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 mscardinal@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 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.

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):

<table>
<thead>
<tr>
<th>Reason</th>
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<tbody>
<tr>
<td>Relocation-moving out of district</td>
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<tr>
<td>Radiography Program GPA</td>
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<tr>
<td>Radiography course failure</td>
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<tr>
<td>HIPAA violation</td>
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<td>Violation of Honor Code (Integrity/ethics)</td>
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<td>Clinical performance</td>
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<tr>
<td>Other –please specify</td>
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Please provide explanation if student was dismissed from your program.
Please rate the student’s performance while in your program

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<tr>
<th></th>
<th>Poor 1</th>
<th>Below Average 2</th>
<th>Average 3</th>
<th>Above Average 4</th>
<th>Excellent 5</th>
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<tbody>
<tr>
<td>Patient Care</td>
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<td>Attitude &amp; initiative</td>
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<td>Critical thinking</td>
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<td>Attendance/punctuality</td>
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<td>Positive reaction to criticism</td>
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<td>Technical Skills</td>
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<td>Communication</td>
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<td>Professionalism including ethical behavior</td>
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</table>

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 mscardinal@richland.edu