



Radiologic Technology

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M. Ed., RT(R)

Clinical Director

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(573) 458-0160 x16191

Areas of Study

- Radiographic Procedures
- Radiographic Physics
- Digital Imaging Acquisition
- Radiation Protection/Biology
- Imaging Equipment
- Patient Care
- Interpersonal Skills
- Professional Leadership
- Image Analysis/Quality Assurance
- Pharmacology & Drug Administration

Student and Professional Organizations

- American Society of Radiologic Technologists
- Missouri Society of Radiologic Technologists

Eligible Students: Adult

Radiologic Technology is a 20-month program that teaches students the art and science of creating medical images using x-rays in order to help physicians diagnose fractures, illness, disease processes, and possible malignancies. Students receive in-depth classroom instruction as well as practical experience at a variety of clinical sites. After successful completion of the program, students are eligible to take the American Registry of Radiologic Technologists exam. Students who pass this national certification exam may sign RT(R) Registered Technologist in Radiography after their names, and are eligible to work as radiographers and/or pursue training in many other imaging modalities including but not limited to Ultrasound, Computed Tomography (CT), Magnetic Resonance Imaging (MR), Nuclear Medicine Technology (N), Radiation Therapy (T), and Mammography (M).

Articulated Credit

- Through articulation agreements, students may earn an Associate of Science (AS) degree in Radiologic Technology through Drury University or an Associate of Applied Science (AAS) degree in Radiologic Technology through East Central College. Drury requires 27 hours of additional course work; ECC requires 20.
- A Bachelor of Science degree is available through Drury University and Missouri State University in Springfield, Missouri.



rtirtc.rolla31.org

Certification Exams

- American Registry of Radiologic Technologists

Employment Opportunities

- Hospitals
- Health care facilities
- Physicians' offices
- Mobile imaging companies
- Industrial plants
- Research centers
- Government agencies
- Commercial sales
- Education

Prerequisites

- Applicants must have completed all of the general education courses for an Associate of Science degree by July of admission year. Upon completion of the Radiologic Technology program, students will graduate with an AS degree. Within the general education coursework, applicants must have completed the following courses with a grade of "C" or higher in each course:
- Anatomy & Physiology Lecture & Lab* (4-5 credit hours)
- Math (3 credit hours)
- English Composition (3 credit hours)
- Sociology (3 credit hours)
- Computer* (2-3 credit hours)

*Must be within the last 5 years.

If applicants have a higher degree, the prerequisites above still apply. During the program, students are required to have access to a reliable internet source.

Radiologic Technology

Admission Requirements for Post-Secondary Students

- Contact Student Services Office for admission forms or online at: rtirtc.rolla31.org
- Submit completed high school diploma or equivalent, transcript, application, background check, and application fee by **April 1**
- Official college/technical school transcripts from all schools attended
- Complete pre-entrance exam; ACT Scores
- \$50 non-refundable application fee (or approval letter for funding agency)
- Two-step TB testing and eight-hour career shadowing
- Current resume with cover letter
- Three professional references

Class Meets

- Monday–Friday
8:00 AM – 2:50 PM
- Clinical Rotations: 8 hour shifts
- Program Length: 20 months
- Class follows Radiologic Technology academic calendar

Financial Aid (Post-Secondary Students)

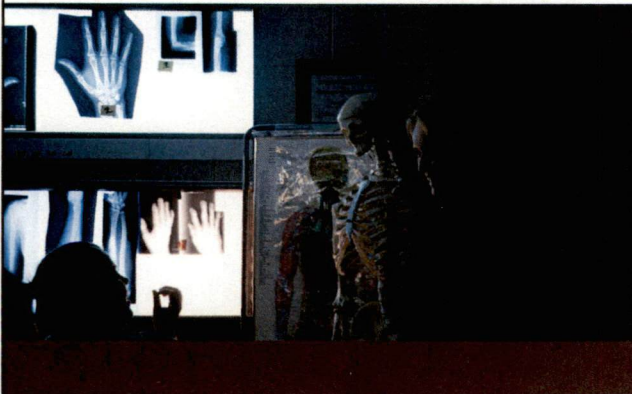
- RTI/C participates in the federal Pell Grant and student loan programs, the Missouri A+ Scholarship Grant program, and accepts most forms of state and local. Additionally, there are many scholarships available. Visit the website for more information.

