

VHCC Radiography Checklist

It is the applicants' responsibility to make sure that all requirements are met and required documentation is received in the Admission Office by stated deadlines. This checklist is provided as a quick general guidance sheet for your records. Please refer to the VHCC catalog at www.vhcc.edu for full program details.

It is highly recommended that you work with Donna Corns (donna.corns@sw.edu) or Danielle Pennington (danielle.pennington@sw.edu) for future advisement. They will be able to help you with course registration and needed actions to make you more competitive for the program.

Application deadline is February 15th.



Complete the VHCC Admissions Application

Visit www.vhcc.edu > Apply Now



Complete the Radiography Program Application

Visit www.vhcc.edu/radiography-aas. Click on the Radiography Application link (must upload TEAS score and Shadowing/Observation documentation with application, all due by February 15)



Take the TEAS (Allied Health Test) within the last 5 years.

The radiography program uses Total Score. You must score a minimum of 65% to be eligible for the program. VHCC will also accept TEAS scores taken for the RN or PN programs. Upload the TEAS score with the online application and also email it to Donna Corns at donna.corns@sw.edu.



Send transcript from high school graduation or GED completion

Applicant requests high school transcript from high school counseling office or requests GED from www.ged.com. Send directly to the SWCC Admissions Office. It is the student's responsibility to verify with the Admissions Office that transcripts have been received.



Send all official college/university transcripts (not required from Virginia's Community Colleges)

Applicant requests official transcripts from all college/universities attended to be sent directly to the SWCC Admissions Office.



Achieve a minimum GPA of 2.5 or higher (high school or post)

Applicants must be high school graduates, or equivalent, and must reflect a "C" average. A cumulative GPA of 2.5 must be achieved on all college work.



Completion of one unit of Biology with Lab

Take and complete a high school or college course of Biology with a "C" (BIO 101 at VHCC or equivalent transfer)



Completion of one unit of Chemistry with Lab

Take and complete a high school or college course of Chemistry with a "C" (CHM 5 or CHM 111 at VHCC or equivalent transfer)



Must be eligible for ENG 111 & MTH 154

Student must be eligible via VPT scores or SAT/ACT/GED scores or have completed ENG 111 **AND** MTH 154 (with a "C" or better) or VCCS Direct Enrollment Policy.



Shadowing/Observation

Applicant must also complete twelve hours of observation in a Hospital Radiology Department (NOT a clinic, urgent care, outpatient center, or doctor's office). Observation must be documented by radiology personnel denoting date(s) and time(s).

Note: Please see www.vhcc.edu > Academics > Catalog > Admissions Priorities for information about how limited enrollment programs review applicants based on residency. For information or questions about the application process, please contact Josh Greenwell, Health Ready Coach, at jgreenwell@vhcc.edu or Michelle Phillips, Admissions/Records, at mphillips@vhcc.edu.

SOUTHWEST VIRGINIA COMMUNITY COLLEGE, VIRGINIA HIGHLANDS COMMUNITY COLLEGE,
COOPERATIVE RADIOLOGIC TECHNOLOGY PROGRAM

SHADOWING / OBSERVATION DOCUMENTATION FORM

Please circle the campus to which the student will be applying:

SWCC

VHCC

Student (Printed) Name: _____ EMPLID: _____

The signature(s) verify the student above has visited the Diagnostic Imaging Department of the listed facility, and confirm that the hours were performed as documented.

Students are to submit this completed form to their respective campus, attn. Radiography Applicant, before January 15. **Students should keep a copy for their records and bring with them to the mandatory information session held mid/late-spring semester.**

Date	Facility/Hospital	Time begin	Time end	Length of Shadowing (in hour or 30 minute increments)	Printed name of technologist or clinical instructor	Signature of technologist or clinical instructor
TOTAL SHADOWING/OBSERVATION HOURS: _____						

Student: Please discuss your experience(s). List some exams which you witnessed: _____

This writing section is optional and is neither graded nor counted toward program admission.

By signing this form, the student is certifying that these documented hours are accurate.

Student Signature: _____ Date: _____