



2025 RADIOGRAPHY PROGRAM INFORMATION & APPLICATION PACKET

Students interested in the Radiography Program are admitted to the college on the same basis as other students. Admission to the college does not ensure admission into the Radiography Program. Selection into the Radiography Program is based on the following factors:



LCC RADIOGRAPHY
PROGRAM INFORMATION

Applications can be hand delivered or mailed to: LCC/Radiography, 200 S. 14th Street, Parsons, KS 67357
All applications must be completed & received by the Radiography Department no later than 4:30p.m. by the deadline date.

****APPLICATION DEADLINE: Wednesday, March 26th, 2025****

It is the applicant's responsibility to ensure the completeness of their application. Incomplete applications are not reviewed.

Radiography Program Admission Criteria:

- Meet with Labette Community College's Health Science Programs' Specialist by emailing: loriw@labette.edu or radiography@labette.edu
- All High School (or Graduate Equivalent Degree) and College official transcripts must be received by LCC's Admissions Office <http://www.labette.edu/registrar/index.html>
- GPA of 2.50 (minimum) and successful completion of general education requirements. (refer to pg. 5)
Successful completion is defined as having earned at least a "C". *Any course(s) graded as pass/fail to be considered as successfully completed, an official transcript key will be required stating the letter grade "Passing" from the transferring institution is equivalent to a "C" or above.
****Anatomy & Physiology prerequisite course must have been completed within the last five years.****
- Submission of all application requirements & hard copy/original forms (pg.'s 7, 9, 10, 14, 15, 19, 21, 27, 29) completed and received no later than the application deadline date
- Letter of Intent (refer to pg. 6)
- Two (2) references—from current or former in-person instructors or employers (refer to pg.'s 17, 19 & 21)
- Clinical Observation (8-hours) with a Registered Radiologic Technologist (refer to pg.'s 17, 23-29)
- Reflection Essay (refer to pg. 24)
- Completion of the TEAS assessment test (refer to pg.'s 11 & 12)
- Submit a criminal background check (refer to pg.'s 13 & 14) ***Criminal Background Check is for clinical placement use only. Recommended applicants submit between Jan - Mar 1st and is due by application deadline date. (See further instructions for under 18 year old applicants)**

***Applicant Interviews will be scheduled after the deadline date with the top 30 applicants, based solely upon their application score.**

Contingent upon an applicants Acceptance into LCC's Radiography Program, the following will be required:

- All general education courses that satisfy the Associate in Applied Science Radiography Degree requirements must be completed by May 22, 2025 showing a final letter grade of C or above on their official transcript(s).
- A BLS/CPR course for healthcare providers will be offered for accepted program students on LCC's Main Campus during the Summer Semester for Health Science Program Students to complete the BLS/CPR Certification requirement. ****Online CPR certification will not be accepted.***
- Satisfactory physical evaluation conducted by a physician, that includes up to date immunization records to permit students in the clinical area for patient safety showing: 2-step TB skin test or TB blood test results, MMR(2) or Titer, Varicella(2) or Titer, Tetanus (within 10 years), Hep B (3) or waiver, 10 Panel Drug Screen (for clinical placement). Proof of current medical insurance along with other requirements or vaccinations the specific clinical site requires which may include but are not limited to, Flu and/or Covid-19.

TO COMPLY WITH THE FAMILY EDUCATION RIGHTS AND PRIVACY ACT OF 1974 (FERPA)

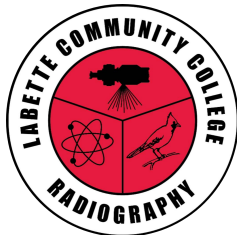
No copies from the student file will be released once received by the Radiography Program. Students should keep copies of all materials submitted to the program for their personal education records.

The Associate of Applied Science in Radiologic Technology Program is accredited by:
The Joint Review Committee On Education in Radiologic Technology
20 North Lacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300 or email at: lwinter_jrcert.org
www.jrcert.org