Tuition and Fees

- Current fee schedule available on website

Accreditations/Certifications

- Missouri Department of Elementary & Secondary Education
- Joint Review Committee For Education in Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, Illinois 60606-3182 312-704-5300
- Rolla Technical Institute/Center is accredited by the Commission of the Council on Occupational Education
7840 Roswell Road, Building 300, Suite 325, Atlanta, GA 30350. Phone (770) 396-3898, Fax (770) 396-3790



RADIOLOGIC TECHNOLOGY

ADULT APPLICATION COMPONENTS/REQUIREMENTS CHECKLIST

April 1st - Deadline for Application
April 1st - Deadline for all completed application components!

PLEASE NOTE: It is the applicant's responsibility to make sure ALL components and criteria of the application process are completed, submitted and scheduled.

APPLICATION COMPONENT	CRITERIA	DONE
RTC Application	Complete, sign, and submit w/\$50 non-refundable processing fee (or approval letter from funding agency). IMPORTANT NOTE: Applications can be submitted in a number of ways: mail, email, and in person. If you email the file, your application will be on hold until the application fee and criminal background check is received. Payment can be made by cash, check or money order to: RTC Office Rolla Public Schools Central Office, 500 Forum Drive.	
Criminal Background Check See next page for Verification Form (must be turned in with RTC application). Complete Verification Form	Complete personal identifier search through the Family Care Safety Registry. Application will not be processed until criminal background check is completed and verified by RTC. Click on link to register. If you have already registered with FCSR, you will not need to register a second time. Complete Verification Form and attach with application to allow RTC to verify your criminal history background check with FCSR. (Also attached to packet). Cost is \$15.25 payable by debit or credit card only on their website.	
High School Transcript High School Equivalency GED Complete Transcript Request Form	High School Transcript must be OFFICIAL with seal and mailed directly from high school or by person in a sealed envelope. Equivalency must be OFFICIAL with seal/official signature and mailed directly or by person in sealed envelope. GED must be provided on OFFICIAL report form with scores. Note: Rolla Technical Center needs official transcripts.	
College Transcripts Complete Transcript Request Form(s)	Provide "transcripted" proof of any college coursework particularly PREREQUISITE COURSES. These are core classes required by institution granting Associate of Science degree. Must score a "C" or better in all courses. Must be OFFICIAL with seal/official signature and mailed directly or by person in sealed envelope. Note: Rolla Technical Center needs official transcripts.	
Professional References (must be a non-family member or non-friend) Complete Reference Forms	Forms are provided on link. Send to and be completed by those three persons listed on application. Address completed forms to Rolla Technical Center/Admissions, 500 Forum Drive, Rolla MO 65401. Completed forms MAY NOT be turned in by the applicant. It is also recommended that each professional reference attach a letter of recommendation on their letterhead.	
ACT Score	Reading comprehension score above 19 is recommended.	
Mandatory Attendance at an Informational Session Timed Questionnaire	An Informational Session will be held in mid-April. Applicants will be notified by e-mail of the scheduled date. In addition, a required timed questionnaire will be completed during this session.	
Career Shadow One-Step TB Test Applicant Job Shadow Form Preceptor Job Shadow Form	An 8-Hour career shadowing is mandatory for acceptance into the program. The necessary forms are included in your packet. Your negative TB test must be turned into the RTC Main Office.	
Current Resume Cover Letter	Complete a typed, detailed resume to reflect your personal and professional accomplishments, i.e., education, Health Science Academy, work and/or health related experience, as well as any life experiences you wish to note. A cover letter must also be submitted with resume.	
Performance Standards Form	Complete form and submit with application.	
Financial Aid	Must have completed FAFSA on file with RTC Financial Aid Office by April 1 st . Complete free FAFSA application at www.fafsa.ed.gov . School code to enter: 005429.	

