

Richland Community College Radiography Program Transfer Procedure



This describes the process and procedures the RADIOGRAPHY Program adheres to in admitting prospective transfer students. Please read through the entire information sheet before completing the Transfer Application Form.

Radiography prospective transfer students are defined as students who have successfully completed with a "C" or better radiography core coursework within the past year from an accredited college or university and are seeking an AAS Radiography from Richland. Transfer students are accepted if space in the course/semester is available and must complete a minimum of two semesters of core radiography courses at Richland.

Equivalent credit for previous radiography coursework is not automatically granted. Students must pass (76% or higher) a written exam and lab competency (84% or higher) in order to obtain equivalent transfer credits. An offer of admission is only granted if the candidate meets all program and college admission requirements and passes the required didactic and lab exam scores

To be considered for admission, please complete the following steps.

STEP ONE: Student Services

- Complete the General Admissions Process
 - Visit Student Services Center in C128 or <http://my.richland.edu> (choose admissions) to complete an Admission Information Form
 - Request and submit High School, GED, and other college transcripts to Student Records
- Meet with an advisor in Student Services Center to discuss the College's selective admission process and program of interest
 - Verify receipt of GED, high school, and/or other college transcripts (may be accessed through myRichland)
 - Verify any transfer credits are properly applied to transcript (may be accessed through myRichland)

STEP TWO: Health Professions Web Site

Radiography prospective transfer students must meet the program admission criteria. In addition transfer students must complete the required background check and if positive, they must undergo American Registry of Radiologic Technologists Pre-Application Review Process. Students dismissed due to ethics/honor code or other integrity violations must also complete the ARRT Pre-Application Review Process.

- Please review the Radiography Program information at <http://www.richland.edu/programs/radt>

STEP THREE: Radiography Program Application for Transfer

- Complete the attached Radiography Program Application for Transfer
- Make an appointment with the Radiography Program Director by calling 875-7211 x 759 or email Mr. Matthew Cardinal at mcardinal@richland.edu

STEP FOUR: Evaluation of Radiography Education

Complete the top portion of the attached Evaluation of Radiography Education form and submit to the radiography director of your previous program

- Returned form will be used by Richland's Radiography Program Director to develop a plan that addresses any academic or clinical weaknesses

RCC Radiography Program Application for Transfer



Name _____
Last First MI Maiden (if applicable)

Home Address _____
Street City State & Zip

Daytime Phone _____ Evening Phone _____

Email address _____ RCC Student ID # _____

Previous Radiography Program

Name of School

City State Phone Number Attended From To

Type of Program: AAS BS # Semesters Completed _____

Reason for Leaving: _____

List Radiography Courses Completed Transfer Credit:

Include the title of the course i.e. Introduction to Radiography, Clinical I, Procedures I

I have submitted the Evaluation of Radiography Education form to my previous director of radiography. I understand that the form must be returned to Richland's Radiography Program Director for my application to be complete and to be considered for the Radiography Program.

Signature _____ Date _____

Radiography Program Evaluation of Radiography Education



I, _____, am seeking to transfer into
(Please print first and last name)
 Richland Community College’s Radiography Program. As part of the transfer process, your evaluation of the items below is requested. The information you provide will be used by Richland’s Radiography Program Director to develop a plan that addresses any academic or clinical weaknesses.

I consent to the release of this information to Richland’s Radiography Program Director for the purposes described above. Please return this evaluation to Richland Community College by _____ using the contact information provided below.
(Please list date)

Form completed by:

_____ Title _____
Last First

Contact Information _____
Office Phone Number Email Address

College/University Name _____

Student’s Date of Attendance _____
Attended From To

Semesters in Radiography Program _____

Semesters student successfully completed _____

Program GPA _____

Reason student left your program (Please check all that apply):

<input type="checkbox"/>	Relocation-moving out of district
<input type="checkbox"/>	Radiography Program GPA
<input type="checkbox"/>	Radiography course failure
<input type="checkbox"/>	HIPAA violation
<input type="checkbox"/>	Violation of Honor Code (Integrity/ethics)
<input type="checkbox"/>	Clinical performance
<input type="checkbox"/>	Other –please specify

Please provide explanation if student was dismissed from your program.

Please rate the student's performance while in your program

	Poor 1	Below Average 2	Average 3	Above Average 4	Excellent 5
Patient Care					
Attitude & initiative					
Critical thinking					
Attendance/punctuality					
Positive reaction to criticism					
Technical Skills					
Communication					
Professionalism including ethical behavior					

Would you readmit this student to your program? If your response is no, please explain.

Yes

No

Thank you for taking the time to complete this evaluation. Should you have any questions or concerns, please feel free to contact Matt Cardinal, Radiography Program Director, at 875.7211 ext. 759 or mcardinal@richland.edu