RADIOGRAPHY PROGRAM APPLICATION PROCESS

1. Completion and submission of the application for admission to the Radiography Program to the Radiography Department.
2. The student sends high school and all other college/universities official transcripts to the LCC Admissions Office in order to be applied towards a degree or certificate. Transcripts will only be accepted officially from the college/universities by mail or electronically.
3. The Radiography Program suggests students complete prerequisite coursework prior to applying for admissions to the Radiography Program. Students must successfully complete all prerequisite courses with a grade of C or higher or "Passing" in the case of a pass/fail course prior to May 22, 2025. Any course(s) graded as passing, an official transcript key will be required from the transferring institution stating the letter grade is equivalent to a "C" or above.
4. Labette Community College's Radiography Program will carefully evaluate applicant's existing knowledge base in subject areas such as Mathematics and Science.
5. The student will schedule and take the TEAS entrance examination.
6. Reference forms are to be mailed to the Radiography department by the Reference and it is the responsibility of the student to ensure all required reference forms have been received in the Radiography department. References need to initial the outside of their sealed envelope before putting it in the mail.
7. The student will observe a Radiology Department in one of the affiliated hospitals and they will have an interview with the clinical preceptor. The interview will include an evaluation of the prospective student's technical skills. The student will also interview a Registered Radiologic Technologist in this department. This may be the clinical preceptor or another staff technologist. Students must meet hospital regulations regarding appropriate dress, tattoos and body piercings.
8. The student will write/type a two-page reflection essay regarding their interview with a Registered Radiologic Technologist and their observation in the radiology department.
9. The student's file will be reviewed by the program officials for completion and objective evaluation.
10. The student must submit to a criminal background check. The incurred cost of the background check will be the Applicant's responsibility. *Background checks are used for clinical placement only but are part of the application.*
11. The interview for applicants with satisfactory scores in the above criteria along with a completed application being received by the deadline date will be scheduled after the application deadline with the top 30 eligible applicants.
12. Before final consideration is given to a student's application for admission, the student must submit a completed physical examination form (including immunization records). This form indicates that the prospective student has the following functional abilities necessary to qualify for entry into LCC's Radiography Program and the Health Care environment. According to the nature of the work required in the Radiography Program, the applicant must be able to:
 - Critical thinking ability sufficient for clinical judgment; including sufficient intellectual functioning and emotional stability to plan and implement care for clients. (Analytical reasoning to solve problems and process information from multiple sources.)
 - Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds. (Adapt to changing environment/stress.)
 - Lift up to 50 pounds and carry up to 25 pounds frequently, but occasionally may exceed these limits.
 - Stoop, stand, kneel, crouch and/or crawl at appropriate times as needed.
 - Ability to sit for long periods of time in a classroom environment.
 - Push or pull with hands and arms as needed.
 - Stand and/or walk, as the job requires in the performance of duties.
 - Manual dexterity with the ability to handle small objects and to perceive size, shape, temperature or texture.
 - Visual acuity required to assess client's condition, to evaluate test results, to discriminate between colors, and to maintain a safe environment.
 - Communicate both verbally and in writing, in order to respond to clients, families, and the members of the health care team. Read, interpret, and record clinical data appropriately.
 - Communicate, both verbally and in writing, as necessary to complete theory assignments such as, but not limited to test-taking, and giving oral reports.
 - Read and understand written documentation.
 - Hear accurately to perform Radiography skills and techniques needed to gather information relevant to the client's care. (Hear faint voices and body sounds such as blood pressure/breath sounds, etc.)
13. Students will then receive notification of acceptance or non-acceptance.
14. Sign Conditions of Acceptance.
 To Complete the application for the American Registry of Radiologic Technologists Examination, the Question, **"have you ever been convicted of a felony or misdemeanor" Yes___ No___**, must be asked and answered. **Falsification of information is grounds for dismissal from the program.** (NOTE: A conviction of, a plea of guilty to, or a plea of nolo contendere to an offense constitutes a conviction for A.R.R.T. purposes. Also note that some traffic violations are considered a misdemeanor; speeding, seatbelt, etc.)
If you answered "YES", provide explanation and official documentation. If, at any time during your attendance in the program the answer changes to "YES", it is your responsibility to inform the Program Director immediately.
15. Obtain American Heart Association Healthcare Provider C.P.R. (BLS) certification upon entering the program and prior to July 1st. Course must be a hands-on, on ground course. No online courses will be accepted.

*Note: A BLS/CPR course will be offered on LCC's Main Campus during the Summer Semester for Health Science Program Students to complete this requirement.



RADIOGRAPHY PROGRAM 2025 APPLICANT SELECTION CRITERIA

Each of the application components shown below are assigned a score. These Applicant Selection Criteria components are calculated to provide an overall application score for each applicant. Those who have a completed program application file received by the Radiography Department no later than the application deadline date along with meet the program applicant requirements as stated within the current application, will be reviewed by the Radiography Program Department after the application deadline date has passed.

Applicant Selection Criteria Points Possible = 132 (Pre-Interview)