Call 573-458-0160 or email mogden@rolla31.org or bgrindel@rolla31.org for clarification or with question

ADULT APPLICATION PACKET



Admission Requirements include:

- Adult Application for Admission—please refer to the program fact sheets or visit https://rtirtc.rolla31.org/programs/adult_education_programs for application deadlines
- \$50 non-refundable application fee (\$25 for students returning in a consecutive year; allied health programs may have additional requirements and fees)
- Background check
 - ❖ Register online at www.health.mo.gov/safety/fcsr/
 - (\$15.25 fee payable by debit or credit card)
 - Registration must be completed at the time application is submitted (proof of purchase email/receipt of purchase)
 - ❖ Completion of the Authorization For Family Care Safety Registry Background Verification Form
- High School diploma or equivalent
- Passing score on pre-entrance exam
- Driver's license or birth certificate
- Social Security card (must be signed)
- Completion of the FAFSA (Free Application for Federal Student Aid)

Eligible enrollees include graduates of accredited high schools or those who have the recognized equivalent of a high school diploma.

Students seeking financial aid are required to have on file, with the Financial Aid office, a copy of a high school diploma or a recognized equivalent before any monies are disbursed. Any student with an outstanding balance from a previous enrollment period must make payment arrangements prior to readmission.

All programs have a pre-entrance exam for new students. Allied health programs have a selection process that is specific to their program. For more information regarding selection processes, visit:

https://rtirtc.rolla31.org/programs/adult_education_programs .

The admissions policy is in compliance with the U.S. regulations for Title IV Federal Financial Aid; the Missouri Department of Elementary and Secondary Education; and the Commission of the Council on Occupational Education (COE), the accrediting agency for RTI/C.

Rolla Technical Institute

1304 East Tenth Street
 Rolla, Missouri 65401
 Phone: (573) 458-0150
 Fax: (573) 458-0155



Rolla Technical Center

500 Forum Drive
 Rolla, Missouri 65401
 Phone: (573) 458-0160
 Fax: (573) 458-0164

Adult Application for Admission

Name: Last, First, Middle (please print)		
Maiden and/or former Name(s)	Nickname	Applicant Email Address
Current Mailing Address	Applicant Cell Phone	
	Applicant Home Phone	
Current Physical Address	Applicant Work Phone	
	Other Phone No.	
City, State, Zip Code	County of Residence	School District of Residence
Program Selection #1	Program Selection #2	

Are you a citizen of the US? Yes No If no, do you plan to gain citizenship? Yes No

Have you had training in the Armed Forces? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain: _____

Have you ever been convicted a law or ordinance regarding alcohol or drug usage? Yes No

If yes, please explain: _____

High School Diploma Yes No Graduation year: _____

GED, HiSet, or other equivalency earned Yes No Year earned: _____

Have you previously attended RTI/C?

If yes, what program? _____ Dates attended: _____

What professional certifications or licenses do you hold? _____

Highest level of education:

High School Diploma or Equivalent Vocational/Technical Certification Associates Bachelors Other
 # Credit hours earned _____

Name of School, College, University Attended	Address, City, State, Zip Code	Dates Attended

Are you eligible for (please check all that apply)? VA Benefits A+ Scholarship

Continued on back

Rolla Technical Institute/Center

References: Please list below three professional references, such as an employer or teacher. Please give full name, complete address, and phone number.

Name	Address	Phone Numbers
Name:		Home:
		Cell:
		Work:
Name:		Home:
		Cell:
		Work:
Name:		Home:
		Cell:
		Work:

Confidential Waiver Release: I waive do not waive my right to see professional reference letters from those I have listed on this application or identified in the future as needed in accordance with Federal Law PL96-380.

