MISSOULA COLLEGE
UNIVERSITY OF MONTANA

Department of Health Professions
Radiologic Technology Program
♦ **Application for Fall 2024 Admission** ♦

Dear Radiologic Technology Applicant:

Thank you for your interest in the Health Professions programs at Missoula College (MC) of the University of Montana (UM). An internal program application specifically for Radiologic Technology is required. Students apply each spring for fall admission.

Including this page, there are 4 pages of detailed instructions as well as a 4-page application to complete/submit along with a cover letter and transcripts as directed. As you prepare your application for submission, there are a few items to consider.

Evaluation Criteria:
The program application process is your opportunity to distinguish yourself as an applicant to the Radiologic Technology Program. Your application will be evaluated in four categories show below. See page 3 for full application instructions.

1. Cover letter;
2. Work experience;
3. GPA from prerequisite courses; and
4. Interviews (conducted for the top 20 candidates and scheduled in early May 2022).

Application Submission:
All application materials as listed on page 4 of the instructions must be submitted no later than Thursday**,** April 14, 2022.

We hope this information will be helpful to you. We are eager to read your application and will provide feedback to you in a timely manner. If you have questions or concerns, please contact one of the following:

- Victor White, Program Director: 406-243-7872 victor.white@mso.umt.edu
- Maryann Dunbar, Missoula College Health Programs Academic Advisor: MC 104, (406) 243-7868, maryann.dunbar@umontana.edu

Sincerely,
Victor White, PHD, RT (R)

Program Prerequisite & Corequisite Courses

Prerequisites

- All courses are required. A minimum grade' of 'C-' is required with one exception of BIOH 201N/ 202N which requires a minimum grade of 'B'.
- A minimum cumulative GPA of 2.75 is required for eligibility to formally apply to the program.

AHMS 144, Medical Terminology ....3 Credits

BIOH 201N, Human Anatomy & Physiology I ....4 Credits
with BIOH 202N, Human Anatomy & Physiology I Lab

BIOH 211N, Human Anatomy & Physiology II ....4 Credits
with BIOH 212N, Human Anatomy & Physiology II Lab

M 115, Probability & Linear Math...3 Credits –OR–
M 121, College Algebra ....3 Credits

PHSX 105N, Fundamentals of Physical Science *(previously SCN 175N)* ....3 Credits –OR–
CHMY 121, Introduction to General Chemistry ....3 Credits

WRIT 101, College Writing I ....3 Credits

Pre or Corequisites (can be taken while in the Program)

AHMS 270E, Medical Ethics ....3 Credits

COMX 115, Interpersonal Communication ....3 Credits –OR–
PSYX 100S, Introduction to Psychology ....3 Credits

Total Pre and Corequisite Credits: ………………………………………………… 26 Credits

National Exam Criteria:

- **After graduation**, students must pass a national exam in order to practice.
- **If you have a felony or misdemeanor conviction**, you must contact the [American Registry of Radiologic Technologists](https://www.arrt.org/) (https://www.arrt.org/) in order to determine whether or not you will be allowed to sit for this exam.

Selection, Acceptance, & Admission Process

1. **REVIEW: Applications will be reviewed and evaluated by a selection committee.**

2. **NOTIFICATION: ALL applicants will be notified via email of his/her status regarding interviewing** (either "invited for an interview" OR "not selected") as soon as possible after final grades for the spring semester have been posted**.**

   > *Information regarding status will only be communicated by email.*
   > *Please do not call or email us to check on your application status – we will notify you as soon as we can.*

3. **ADMISSION OFFERS are made only after semester final grades are known and interviews concluded.**
   - Initial admission decisions will be made after grades are received at the end of spring semester.
   - Applicants will be notified via email with an offer of admission in early June.

   > *Again, information regarding status will only be communicated by email.*
   > *Please do not call or email us to check on your application status – we will notify you as soon as we can.*

4. **APPLICANTS WHO ARE OFFERED ADMISSION must notify** the following Radiologic Technology Program contacts in writing (email is preferred) of their intent to ACCEPT OR DECLINE admission to the Radiologic Technology program within ten (10) business days of receipt of the admission offer**. *Failure to do so will result in another candidate being chosen to fill the space*. Please include both of the following in your email:**
   - ✦ Victor White, Radiologic Technology Program Director: victor.white@mso.umt.edu.

