

APPLICATION FOR ADMISSION CLASS OF 2024

Completed Applications are due in to the Radiologic Technology office no earlier than
January 3, 2022 and no later than February 24, 2022

(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>	
TORO E-MAIL ADDRESS:		@toro.azwestern.edu	
Documents to be attached:			
<input type="checkbox"/> Next Gen. Rdg. Score		<input type="checkbox"/> AWC Unofficial Transcript	
<input type="checkbox"/> Fingerprint Clearance Card <i>(original required, copy will be made)</i>			

<p style="text-align: center;">ARE YOU A CPTR? (Certified Practical Technologist in Radiology)</p>	<p>If yes, provide your Certification #: _____ <i>(License or certification must be unencumbered for you to be admitted to the program.)</i></p>
<p>Have you ever been convicted or charged with a Misdemeanor or Felony offense?</p> <p style="text-align: center;">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>
<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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, provide contact information for prior program director and name of institution attended:</p> <p>_____</p>	

*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: _____

When I begin the Radiologic Technology program, I will have already completed the following degree 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, attendance of an observation session, and presentation score. 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. Incomplete or illegible applications will not be processed; please make sure to include all supporting documentation as indicated on the application.***
- 2. Next Generation Reading scores can be obtained from Testing Services located in the 3C Building.***
- 3. Unofficial transcripts can be obtained from the Admission and Registration Office located in the 3C Building, printouts from Web Advisor will not be accepted.***
- 4. Mandatory Program Information Questionnaire must be completed with a score of 80% and above.***
- 5. Application materials may be hand delivered to the Radiology Program office – LR 224, emailed to Radiology@azwestern.edu, or mailed to AWC – Radiology Program, 2020 S. Ave 8E, Yuma, AZ 85365.***

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: _____