Contacts: Please list below three individuals, such as a parent/guardian or spouse, we may contact for follow-up purposes or in case of an emergency. Please give full name, complete address, and phone number.

Name	DOES THIS PERSON LIVE IN YOUR HOUSEHOLD	Address	Phone
Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Home:
			Cell:
			Work:
Relationship:			Home:
			Cell:
			Work:
Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Home:
			Cell:
			Work:
Relationship:			Home:
			Cell:
			Work:

The information given on this form is true and complete* to the best of my knowledge.

**Any misrepresentation, falsification or omission of information or any other attempt to deceive a school is cause for either denial or selection for admission or dismissal from enrollment; any future application(s) shall not be considered by Rolla Technical Institute/Center.*

Applicant Signature

Date

How to submit this application:

Please submit application with the \$50.00 non-refundable application fee (\$25 for returning students in consecutive years) to:

Student Services at RTC (medical programs) or RTI (all other programs).

Applications may be mailed or submitted in person.

We accept cash (exact amount), check, money order, or credit/debit cards for payment of the application fee.

Statement of Non-Discrimination

Rolla Technical Institute and Rolla Technical Center are affirmative action institutions. No person shall, on the basis of race, sex, creed, color, or disability, be subjected to discrimination in employment or in admission to any educational program or activity. As required by law, the district will provide equal access to district facilities and related benefits and services and will not discriminate against any group officially affiliated with the Boy Scouts of America, the Girl Scouts of the United States of America, or any other youth group designated in applicable federal law. RTI/C is fully accessible to the individual with a disability.

*Inquiries regarding the implementation of this policy should be directed to: Title IX Section 504 Coordinator, Assistant Superintendent of Human Resources, Rolla Public School District No. 31, 500 A Forum Drive, Rolla, Missouri 65401, (573) 458-0100.

Visit us on the web at: <https://rtirtc.rolla31.org/>

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Rolla, Missouri 65401
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AUTHORIZATION FOR FAMILY CARE SAFETY REGISTRY BACKGROUND VERIFICATION

Upon completion of the online registration with the Family Care Safety Registry at www.health.mo.gov/safety/fcsr/, I authorize **ROLLA TECHNICAL INSTITUTE/CENTER** to verify my background information on the Family Care Safety Registry website.

If I am selected into the program for which I am applying, this authorization will be valid for the length of the program at **ROLLA TECHNICAL INSTITUTE/CENTER**. I understand that my background information will be verified prior to admission and may be re-verified at any time while I am actively enrolled.

I understand that my social security number will only be utilized to verify the background information on the Family Care Safety Registry.

I hereby release **ROLLA TECHNICAL INSTITUTE/CENTER** from any claims, damages or liabilities of any kind that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, as a result of this background check.

I have read the above, understand its contents, and voluntarily agree to its terms.

Other first and/or last name(s) that the registry may be listed under _____

Signature

Date

First Middle Last (*Print Name*)

Social Security Number

Birthdate
(Month/Day/YYYY)

Primary Program Applying For

Secondary Program Applying For (if applicable)

*Race/Ethnic Origin (please check all that apply)

* The Rolla Public School District is required to make reports to the Office of Civil Rights and to the State of Missouri using the following Race/Ethnic categories. These are established by the State of Missouri and the U.S. Department of Education.

- Pacific Islander/Native Hawaiian White Black Asian American Indian
- Hispanic

Please complete form and turn in with your application. Thank you.



Financial Aid Basics

Apply for Financial Aid

1. FSA ID – go to www.fsaaid.ed.gov you will need your email address and set up a pass word. Note: student and parent **must** have different email addresses. Student and parent must set up different FSA ID numbers. Parents cannot use the same FSA ID number as the student.
2. FAFSA – go to www.fafsa.ed.gov to file a Free Application for Federal Student Aid. Without a FAFSA, you will have to pay out of pocket. No Title IV funds can be awarded without one. You need to send your FAFSA to our school code: 005429. You can send your FAFSA to more than one school.