5. **AFTER ACCEPTING ADMISSION:**
   - Once you have notified Cyndi Stary of your decision to accept a slot in the Radiologic Technology Program, ***you will receive an email letter confirming your admission*** and indicating what courses to register for along with other important information.
     If circumstances prevent you from attending, please notify Victor White (Dept. Chair/Program Director) and Maryann Dunbar (Academic Advisor) immediately via e-mail only, so an alternate candidate can be notified in a timely manner. Email addresses: victor.white@mso.umt.edu and/or maryann.dunbar@mso.umt.edu

6. **IN THE EVENT YOU ARE NOT ADMITTED into the program**, you may schedule an advising appointment with Radiologic Technology Program Director to discuss why and to formulate a "Plan B."

IMPORTANT NOTES:

In order to ensure fairness to all applicants the dates of application, notifications, etc. is maintained. Therefore, **your timely response(s) are critically important in guaranteeing your place in the program**. *We must have an accurate name, address and telephone number to ensure we reach you.*

- Currently, the program has more applicants than there are positions available.

- There is no waiting list, students compete with all who are applying to the Radiologic Technology Program.

- Students not accepted into the program after two admission attempts should request advice from career counseling regarding their educational options.

Detailed Application Instructions

REVIEW THE PROGRAM REQUIREMENTS because each program is unique in its admission and acceptance requirements. Program requirements are also listed in the current University of Montana catalog under Missoula College and the Department of Health Professions. If you have questions, please contact Victor White at: victor.white@mso.umt.edu

SUBMISSION REQUIREMENTS (please follow instructions exactly) – **deadline Thursday, April 26th, 2024.**

- ☐ **APPLICATION FORMS**
  - ☐ **Page 1: Demographic & Contact information**
  - ☐ **Page 2: Colleges/universities attended & upcoming courses**
  - ☐ **Page 3: Medical Work Experience** -- please include volunteer work and job shadow experiences. All are important.
  - ☐ **Page 4: General Work Experience** -- please include volunteer work and job shadow experiences. All are important.

- ☐ **COVER LETTER:**
  Your cover letter is extremely important — it introduces you to the selection committee and explains why you want to be accepted. Please use a formal letter format, with complete thoughts and your signature. Include your current address and phone number.
  Your letter must meet these requirements:
  1. Length should be between 300 and 500 words, no longer than 1 page, printed in 12-point font, single-spaced, and with one-inch margins
  2. Should contain an introduction
  3. Explain why you are interested in the field of diagnostic imaging
  4. Describe the personal characteristics that make you a good candidate
  5. Conclusion

- ☐ **TRANSCRIPTS PLUS:**
  - **UNOFFICIAL TRANSCRIPTS** from **ALL** colleges and universities attended. Please connect with Victor White if you have questions about this requirement at victor.white@mso.umt.edu.edu or 406-243-7872.
  - **COURSE WAIVER**: If applicable, documentation of a course waiver or approved course substitution from Admissions or from Radiologic Technology Program Director.

WHERE TO SUBMIT ✉

- ▶ All application materials **must be submitted in a sealed 9x12-inch envelope** (NOT larger).
- ▶ All documents **must be submitted as single-sided printed pages** (NOT double-sided).
- ▶ Include name, full return mailing address, as well as "Rad Tech Program" in upper left corner

If submitting by mail:	In person: put under Victor White's Office door:
Rad Tech Program Missoula College - UM 1205 East Broadway Missoula, MT 59802	Missoula College Health Professions Office, **Room 302** 1205 East Broadway Missoula, MT 59802

MISSOULA COLLEGE
UNIVERSITY OF MONTANA

DEPARTMENT OF HEALTH PROFESSIONS
RADIOLOGIC TECHNOLOGY PROGRAM

2024 Application Form for Admission in August 2024
(PRINT ONE-SIDED ONLY)

This application must be legible and ALL pages submitted as single-sided.

RURAL AND REMOTE CLINICAL PLACEMENTS:

The Program requires about 1,100 hours of clinical rotations, where students train under the supervision of a licensed Rad Tech. Most placements are in Missoula, *but students are also expected to travel to rural areas such as Polson, Hamilton, and Ronan, MT.* Travel and living expenses are the student's responsibility*. Additional sites are available in Great Falls, MT, Bozeman, MT, and Coeur D'Alene, ID for an entire 9 months of clinical training at one facility.* If you would like to be considered for a remote placement, please rank your choice numerically. **Don't check boxes for places you don't wish to go for clinical experience**.

