



Radiologic Technology Program

Admission Application

ARIZONA WESTERN
ENTREPRENEURIAL
COLLEGE

Class of 2026

Email application materials to radiology@azwestern.edu between **January 8, 2024** and **February 29, 2024**. Incomplete or illegible applications will not be processed. Please make sure to include all supporting documentation as indicated on the application.

(Please print clearly)

NAME:			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
FORMER NAME(S):			
	<i>Last</i>	<i>First</i>	<i>Middle</i>
AWC STUDENT ID#		DATE OF BIRTH	/ /
MAILING ADDRESS:			
	<i>Street/Apt/PO Box</i>	<i>City</i>	<i>State/Zip</i>
PHONE NUMBER:			
	<i>Home</i>	<i>Cell</i>	<i>Work/Alternate</i>
AWC STUDENT E-MAIL ADDRESS:			
ACADEMIC RENEWAL: Have you ever applied for an academic renewal at AWC? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please submit the paperwork you received from AWC regarding the academic renewal request.			
Documents to be attached:			
<input type="checkbox"/> ATI TEAS Score	<input type="checkbox"/> Next Gen. Reading Score	<input type="checkbox"/> AWC Unofficial Transcript	
<input type="checkbox"/> Resume	<input type="checkbox"/> Admission Essay	<input type="checkbox"/> Fingerprint Clearance Card	

<p>Clinical Education Track</p>	<p>There are two (2) clinical education tracks available to students. Please indicate your clinical track preference. If no preference, mark both locations.</p> <p><input type="checkbox"/> Yuma / San Luis</p> <ul style="list-style-type: none"> All clinical assignments will be completed in the Yuma/San Luis area. Academic classes are held one (1) day a week in Yuma, AZ. <p><input type="checkbox"/> Phoenix area – You should anticipate living in the Phoenix area for the duration of the program.</p> <ul style="list-style-type: none"> All clinical assignments will be completed in the Phoenix location. Students will need to commute to Yuma, AZ a minimum of one (1) day a week for academic class.
<p>Admission Essay Instructions</p>	<p>In an 800-1000-word personal statement, please address the following topics:</p> <ol style="list-style-type: none"> Why do you want to be a radiologic technologist; what makes you an ideal candidate? Discuss your understanding of what is expected of you throughout the pursuit of the program. Discuss your long-term career goals as an imaging professional. Describe a time when you faced adversity or overcame a difficult situation. Discuss a significant healthcare issue and propose a solution.
<p>ATI TEAS Score Submission Instructions</p>	<p>There are two options for submitting your exams results.</p> <ol style="list-style-type: none"> Log into your ATI account. Select the MY ATI tab then the RESULTS tab. Follow the prompt for SEND TRANSCRIPT. Download your ATI TEAS report as a PDF and attach with your application materials.
<p>Have you ever been convicted or charged with a Misdemeanor or Felony offense?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>All misdemeanor or felony offenses must be disclosed including convictions or charges resulting in a plea of guilty; plea of nolo contendere (no contest); withheld or deferred adjudication; suspended or stay of sentence; military court-martial; disciplinary actions taken by a state or federal regulatory authority or certification board; or Honor Code violation.</p> <p><i>If such violations are disclosed, contact the Radiologic Technology Office at (928) 344-7552 to schedule an appointment with the Program Director to discuss the ethics review process.</i></p>

Have you ever been subjected to a sanction as a result of a violation of an academic honor code at another education program, suspended, or dismissed by a Radiologic Technology educational program that you attended in order to meet ARRT certification requirements? Yes No

If Yes, provide contact information for prior program director and name of institution attended:

*The following information is for institutional research purposes only, **not for admission.**
Please place a ✓ mark in the appropriate box.*

I have applied to this program in the past: Yes Year: _____ No

Do you have a personal relationship with any:

Former Program Student(s) Current Program Student(s) Program Staff Member (to include clinical sites)

If yes, who: _____

I will have already completed the following degree program prior to starting the radiology program:

Associate Baccalaureate Master's Doctoral Major: _____

In submitting this application, I understand that false or misleading statements or deliberate omission of facts will disqualify me for admission to the Program or cause my subsequent dismissal. I authorize investigation of all statements contained in this application for admission and any other required documents as necessary in arriving at an acceptance decision and release from liability any person giving or receiving any such information. I further authorize review of the validity of my Fingerprint Clearance Card with the Department of Public Safety.

I understand that this application is not intended to be a contract of admission. Admission to the program is contingent upon my ranking, based on: completion of pre-requisite courses, pre-requisite grade point average, Next Generation Reading score, ATI TEAS exam score, admission essay score, healthcare experience, and the completion of additional math, chemistry, and/or physics courses as defined in the prospective student informational file. I further understand that admission to the program is contingent on successful completion and acceptable results of all health requirements and Fingerprint Clearance Card results.

Notes:

- 1. Next Generation Reading scores can be obtained from Testing Services located in the 3C Building.*
- 2. Unofficial transcripts can be obtained from the Admission and Registration Office located in the 3C Building, printouts from Learning Services will **not** be accepted. If you had courses transferred to AWC from another university/college please provide a copy of the AWC Transfer sheet.*
- 3. Please include any volunteer and healthcare experience on your resume. Be sure to include dates and responsibilities in the role.*
- 4. Additional information regarding the ATI TEAS exam and other admission requirements can be located in the Prospective Student Guide.*
- 5. It is your responsibility to verify the radiology program has received all of your application materials prior to 5pm on February 29, 2024. Incomplete or illegible applications will not be processed.*
- 6. Applicant must be 18 years of age by the start of summer semester in order to eligible for acceptance in the radiology program.*

Arizona Western College is an equal opportunity employer.

AWC does not discriminate on the basis of race, color, religion, national origin, sex, age 40 or over, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decision be based on job-related factors.

Student Signature

Date

Authorization to Verify Validity of Fingerprint Clearance Card

I understand that as a condition of admission in the AWC Radiologic Technology Program (the Program); I must present a valid Fingerprint Clearance Card. As a candidate for admission, I fully understand that if my Fingerprint Clearance Card comes back invalid I will be disqualified from admission to the Program.

My signature below indicates that I agree to have the Radiologic Technology Office verify the validity of my Fingerprint Clearance Card with the Department of Public Safety. The results obtained may be used by the Program in its review and consideration of my admission status and, hereby release AWC and its agents from any liability or claim arising out of this procedure or information obtained through the inquiry outlined above. Any personal information provided will be used for the sole purpose of verifying the validity of my Fingerprint Clearance Card.

Please print legibly. Any form containing illegible or missing information will not be processed. The original Fingerprint Clearance Card must be presented at time of submittal of this form.

Print Name: _____

AWC ID: _____

Fingerprint Clearance Card Number: _____

SSN: _____

Student Signature: _____

Date: _____

For office use only:

FCC Valid: Yes

No

Date Verified: _____