Check your Financial Aid Status

3. Check with RTI/C's Financial Aid office to insure your FAFSA has been received.
4. Once you receive your acceptance letter, make an appointment with RTI/C's Financial Aid office. Submitting your FAFSA does not set up your Financial Aid. You do not get a Federal Pell or loans just by submitting your FAFSA. Please contact RTI/C's Financial Aid office at 573-458-0101 X 16007 or send an email to Endi Rolufs, Financial Aid Administrator at erolufs@rolla31.org.

Aid sources – Once your FAFSA results are received by RTI/C and you receive your acceptance letter, you will be awarded financial aid according to your eligibility. You are considered for grants and loans from one or more of the following sources:

Grants & education benefits

Grant awards are based on your financial need as calculated by a federally-mandated formula and other eligibility as determined by RTI/C.

Scholarships

National and local awards; resources for searching and tips for successful application.

Loans

Federal, state, and/or private student loans. If you are planning on taking a Direct Loan you will have to complete the Entrance Counseling and Master Promissory Note at: www.studentloans.gov. You will not receive funding of loans until you have completed this training using your FSA ID. If you do not have a computer or internet, contact the Financial Aid office or Student Services office to assist you.

A+ Scholarship and Access Missouri Grant

The state of Missouri's deadline for Access Missouri Grant is February 1. Submit your FAFSA by January 31 and provide proof of Missouri residency (12 months) to qualify for this Grant. A+ Scholarships funding will be based on your financial aid package. Please provide your high school transcript with the stamped A+ seal (with dates and signature) to receive your A+ funding.



TECHNICAL STANDARDS FOR THE ROLLA TECHNICAL INSTITUTE/CENTER RADIOLOGIC TECHNOLOGY PROGRAM

In the interest of your own personal safety, the safety of your patients, and the potential liability to the school, there are significant requirements that must be met before your admission to the program is finalized. The attendance requirements and stamina demands on the radiologic technology student require student technologists to be in good physical and mental health. Please read this form carefully and initial each technical issue standard if you can comply with the standard. When complete, please sign, date, and return original to the Radiologic Technology Program with your application.

ISSUE	DESCRIPTION	STANDARD	EXAMPLES OF NECESSARY ACTION	INITIALS
Hearing	Use of auditory sense	Auditory ability sufficient to monitor & assess patient health needs.	Ability to hear & verbally respond to patient questions & directions from instructors, students, physicians and staff in person or over the phone. Hear blood pressure, and respond to equipment alarms.	
Visual	Use of sight	Visual ability sufficient for observation & assessment necessary in radiologic technology.	View and evaluate recorded images for the purpose of identifying proper patient positioning, accurate procedural sequencing, proper radiographic exposure and technical qualities.	
Tactile	Use of touch	Tactile ability sufficient for physical assessment and assistance while operating radiographic and medical instruments & equipment.	Perform patient assessment and positioning while operating complex radiographic equipment in a safe and accurate manner. Obtain accurate pulse on the patient. Touching patient to find appropriate body landmarks.	
Mobility	Physical ability, strength & stamina	Physical abilities & stamina sufficient to perform required functions of patient radiographic care.	Lift, carry or move objects weighing up to 40 pounds. Stand for 85% of work time. Transfer, lift and physically place patients in radiographic positions. Reach above shoulder level for 90% of work time. Move, adjust and manipulate a variety of radiographic equipment.	
Motor Skills	Physical ability, coordination, dexterity	Gross & fine motor abilities sufficient to provide safe & effective patient care.	Execute the small muscle hand and finger motor movements required to safely perform venipuncture and other patient care procedures.	
Communication	Speech, reading, writing; effective use of English language; communication abilities sufficient for effective interaction in verbal, nonverbal & written form	Comprehension & accurate recall of verbal & written communication; interaction with patients, families, students, instructors, physicians & staff; effectively understanding verbal & nonverbal behavior.	Concisely & precisely explain treatment & procedures, interpret patients response and provide documentation following ethical & legal guidelines.	
Interpersonal	Ability to relate to others	Abilities sufficient to effectively interact with individuals, families, groups & colleagues from a variety of social, emotional, cultural, intellectual & economic backgrounds; identify needs of others.	Establish rapport with patients, families, and colleagues.	
Behavioral	Emotional & mental stability	Functions effectively under stress.	Flexible, concern for others. Ability to provide a safe patient care environment with multiple interruptions, noises, distractions, and unexpected patient needs.	
Critical Thinking	Ability to problem solve	Critical thinking ability sufficient for clinical judgment.	Identify cause-effect relationships in clinical situations.	