Great Falls, MT _____   **Bozeman, MT _____**   **Coeur D'Alene, ID _____**

PERSONAL INFORMATION

Full Legal Name

LAST   FIRST   MIDDLE

(Below – Enter Any Previous Legal Names(s)

LAST   FIRST   MIDDLE

♦ **Last four (4) digits of Social Security Number_____**

♦ **UM/MC Student ID#** __790-_____

♦ **Veteran Status**:**   Non-veteran ☐   Veteran ☐

** The requirement to provide priority of service to veterans applies to all programs that receive funding from the United States Department of Labor. "Veteran" is defined as a person who served at least one day in the active military, naval, or air service, and who was discharged or released under conditions other than dishonorable. Proof of service may be requested.

♦ **Current Mailing Address (***if not accurate through Aug. 2022, enter date address is valid through)* _____

   Street / Apt# / PO Box _____

   City_____State_____Zip_____Phone (____) _____-_____

♦ **Permanent Mailing Address** (if same as above, check this box ☐ and skip to next item)

   Street / Apt# / PO Box _____

   City_____State_____Zip_____Phone (____) _____-_____

♦ **Check the email address that you prefer** us to use for communication about your application.

   ♦ UM/MC Student Email Address_____ ☐

   ♦ Personal Email Address_____ ☐

(CONTINUED ON NEXT PAGE)

(continued) 2024 Application Form

ALL Colleges / Universities Attended (Unless Transcripts are already in the UM System)

♦ **REQUIRED: an <u>UN</u>official transcript from each college/university attended unless otherwise in the UM System.**

♦ **LIST ALL colleges/universities you have ever attended, including town and state located.**

College / University + City & State: _____

College / University + City & State: _____

College / University + City & State: _____

College / University + City & State: _____

Upcoming Courses
List only if they <u>do not</u> appear on your transcript(s)

(***Example:*** *TERM TAKING: <u>Spring 2024</u>   SUBJ: <u>WRIT</u>   CRSE# <u>121</u>)*

SCHOOL_____ TERM TAKING_____ SUBJ _____ CRSE#_____

SCHOOL_____ TERM TAKING_____ SUBJ _____ CRSE#_____

SCHOOL_____ TERM TAKING_____ SUBJ _____ CRSE#_____

SCHOOL_____ TERM TAKING_____ SUBJ _____ CRSE#_____

SCHOOL_____ TERM TAKING_____ SUBJ _____ CRSE#_____

SCHOOL_____ TERM TAKING_____ SUBJ _____ CRSE#_____

<u>Medical licensure or Certification:</u>

<u>List any medical licenses or certifications you currently have that are active or inactive below:</u>

Medical Work Experience (Paid or Voluntary)

♦ Your Job Title		♦ Credential if any	
♦ Organization Name			
♦ Organization Address, City, State			
♦ Your Supervisor's Name & Position Title			
♦ Supervisor's Email Address & Phone#			
♦ Time Period Worked (start & end dates)		♦ Number of Hours Worked Per Week	
♦ Job Responsibilities:			

♦ Your Job Title		♦ Credential if any	
♦ Organization Name			
♦ Organization Address, City, State			
♦ Your Supervisor's Name & Position Title			
♦ Supervisor's Email Address & Phone#			
♦ Time Period Worked (start & end dates)		♦ Number of Hours Worked Per Week	
♦ Job Responsibilities:			

♦ Your Job Title		♦ Credential if any	
♦ Organization Name			
♦ Organization Address, City, State			
♦ Your Supervisor's Name & Position Title			
♦ Supervisor's Email Address & Phone#			
♦ Time Period Worked (start & end dates)		♦ Number of Hours Worked Per Week	
♦ Job Responsibilities:			

Non-Medical Work Experience Form
General Work Experience (this section would include "pertinent life experience")

♦ Your Job Title		♦ Credential if any	
♦ Organization Name			
♦ Organization Address, City, State			
♦ Your Supervisor's Name & Position Title			
♦ Supervisor's Email Address & Phone#			
♦ Time Period Worked (start & end dates)		♦ Number of Hours Worked Per Week	
♦ Job Responsibilities:			

♦ Your Job Title		♦ Credential if any	
♦ Organization Name			
♦ Organization Address, City, State			
♦ Your Supervisor's Name & Position Title			
♦ Supervisor's Email Address & Phone#			
♦ Time Period Worked (start & end dates)		♦ Number of Hours Worked Per Week	
♦ Job Responsibilities:			

♦ Your Job Title		♦ Credential if any	
♦ Organization Name			
♦ Organization Address, City, State			
♦ Your Supervisor's Name & Position Title			
♦ Supervisor's Email Address & Phone#			
♦ Time Period Worked (start & end dates)		♦ Number of Hours Worked Per Week	
♦ Job Responsibilities:			