TEAS Exam Score	TEAS Exam Score Points	Pre-Requisite Course Work	Pre-Requisite Final Grade Points (Each)	Averaged Reference (2) Scores	Reference Scores Points	Clinical Observation Score	Clinical Observation Score Points
100-77%	10	English Comp I	A = 4 points	100-96%	5	100-96%	5
76-73%	9	College Algebra	B = 3 points	95-91%	4	95-91%	4
72-69%	8	Comp II OR Speech	C = 2 points	90-86%	3	90-86%	3
68-64%	7	Gen OR Dev Psych		85-81%	2	85-81%	2
63-59%	6	Anatomy & Physiology (5 credit hour) <i>*A & P completed within last 5 yrs*</i>		80-76%	1	80-76%	1
58-57%	5	21 Total Grade Points Possible *Earn 1 additional point with a final grade of a B or higher in A&P *The most recent completed course grade shown on the applicants official transcript is what will be figured for the application GPA. In order to earn grade points towards the application score, the prerequisite course(s) must be successfully completed with a final grade of C or above must show on their official transcript prior to the application deadline date.		Letter of Intent Essay Score 45 Points Possible		Clinical Reflection Essay Professional Review Score 45 Points Possible	
56-55%	4						
54-53%	3						
52-51%	2						
50% & below	1						
TEAS EXAM SCIENCE SECTION SCORE Earn 1 additional point if the Science Section score on your TEAS Exam results equals 50% or greater.				*The TOP 30 eligible applicants (based solely off of their overall individual application score) with a complete application file as well as meet the radiography program applicant requirements as stated within the application, will be scheduled for an interview after the application deadline. Each interviewed applicant will be given the opportunity to obtain up to an additional 60 possible application points during their Radiography Program Applicant Interview. <i>*Post-Interview Application Points Possible = 192*</i>			

Prior to applicant interviews, each program application file review consists of:

- ✓ Review of official high school and college transcripts
- ✓ Application GPA 2.5 minimum (figured solely on the successfully completed program prerequisite courses as of the application deadline date)
- ✓ TEAS Exam results
- ✓ All program application forms
- ✓ Reference Forms (2)
- ✓ Clinical Observation Form
- ✓ Clinical Observation Statement of Confidentiality Form
- ✓ Letter of Intent Essay (is read and scored by each program department member)
- ✓ Clinical Reflection Essay (is read and scored by each program department member)
- ✓ Completed Criminal Background Check (used to fulfill clinical placement requirement)

After all applicant files have been reviewed, selection criteria points earned are totaled for each individual applicant, overall application score totals are then sorted from greatest to least to determine the top 30 applicants who will be called by the Health Science Programs' Specialist to schedule their interview. Those whose Applicant Selection Criteria (Pre-Interview) Score falls below the top 30 overall application scores will be notified.

COMMON QUESTIONS ABOUT THE PROGRAM

1. How long is the Radiography Program and what are the hours?

It is a 23-month program, beginning in June of each year. Students attend clinical and /or classes year-round (Summer included). The first summer you will be in the classroom Monday through Thursday. Starting in the Fall Semester of your first year you will be at the Clinical Education Center two days a week for 10 hours each day, and you will have classes at LCC the other two days a week. This schedule will last throughout the program.

2. How much does it cost?

The approximate cost for the 23-month curriculum is \$12,000 - \$12,500 for in-state tuition and fees, and out of state tuition and fees will be approximately \$13,300-\$13,700. Textbooks for the program will cost approximately \$1000.00 for the first year and approximately \$600.00 for the second year. You will also need to purchase uniforms for the program in which an amount to cover the expense of 2 tops, 2 pants and 1 jacket are included in the Radiography Student Course Fee's. Extra Radiography Program uniform pieces may be purchased but are an additional financial responsibility of the program student. There will also be expenses for traveling to and from LCC and to and from the Clinical Education Centers.

3. How much money does a Radiography Technologist make?

Approximately \$64,860 - \$73,410 a year for a new graduate. Salaries will vary based upon geographical location and with modality training.

4. Can I work while enrolled in the program?

Students are encouraged **NOT** to work due to the tremendous work load (clinical/course work) during the first year. If a student must work they are encouraged to limit employment to a part-time basis.

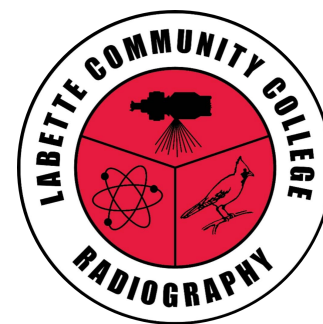
5. Are there any degree pre-requisites that need to be completed before starting the program?

Yes, they are English Comp I; English Comp II **or** Public Speaking; General **or** Developmental Psychology; College Algebra or higher math; and Anatomy & Physiology (5 credit hour). Anatomy & Physiology must have been completed within the last 5 years. ****We strongly suggest completing prerequisites prior to the application deadline. Students must successfully complete all prerequisite courses with a grade of C or higher prior to May 22, 2025.** Any course(s) graded as passing, an official transcript key will be required from the transferring institution stating the letter grade is equivalent to a "C" or above.**

6. How can I best prepare for this program?

- a. Be prepared to devote a lot of time to your studies and clinical training.
- b. Be prepared to travel to designated clinical sites every semester. We are affiliated with 18 clinical education centers located throughout Southeast Kansas, Northeast Oklahoma and Western Missouri. Students are assigned to a new clinical site each Summer Semester during the 23- month training period.
- c. Transportation is very important. Be prepared to have means of reliable transportation to and from clinical sites/classes.
- d. Be prepared to have a budget outlined for various expenses (tuition, uniforms, liability insurance, liability insurance, transportation, computer, books, graduation).