Print Name _____ Signature _____ Date _____

ROLLA TECHNICAL CENTER
 500 Forum Drive * Rolla, Missouri 65401
 Phone (573) 458-0160 * Fax (573) 458-0164

Application Professional Reference Form

APPLICANT: _____ PROGRAM: _____

The above named applicant has identified your name as a reference. Please complete this form and place it in the self-addressed envelope provided (sealed & initialed, please) and mail it as soon as possible. The applicant has or has not signed a waiver of confidentiality. All information you supply will be kept confidential. Please give us your candid opinion of this applicant's suitability for the duties in the medical profession.

Please indicate your relationship to applicant: _____
 How long have you known this person? _____
 How well do you know above named person? _____

In order to protect confidentiality, we ask that you send this completed form in the enclosed addressed envelope (seal & initial across the closure, please) and return to **Rolla Technical Center* 500 Forum Drive* Rolla MO 65401** or fax to 573-458-0164. Please return this evaluation as soon as possible to allow the applicant to complete the application requirements.

Following is a list of characteristics that we feel are required for a student to successfully complete training in our health programs. Please rate according to the following rating scale listed below:

5 - Outstanding 4 - More than Satisfactory 3 - Satisfactory 2 - Needs Improvement 1 - Unsatisfactory NA - Not observed or no basis for judgment

Abilities & Skills	5	4	3	2	1	NA	Descriptions
Responsibility							Accountable for one's actions
Leadership							Has capacity to direct activities of others
Initiative							Motivated to pursue actions independently
Flexibility							Capable of responding or conforming to changing or new situations
Organization							Arranges by systematic planning for optimal efficiency
Self-Confidence							Assured in one's abilities and skills
Independent Work							Completes tasks with minimal supervision
Communication-Verbal							Contributes knowledge and opinions in an articulate manner
Communication-Written							Expresses self clearly in writing
Stress Response							Maintains composure and able to function
Attitude							Positive approach to work and coworkers
Manual Dexterity							Ability to perform psychomotor skills
Group Interaction-Peers/CoWorkers							Ability to get along with peers and coworkers
Teachers/Employers/Supervisors							Ability to get along with teachers, employers, and supervisors
Maturity							Demonstrates common sense, tact, and empathy
Knowledge Application							Ability to apply academic theory to practice
Decision Making							Ability to analyze a problem and formulate a solution
Dependability							Follows through on assignments
Attendance							Prompt, punctual, and prepared

Additional Information: Use to amplify or add to characteristics rated previously.

Signature *Date*

Please Print below
 Name: _____ Title: _____ Organization: _____
 Address: _____ City _____ State _____ Zip _____
 Telephone: _____ Fax: _____ email: _____

Thank you for your assistance.

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Attendance							Prompt, punctual, and prepared

Additional Information: Use to amplify or add to characteristics rated previously.

