

San Joaquin General Hospital
School of Radiologic Technology
2010 Prerequisite Verification

Dear Applicant:

Thank you for your interest in the School of Radiologic Technology. To be considered for selection, the attached prerequisite verification form (**PVF**) and supporting documents must be completed and submitted to the school office between **Jan 1st and March 15th**. Send all materials at one time in a single packet before March 15. Packets must be received in the School office by the cutoff date. **Verification packets received after the March 15 deadline will not be considered. Supporting documentation will not be accepted after the deadline date.**

Mail the prerequisite verifications to:

San Joaquin General Hospital
School of Radiologic Technology
P.O. Box 1020
Stockton, CA 95201

As part of the prerequisite verification packet the following documents are required:

1. A completed PVF (prerequisite verification form).
2. Official sealed copies of all high school and college transcripts, including those from Delta College, if attended **–in support of the required coursework.**
3. Proof of high school graduation, GED equivalency, or a college degree.
4. A letter stating why you wish to become a radiologic technologist.
5. A copy of your CPR card (If you do not currently hold a CPR card, you will need to obtain one prior to beginning the program). This should be American Heart Association, professional level.
6. Completed Residency Documentation Form and supporting documentation (for in district residents).

Make sure your transcripts indicate that you have completed entrance requirements #1-5 below, or their equivalents, with a “C” or better. **No in-progress coursework will be considered. You must provide appropriate documentation for all required courses**

Required:

1. Anatomy (BIOL 31) and
2. Physiology (BIOL 32)
3. Medical Terminology (HS 36)
4. Intermediate Algebra (Math 82) High School level is OK but must show a higher level math class on a college transcript.)
5. English 1A
6. Cumulative GPA of at least 2.5 in these 5 program prerequisites.

You must show 15 units in a breadth of studies (general education) on a college transcript. (The above program prerequisites should satisfy this requirement). You must also be at least 18 years of age by July 1st of the year. If your prerequisite verification is lacking any of the required information, it will not be considered. **The responsibility for seeing that all prerequisite verification materials are received on time belongs to the applicant.**

If you meet the entrance requirements, your name will be entered into a lottery to fill the available openings. 70% of the available spaces will be awarded, using a random selection process, to applicants providing the individual's verification of residency within the college district for a minimum of one year and one day prior to the beginning of the academic term of entry. The remaining spaces will be awarded without consideration of residency utilizing random selection. The lottery will be conducted approximately two or three weeks after the close of the prerequisite verification period. You will be notified exactly when and where the lottery will take place as soon as packets are processed and that information becomes available, should you wish to observe. All qualified applicants will be notified by mail of lottery results.

If you are selected for provisional entry, you will be required to attend a one-day orientation session and to complete 24 hours of observation prior to the start of classes. The 24 hour observation may be waived for students who have documented, equivalent experience such as:

- Prior volunteer work or observation in a **Radiology** setting.
- Survey of Health Careers class (HS 39)
- Relative training or work experience in a health care field.

Due to affiliation contracts students selected may also be required to pass background checks and drug screenings prior to clinical participation. If a student should not pass one of these tests at any time during the 2-year program s/he will be prohibited from further participation in clinical activities and subsequently dropped from the program. .

The entering students will begin classes on or about July 1st at San Joaquin General Hospital. The above information is valid for the 2010 application period only. Entry requirements and selection procedures are subject to change in subsequent years. If you have any questions, please call me at (209) 468-6233.

Sincerely,

John Job
Program Director

* For additional information please reference the current year's program information sheet.

jsj 10/09

Prerequisite Verification - 2010

San Joaquin General Hospital – School of Radiologic Technology
P.O. Box 1020
Stockton, CA 95201

Please neatly print or type responses to all questions.

Last Name: _____ First Name: _____ MI _____

Social Security Number / Student ID Number: _____

Telephone Number: Home: _____ Work: _____

Current Address: _____

Permanent Address: _____
(If different from above)

E-mail: _____
(please assure this is current, pertinent follow-up may be sent to this e-address)

Other name(s) used on education records: _____

Are you 18 years of age or older? Yes _____, No _____

Are you a U.S. citizen? Yes _____ No _____

If not, do you have a legal right to remain in the U.S. for the two years of the program?
Yes _____ No _____

Residency: Within S.J. Delta College District? _____ Yes _____ No

Person to notify in case of an emergency:

Name / Relationship: _____ Phone #: _____

Education:

High School Graduate? Yes ____ No ____ GED ____ Equivalency ____

Please list all high schools and colleges attended:

School Attended	Address	Degree/Major

List any health care related employment, volunteer work, or observation time that may potentially satisfy the observation requirement:

Name of Facility	Address /Phone	Employment, volunteer, observation?	Type of Experience	Dates of service

I authorize investigation of all statements contained in this prerequisite verification. I understand misrepresentation or omission of facts is cause for me not to be considered for entry into the program or may be cause for dismissal from the program.

Signature: _____

Date: _____

San Joaquin General Hospital / San Joaquin Delta College
School of Radiologic Technology

Residency Documentation

(Please refer to the Radiologic Technology information letter and prerequisite verification form for information on the selection and residency verification process.)

In-District Resident

Applicant must reside and have maintained continuous residency within the San Joaquin Delta College District for the period beginning with the residency determination date for the term for which the applicant is applying.

District Non Resident

Applicant resides outside the San Joaquin Delta College District and/or submits no documentation, incomplete documentation, or insufficient documentation to determine an In-District Resident status. **It is your responsibility to assure the accuracy of this information.**

Residency Determination Date

One year and one day prior to the beginning date of the term for which the applicant is applying. The residency determination date for the Summer 2010 semester is July 4, 2009.

1. Provide the address where you are currently residing. (A Post Office Box is not acceptable.)

Street Address	City	State	Zip Code
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2. List any other addresses where you have resided during the period beginning with the Residency Determination Date:
3. I am requesting In-District Resident classification: YES _____ NO _____

If YES, you must provide the following as documentation (**3 pieces required**). This information is used to determine your classification:

- **California Drivers License or ID Card (Mandatory) –This document must show current address within the region. . . . and at least two of the following:**
- **Rental/Lease agreement, home deed, or property tax statement.**
- **Residence utility bill. (Water, Electric, Gas, Telephone.)**
- **Bank Statement, Voter Registration, Pay Stub**

Documentation must indicate name and address and show residency for the entire residency period. At least one of the 3 required pieces will show residency for more than a year and at least one should indicate current residence within the district. We reserve the right to request additional documentation to verify resident status –but if the required information is lacking or incomplete you may be classified as out of district.

I herby certify under penalty of perjury that to the best of my knowledge, ALL of the above information is correct and complete. I also understand that willful omission or falsification may result in disqualification and disciplinary action.

Signature	Date	jsj 10/09
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