



## 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 ever taken classes at JSCC? 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 indicating both first and second choice of clinical affiliations?
- 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 indicating both first and second choice of clinical affiliations?
- 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 Radiography Program Application, 2046 North Parkway, Jackson, TN 38301-3797, or deliver in person to the Health Sciences Department or Radiological Technology 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 1-4, with 1 being first choice, etc.)**

\_\_\_\_\_ Jackson-Madison Co. General Hospital/North Campus      \_\_\_\_\_ WTH Dyersburg Hospital  
 \_\_\_\_\_ Baptist Memorial Hospital - Union City      \_\_\_\_\_ Henry County Medical Center - Paris