_____ *Signature* _____ *Date* _____

Please Print below
 Name: _____ Title: _____ Organization: _____
 Address: _____ City _____ State _____ Zip _____
 Telephone: _____ Fax: _____ email: _____

ROLLA TECHNICAL CENTER
 500 Forum Drive * Rolla, Missouri 65401
 Phone (573) 458-0160 * Fax (573) 458-0164

Application Professional Reference Form

APPLICANT: _____ **PROGRAM:** _____

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Please indicate your relationship to applicant: _____
How long have you known this person? _____
How well do you know above named person? _____

In order to protect confidentiality, we ask that you send this completed form in the enclosed addressed envelope (seal & initial across the closure, please) and return to **Rolla Technical Center* 500 Forum Drive* Rolla MO 65401** or fax to 573-458-0164. **Please return this evaluation as soon as possible to allow the applicant to complete the application requirements.**

Following is a list of characteristics that we feel are required for a student to successfully complete training in our health programs. Please rate according to the following rating scale listed below:

5 -Outstanding 4-More than Satisfactory 3-Satisfactory 2-Needs Improvement 1-Unsatisfactory NA-Not observed or no basis for judgment

Abilities & Skills	5	4	3	2	1	NA	Descriptions
Responsibility							Accountable for one's actions
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Dependability							Follows through on assignments
Attendance							Prompt, punctual, and prepared

Additional Information: Use to amplify or add to characteristics rated previously.

Signature *Date*

Please Print below
 Name: _____ Title: _____ Organization: _____
 Address: _____ City _____ State _____ Zip _____
 Telephone: _____ Fax: _____ email: _____

NOTE: Evaluate Rolla Technical Center Applicants ONLY

Preceptor: APPLICANT MAY NOT PARTICIPATE IN ANY PROCEDURES AND MAY ONLY OBSERVE!

**Please return the completed evaluation to RTC by faxing to: 573-458-0164
Your evaluation is a critical part of the application process for RTC! Thank you!!!**

Radiologic Technology Shadowing Site Coordinator Evaluation

Thank you for providing the applicants with a career shadowing opportunity. Your cooperation is very much valued and appreciated. The applicant has signed a waiver of confidentiality. All information you supply will be confidential. The following is a list of characteristics which we feel are required for a student to successfully complete training in the Radiologic Technology Program. Please complete the following evaluation by giving us your honest opinion of this experience and return to Rolla Technical Center. **Please return this evaluation as soon as possible** to allow the applicant time to complete the enrollment requirements.

Applicant Name: _____ Date of Shadowing Experience: _____

Program: _____ Preceptor's Name: _____

Site: _____ Phone: _____

4 – Outstanding

3 – More than Satisfactory

2 – Needs Improvement

1 – Unsatisfactory

N/A – Not Observed

Description	4	3	2	1	N/A
Interest – motivated and eager to learn					
Participation – participated in activities					
Punctuality – arrived on time and prepared					
Attitude – positive approach to staff and others					
Appearance – clean, neat and professional attire					
Professional Behavior – positive toward others					
Stress Response – maintains composure and able to function					
Maturity – demonstrates common sense, tact and empathy appropriate for patient care					

Would you like to see this applicant in your facility as a student for clinical rotation? Yes No

Additional Comments: In lieu of an interview, this comment section weighs heavily on our determination regarding applicant fitness for this profession. **Please comment on this applicant:** _____

Signature of Preceptor: _____ Date: _____

Signature of Department Supervisor: _____ Date: _____

NOTE: For Rolla Technical Center Students ONLY

Please return this shadowing report to: Rolla Technical Center, Office of Student Services,
500 Forum Drive, Rolla MO 65401. This is a VERY important part of your application
process!!

**Rolla Technical Center
Shadowing Report (Applicant)**

Applicant Name: _____

Name and Location of Hospital: _____

Date and Time of Shadowing Experience: _____

1. After shadowing, what are your thoughts (positive and negative) about this career?

2. After this shadowing experience do you think this career is the right fit for you? Why/why not?

3. What did you like or dislike about the experience?

4. My preceptor gave me valuable insight into his/her profession (circle one):

POOR 1 2 3 4 5 GREAT

5. Overall, I would rate my experience (circle one):

POOR 1 2 3 4 5 GREAT

6. I would recommend this shadowing program to others (circle one):

YES NO MAYBE

Additional Comments:
