pearl River Community College  
Admissions Office  
5448 US Hwy 49 South  
Hattiesburg, MS 39401**

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**Radiologic Technology Program Applicant Checklist**

Applicant Name: \_\_\_\_\_

Date completed: \_\_\_\_\_

	1. PRCC Radiology Application Form Online. <b>DEADLINE FOR APPLICATION IS FEB. 1</b>
	2. PRCC General Admission Form Online.
	3. Complete in this packet must be an Official High School transcript sealed in envelope and school stamped and delivered to the Radiology Department. PRCC Registrar office personnel must open this original documentation. If applicant has GED (Diploma Equivalence), then a GED Test Result Form with scores must be included. It is applicant's responsibility to make sure HS transcript has been received by the Radiology Department. HS GPA is part of the selection process and vital to acceptance.
	4. American College Test (ACT) Scores- <b>18 Minimum</b> composite score documentation must be provided by applicant. It is applicant's responsibility to complete the PRCC form to have a copy ACT score recorded in the college system.
	5. ALL College transcripts must be sent to PRCC admissions office by e-script method. It is applicant's responsibility to make sure that Admission Office has received transcript in order for Radiology Department to add to your application.
	6. Handwritten autobiography (1-3 pages)
	7. Reference forms are REQUIRED (3-5): Included forms must be sealed with signatures across the back of the envelope. Letters of recommendation may be turned in with application packet or mailed in with signature over seal.
	8. Applicant must attend a <u>Radiology Information Session</u> Information Sessions are scheduled for the first Tuesday of each month beginning in October at 2:00 PM in Class Room 251 of the Allied Health Building on the Forrest County Campus. Additional meetings will be scheduled on each Tuesday of February. ( No appointment is needed for information session.) <b><u>Dates of Information Session provided by Program each year and posted on webpage.</u></b> In order to be considered for admission
	9. In order to be considered for admission to the PRCC Radiologic Technology Program, the applicant must complete the online application process and appropriately answer the Criminal History questions which was formerly a Form signed and notarized. The Confidentiality form for clinical tour and drug screening form must be signed digitally on the online application.
	10. Completed Application should be completed ONLINE beginning Spring 2020 and any additional information is requested to be personally delivered to the Radiology Faculty and applicant will be issued a form for verification of completion.
	<u>Observation of clinical areas will be scheduled at a clinical sites after the application is complete and applicant meets the requirements for the program. These observation hours will be scheduled after applicant has been contacted for interviews. Correspondence with the applicant will be through e-mail.</u>
	<i>The completion of the above items will allow the prospective student to be considered for an interview with the selection committee. Completing packet does not guarantee the applicant an interview. The selection Committee's objective is to select the applicants who they feel have the potential to succeed in the program. The class will be no larger than 17 students.</i>

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Radiologic Technology Reference Form

Applicant Name: \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**To the Applicant:** Please have this form completed by your reference. Please have someone complete the form who can access your performance in all areas listed. By signing this form you are giving that person permission to complete an evaluation of you. Please make a minimum of 3-5 copies, the number to coincide with the number of references you intend to pass out. This reference will become part of your program application and will remain confidential. **Please note: Reference forms will not be accepted unless received in a sealed envelope (with signature of the evaluator across the back flap).**

Applicant: Please check and sign one of the following.

\_\_\_\_\_ - I \_\_\_\_\_ (applicant Signature) waive the right to view this reference form. It will be held in confidence to the evaluator.

\_\_\_\_\_ - I \_\_\_\_\_ (applicant Signature) do NOT waive the right to view this reference form. It will be placed in my file and I will be able to view with written request.

**To the Evaluator:** The individual listed above is applying to the Medical Radiologic Technology Program at Pearl River Community College. The Medical Radiologic Technology Selection Committee needs your input to assist with the student selection process. Seal the completed reference form in an envelope and sign across the back flap. You may return the sealed envelope to the applicant OR you may mail it to Pearl River Community College, 5448 HWY 49 S., Hattiesburg, MS 39401  
**ATTN: Hope Husband, Program Director**

Please rate the applicant in the following areas:

(Grading scale: 4 = superior 3 = good 2 = average 1 = poor 0 = unacceptable)

Characteristics	4	3	2	1	0
Adaptability					
Communication Skills					
Dependability/Reliability					
Emotional Stability					
Independence					
Leadership Ability					
Maturity					
Motivation					
Responsibility					
Team Work					
Accountability					
Integrity					
Self Confidence					

**Indicate Your Overall Recommendation of the Applicant:**

( ) Strongly Recommend ( ) Recommend with Reservations ( ) Recommend ( ) Do Not Recommend

Reference Name Printed: \_\_\_\_\_

Reference Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ How long have you known this applicant: \_\_\_\_\_ Please use the back of this form for any additional comments.

02/17

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**Indicate Your Overall Recommendation of the Applicant:**

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Reference Name Printed: \_\_\_\_\_

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Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ How long have you known this applicant: \_\_\_\_\_ Please use the back of this form for any additional comments.

02/17

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02/17