RADIOGRAPHY PROGRAM CURRICULUM



The Radiography Program

Pre-Requisite Courses are:

	Credit Hours	
BIOL 130	5	* Anatomy and Physiology must be completed within the last 5 years
ENGL 101	3	
ENGL 102	3	
or COMM 101	3	
MATH 115	3	
PSYC 101	3	
or PSYC 201	3	
TOTAL GENERAL EDUCATION CREDIT HOURS	17 hours	

Concentration Requirements

Credit Hours

Freshman – Summer Semester

RADI 101	Intro to Radiography, Ethics & Law	2
RADI 103	Radiographic Procedures I	1
RADI 107	Radiographic Imaging I	1
RADI 109	Patient Care in Radiography I	2

Freshman – Fall Semester

RADI 104	Radiographic Procedures II	3
RADI 113	Simulations in Radiography I	1
RADI 115	Patient Care in Radiography II	3
RADI 117	Radiographic Imaging II	3
RADI 119	Clinical Training I	3

Freshman – Spring Semester

RADI 105	Radiographic Procedures III	3
RADI 120	Clinical Training II	3
RADI 125	Principles of Physics and Equipment Operation	3
RADI 127	Intro to CT and Cross Sectional Anatomy	2
RADI 214	Simulations in Radiography II	1

Sophomore – Summer Semester

RADI 201	Imaging Modalities (Online)	3
RADI 203	Clinical Training III	3

Sophomore – Fall Semester

RADI 204	Clinical Training IV	3
RADI 207	Radiographic Imaging III	3
RADI 211	CT Procedures	2
RADI 213	Radiographic Pathophysiology	2
RADI 217	Radiation Protection I	2

Sophomore – Spring Semester

RADI 205	Clinical Training V	3
RADI 218	Radiation Protection II	2
RADI 219	Image Analysis	2
RADI 221	Radiography Comprehensive Review	2
RADI 223	Critical Thinking & Analysis in Radiography	3

TOTAL RADIOGRAPHY CREDIT HOURS **61 hours**

TOTAL PROGRAM CREDIT HOURS **78 hours**

The Radiography Programs Grading Scale

Rev. 5/2023

100% - 95% = A

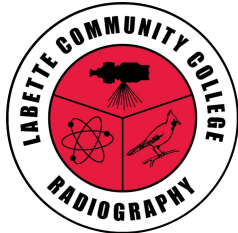
94% - 88% = B

87% - 82% = C

81% - 75% = D

74% & below = F

NOTE: To graduate, radiography students must maintain a grade of "C" (87% - 82%) or higher in all their major and related courses and maintain a GPA of 2.0 or higher.



RADIOGRAPHY PROGRAM

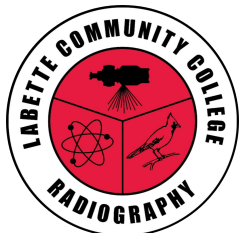
Application Letter of Intent

LETTER OF INTENT INSTRUCTIONS

The intended applicant must submit a Letter of Intent to the attention of the Radiography Program Director. The letter should be no less than one page in length, 12-point, Times New Roman font and double spaced. The letter of intent should state why the applicant wishes to be admitted into the Radiography Program at Labette Community College. Please feel free to add any additional information you would like. Use this as an opportunity to personalize your Letter of Intent to stand out from other applicants for this Program.

You may submit your Letter of Intent by the application deadline date via email as long as it is received as an attached document sent to LCC's Health Science Programs' Specialist by emailing:: loriw@labette.edu or by postal service, addressing it to:

Labette Community College
ATTN: Radiography Program Director
200 S. 14th Street
Parsons, KS 67357



RADIOGRAPHY PROGRAM 2025 APPLICATION

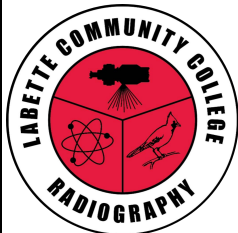
Upon Acceptance Requirements Acknowledgement Form

I, _____ (Applicant First & Last Name) acknowledge I have thoroughly read and understand the information and/or requirements stated within the current Radiography Program Application. I certify that all the information contained in this application is true and correct to the best of my knowledge. If any information contained herein is found to have been falsified, this application will be withdrawn and the applicant will be withdrawn from the application process.

I further understand that upon acceptance, should I choose to accept the offered seat in the upcoming Radiography Program Class of 2027, the following items are required, must be completed as well as received by LCC's Health Science Programs' Specialist by the deadline dates specified in the applicant's Radiography Program's Acceptance Letter:

- 1) All general education courses that satisfy the Associate in Applied Science in Radiography Degree requirements must be completed by May 22, 2025.
- 2) All High School (or Graduate Equivalent Degree) and College official transcripts must be received by LCC's Admissions Office <http://www.labette.edu/registrar/index.html> showing all Radiography Program General Education Pre-Requisite Courses have been completed with a successful completion grade earning at least a "C".
- 3) An overall GPA of 2.50 (minimum) figured with the completed Radiography Program Pre-Requisite General Education requirements are required to be upheld and completed by May 22, 2025. *Anatomy & Physiology prerequisite course must have been completed within the last five years.
- 4) BLS/CPR certification for healthcare providers must be completed through an in person certification course prior to being able to begin a clinical rotation within Labette Community College's Radiography Program. The cost of this certification is the students financial responsibility. **Online CPR certification will not be accepted.**
 - A BLS/CPR course will be offered on LCC's Main Campus during the Summer Semester for Health Science Program Students to complete this requirement.
- 5) Satisfactory physical evaluation conducted by a physician, that includes up to date immunization records to permit students in the clinical area for patient safety showing: 2-step TB skin test or TB blood test results, MMR(2) or Titer, Varicella(2) or Titer, Tetanus (within 10 years), Hep B (3) or waiver, 10 Panel Drug Screen (for clinical placement). Proof of current medical insurance along with other requirements or vaccinations the specific clinical site requires which may include but are not limited to the Flu and/or Covid-19.
 - Accepted applicants will receive the specific LCC physical evaluation/health record forms that are required in their official acceptance letter packet. The cost of the physical and immunization(s) is the students financial responsibility. The applicants physician/healthcare provider must complete and sign each of the required forms as well as provide copies of immunization records/documents.
 - For clinical placement, the drug screen fee is included in the Radiography Program Student Fee's. The program student will be notified prior to attending clinical when they are to complete their drug screen through Labette Health's 1902 U.S. 59, Parsons, KS 67357 location. Drug Screen's completed outside of the Parsons Labette Health location on the specified scheduled date will not be accepted nor covered under their Radiography Program Student Fee's.

Applicant Signature: _____ Date: _____



RADIOGRAPHY PROGRAM 2025 APPLICATION

Name _____
Last First Middle Maiden

Date of Birth _____ SS# _____ LCC ID# _____

Mailing Address _____
Street/P.O. Box City State Zip

Home Phone # _____ Cell Phone # _____

LCC Student E-Mail Address _____

Applicant Alternate E-mail Address _____

Next of kin or for emergency notification

Name _____ Relationship _____
Phone _____
Street City State Zip

Name _____ Relationship _____
Phone _____
Street City State Zip

Educational Background

High School: _____
Name City State

College(s): _____
Name City State

Name City State

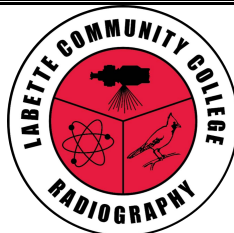
Name City State

Please indicate the final grade(s) you received in the Pre-Requisite Courses:

English Comp I _____; English Comp II or Public Speaking _____; College Algebra _____;
General or Developmental Psychology _____; Anatomy & Physiology _____.

Signature _____ Date _____

Labette Community College is committed to a policy of educational equity. Accordingly, the College admits students, grants financial aid and scholarships, and conducts all educational programs, activities, and employment practices without regard to an individual's race, color, religion, gender identity, sexual orientation, national origin, age, marital status, ancestry, or disabilities. Any person having inquiries concerning the College's compliance with regulations implementing Title VI, Title VII, Title IX, or Section 504 of the Rehabilitation Act of 1973 is directed to contact the Director of Human Resources, Labette.edu/hr, Labette Community College, Parsons, KS 67357, telephone 620-421-6700.



RADIOGRAPHY PROGRAM 2025 APPLICATION

WORK EXPERIENCE (within the last ten years)

Employment Dates

Type of Work	Name of Employer	Location	From	To	Reason for Leaving

Have you ever been cited for Academic Dishonesty? YES NO If yes, explain:

Have you ever had a history, charge or conviction of a misdemeanor or felony? YES NO If yes, explain:

If you answered "yes" to the question immediately above, you must submit official documentation of the disposition of charges. This must be received by the Radiography Program prior to the application deadline. Also note that some traffic violations are considered a misdemeanor; speeding tickets, seatbelt, or parking tickets, etc.) Be advised that any adverse results from a background check may disqualify you from admittance to some of the program's clinical sites, which is a required portion of the program curriculum. Successful completion of all program requirements will be required before the ARRT Certificate of Completion from LCC Radiography Program may be granted.

IF YOU ANSWERED "NO" AND YOUR BACKGROUND SHOWS ANYTHING OTHER THAN "CLEAR", OR YOU ANSWERED "YES" AND OFFICIAL DOCUMENTATION WAS NOT RECEIVED PRIOR TO THE APPLICATION DEADLINE, THIS APPLICATION WILL BE WITHDRAWN FROM THE APPLICANT POOL

I verify that I understand it is my responsibility to contact Gale Brown, Radiography Program Director to discuss any adverse results found (or not found) from a background check that might prevent me from obtaining certification.

I certify that all information contained in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

A statement of race and financial status is used only for the statistical information required on state and federal forms. Applicants are advised that disclosure of their social security number, date of birth, and information regarding conviction of crimes/infractions is required information for certification requirements as set forth by American Registry of Radiologic Technologists and not used to determine a student's eligibility for the Radiography Program.

Labette Community College is committed to a policy of educational equity. Accordingly, the College admits students, grants financial aid and scholarships, and conducts all educational programs, activities, and employment practices without regard to an individual's race, color, religion, sex, sexual orientation, national origin, age, marital status, ancestry, or disabilities.

Any person having inquiries concerning the College's compliance with regulations implementing Title VI, Title VII, Title IX, or Section 504 of the Rehabilitation Act of 1973 is directed to contact the Director of Human Resources, Labette.edu/hr, Labette Community College, Parsons, KS 67357, telephone 620-421-6700.



TEAS Exam Dates for 2024-2025

How to Register for a TEAS Exam:

1. Prior to scheduling your proctored TEAS Exam, create an ATI account, www.atitesting.com. When setting up the ATI Account, select Labette CC ADN as your institution. Students who do not have their account set up will not be allowed to test that day. A new test will need to be scheduled.
2. Scheduling your exam: Email teas@labette.edu. You will receive a confirmation email regarding your scheduled TEAS exam. The **\$70.00* nonrefundable** TEAS payment is to be paid within 48 hours of scheduling your exam or your spot will be forfeited. Payment's can be made using LCC's payment link for [Workshops and Testing Fee's](#) that is located on **LCC's Home Webpage** under "One Time Payment Option". ***Make sure you choose the "**TEAS Exam**" option under Labette Community College Emarket Items so the Business Office will apply your payment correctly as well as notify us to mark you as having paid the exam fee. Applicants who miss their scheduled exam must reschedule and pay a new test fee. Payments may also be made by calling Lori Weaver, 620-820-1157 or the Business Office 620-820-1282 or 620-820-1231 Monday-Thursday 8:00 a.m. to 4:30 p.m.
3. Arrive at the **Zetmeir Health Science Building, LCC Main Campus**, no later than 10 minutes prior to the test. Follow this link to see the campus map as well as get location directions if needed, <https://www.labette.edu/about/campus.html>.
4. Have your ATI Account Log in information and your valid, current photo ID; **both are required to test.**
5. If you arrive to find the door closed, you have missed your opportunity to test and will need to reschedule.

TEAS EXAM DATE	TIME	Zetmeir Health Science Bldg Rm#
Thursday, November 7th, 2024	9:00am - 1:00pm	Z209
Thursday, November 21st, 2024	1:00pm - 5:00pm	Z209
Thursday, December 5th, 2024	1:00pm - 5:00pm	Z209
Monday, December 16th, 2024	9:00am - 1:00pm	Z209
Friday, January 17th, 2025	1:00pm - 5:00pm	Z209
Thursday, January 30th, 2025	9:00am - 1:00pm	Z209
Thursday, February 6th, 2025	10:00am - 2:00pm	Z209
Thursday, February 13th, 2025	9:00am - 1:00pm	Z209
Thursday, February 20th, 2025	2:00pm - 6:00pm	Z209
Thursday, February 27th, 2025	9:00am - 1:00pm	Z209
Monday, March 3rd, 2025	2:00pm - 6:00pm	Z209 *LAST CHANCE FOR NURSING
Thursday, March 6th, 2025	9:00am - 1:00pm	Z209
Thursday, March 13th, 2025	2:00pm - 6:00pm	Z209 *LAST CHANCE FOR RADIOGRAPHY
Wednesday, June 4th, 2025	9:00am - 1:00pm	Z209
Wednesday, June 11th, 2025	9:00am - 1:00pm	Z209 *LAST CHANCE FOR RESPIRATORY

ATI Study Guides can be purchased at www.atitesting.com or may be available for check out in the Student Success Center, 620-820-1147.

TEAS study example questions can be found at: www.testprepreview.com Enter Teas in "Find Your Test" box

TEAS scores will not be accepted after program application deadlines. It is the program applicant's responsibility to ensure tests have been turned in with their applications.

In the event LCC closes due to inclement weather, the exam will be rescheduled for the next available exam date. You will be contacted for the new date.

Tests will not be scheduled outside of these dates. Health Science Program Applicants can take the TEAS Exam on any of the available dates from November up until the last available date prior to, but not past, their programs application deadline date.

***TEAS fee subject to change at any time according to ATI.**

ABOUT THE TEAS...

TEAS is a multiple-choice assessment of basic academic knowledge in reading, math, science and English and language usage. Schools use this assessment to determine readiness for an allied health program and to ensure your success. The objectives assessed on the TEAS exam are those which allied health educators deemed most appropriate and relevant to measure entry level skills/abilities of healthcare students.

TEAS Study Manual: Official TEAS resource specifically written to address each objective that could potentially be addressed on the TEAS exam including Reading, Math, Science and English/Language Usage. Each study guide comes with two additional paper/pencil practice tests with rationales for correct answers. This can be purchased through the ATI online store, or through another online retailer.

To Register for the TEAS: Go to www.atitesting.com and create an account by clicking on “Create an account” under the Secure Sign on section or at the very top of the page. You’ll only be required to fill out areas with blue headings. Make sure to select “Labette CC ADN” as your institution. Once you’ve created your account, contact Lori Weaver at 620-820-1157 or loriw@labette.edu to register for the exam. You must pay for the test while registering to reserve your place. **There are no refunds for the test, so please be sure to show up on your test date 20 minutes before the test is scheduled to begin.**

NOTE: The TEAS is a proctored exam given at LCC. You must register and pay the \$70 testing fee to be scheduled for the exam. Seating is limited. We recommend you take the exam as early as possible to ensure you have ample opportunity to retest if you choose. There is no limit on the number of times you may test, but you must wait a week between tests.

Contact the Health Science Programs’ Specialist, Lori Weaver, at 620-820-1157 or email at loriw@labette.edu or Radiography@labette.edu for more information.



LABETTE COMMUNITY COLLEGE RADIOGRAPHY INSTRUCTIONS

STOP:

Applicants who are under the age of 18 are required to have parental/legal guardian signature forms completed and submitted to PreCheck. ***Do not follow the online instructions below if you are under the age of 18 years old prior to the program application deadline date and email: radiography@labette.edu for the necessary background check forms and further instructions

Background checks are required to ensure the safety of patients treated by students in the clinical education program. The reports are typically completed within 3-5 business days; however, you must submit your order in sufficient time for the report to be reviewed by the program coordinator or associated clinical site prior to starting the rotation. The background check is conducted by PreCheck, Inc., a firm specializing in the healthcare industry.

GETTING STARTED

Follow this link to [MyStudentCheck](#)

If you are unable to access the link, you may type in the web address located at the bottom of this page.

- Confirm the school name matches: **LABETTE COMMUNITY COLLEGE RADIOGRAPHY**
- Select your program from the drop down menu, and then select background check.
- Log in with your username and password. If you do not have an existing profile, please create a new account.
- Enter the required information, provide authorization, and continue to enter payment information.
- If you need further assistance, please contact PreCheck at StudentCheck@PreCheck.com.
- You will be provided with a receipt and confirmation page when your order is placed.

PRICING

Background Check **\$55.11**

Applicable state sales tax will be collected based on your residential location.

FREQUENTLY ASKED QUESTIONS

1. What does PreCheck do with my information?

Your information will only be used for the services ordered. Your credit will not be investigated and your name will not be given out to any businesses.

2. I selected the wrong school, program or incorrect information.

Please email StudentCheck@PreCheck.com with the details.

3. Do I get a copy of the background report?

Yes, go to www.mystudentcheck.com, log in, and select Check Status.

4. I was denied entry into a program because of information on the report, who can I contact?

Call PreCheck's Adverse Action hotline at 800-203-1654.



Health Science Programs Criminal Background Check Permission and Release Form

Health Science Program applicants are expected to truthfully and accurately share any information related to their criminal history--**information collected by criminal justice agencies concerning individuals, and arising from the initiation of a criminal proceeding, consisting of identifiable descriptions, dates and notations of arrests, indictments, information or other formal criminal charges and any dispositions arising therefrom**--as part of the application and enrollment process. Current students are expected to notify their respective program director if any change in their criminal history occurs while enrolled in an LCC Health Science Program.

Please review the disclosure statement included in the program application packet and sign below indicating the following:

1. I have truthfully and accurately reported my criminal history and pending charges (if any) to the LCC Radiography Program Director.
2. I understand that my criminal history may impact progression in the LCC Radiography Program, and/or ability to be licensed/certified in my field of study.
3. I agree to notify the LCC Radiography Program Director if a change in my criminal history occurs while attending the LCC Radiography Program.
4. The LCC Radiography Program for which I am applying has informed me of the state licensure/certification requirements for that program.

I, _____, have read and understand that completing a criminal background check is required as part of the application process for the LCC Radiography Program, and to participate in education courses that include clinical placement.

I authorize Labette Community College to release the results of any criminal background check to any site where I may be placed for any legitimate educational purpose and I waive my privacy rights under the Family Educational Rights and Privacy Act (FERPA) and consent to a background check for this limited purpose.

I hereby release Labette Community College from any liability in the event:

- I am not cleared for placement by the clinical sites and therefore, cannot continue in the program.
- I am unable to obtain the necessary credits to continue in the program due to a criminal charge or conviction that occurred after being accepted into the program.
- I am unable to obtain licensure/certification in my field of study due to adverse results on a criminal background check.
- I fail to notify the LCC Radiography Program Director if a change in my criminal history occurs while attending the LCC Program.

I understand that I cannot be guaranteed placement at a clinical site and if I cannot complete the clinical requirements, I will not be able to graduate from the program.

Print Name: _____

Signature: _____

Date: _____

Please submit this signed form as part of your application to the LCC Radiography Program.

Contact the Health Science Program Director for information and direction to the appropriate agency for questions regarding criminal history and licensure/certification

Revised: 5/13/19



RADIOGRAPHY PROGRAM 2025 APPLICATION FOR CLINICAL SITE PLACEMENT ONLY REQUEST FORM

Applicant Name: _____ Residence: _____
CITY, STATE

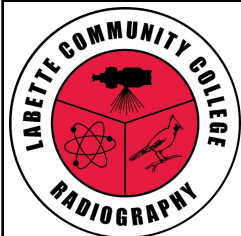
The choices for clinical placement will consist of the following Clinical Sites:

Clinical Site	Location	Total Capacity
Ascension St. John -Jane Phillips Hospital	Bartlesville, OK	3
Ascension St. John -Jane Phillips Imaging Center	Bartlesville, OK	1
Coffeyville Regional Medical Center	Coffeyville, KS	2
Cox Barton County Hospital	Lamar, MO	1
Fredonia Regional Hospital	Fredonia, KS	2
Girard Medical Center	Girard, KS	2
INTEGRIS Miami Hospital	Miami, OK	2
INTEGRIS Grove Hospital	Grove, OK	2
Labette Health	Parsons, KS	4
Labette Health Clinic	Independence, KS	1
Mercy Clinic (Jackson Street)	Joplin, MO	1
Mercy Hospital	Carthage, MO	2
Mercy Hospital	Joplin, MO	3
Mercy Hospital	Pittsburg, KS	3
Mercy Speciality of Southeast Kansas & Clinic	Galena, KS	2
Neosho Memorial Regional Medical Center	Chanute, KS	2
Nevada Regional Medical Center	Nevada, MO	2
St. Francis Hospital of Vinita	Vinita, OK	2

Please list your first three (3) preferences of which clinical site you'd prefer to be considered for your 1st year clinical placement assignment. ****this is not for the applicants clinical observation site choice****

1. _____
2. _____
3. _____

If there is anything that makes it necessary that you have your 1st choice, please let us know below:



RADIOGRAPHY PROGRAM APPLICATION Reference & Clinical Observation Forms

A NOTE REGARDING REFERENCE AND CLINICAL OBSERVATION FORMS

All Reference Forms and the Clinical Observation Form must be for the current application period and returned to the Radiography Program in a sealed and initialed envelope by the Reference(s) or the RT(R)/ Clinical Preceptor, *not the student*.

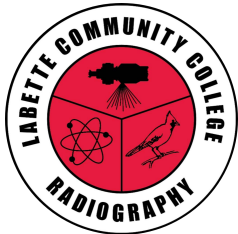
The Clinical Observation Confidentiality Form is to be returned to the Radiography Program *by the applicant*.

It is the applicant's responsibility to read, understand, print and take all required/necessary form(s) to their reference(s) as well as to their clinical observation. It is the responsibility of the applicant to ensure that all required reference forms and clinical observation forms have their first and last name legibly printed in the appropriate application form spaces provided. Reference and clinical observation forms submitted without names and the appropriate signatures will be discarded. It is the responsibility of the applicant to ensure that all required reference and clinical observation forms have been received by the Health Science Programs' Specialist.

Make sure your references *and* the interviewing Registered Radiologic Technologist/Clinical Preceptor are each aware of your Radiography Program Application deadline date as well as ask them to initial their sealed envelope before putting it in the mail. Please be respectful of their part in your application process and provide them each with a stamped envelope addressed to:

Director of Radiography
Labette Community College
200 S. 14th Street
Parsons, KS 67357

References or Observation forms that are hand delivered by the student (not in a sealed envelope, Initialed by the Reference or Clinical Preceptor) will not be accepted for the application.



RADIOGRAPHY PROGRAM 2025 APPLICATION

Prospective Student Reference Form

Applicant's Name _____
(please print both First and Last Name)

I, _____, (Radiography Program applicant), waive my right to view this reference form.

This reference is confidential and each category/field must be rated. On a scale of one to five, with one (1) being the lowest possible rating and five (5) being the highest, please rate the applicant named above. If you cannot rate the applicant in all areas, please notify them so they can name another reference. Place this form in an envelope, seal the envelope initial the seal and return/mail to Gale Brown, Radiography Program Director, Labette Community College, 200 South 14th Street, Parsons, KS 67357.

	<u>Poor</u>	<u>Average</u>	<u>Excellent</u>		
PERSONAL QUALITIES	1	2	3	4	5
Professional Appearance					
Cooperation					
Dependability					
Emotional Control					
Honesty					
Judgment					
Personality					
Punctuality					
APTITUDE AND SKILLS	1	2	3	4	5
Adaptability					
Initiative					
Intellect					
Leadership					
Manual Dexterity					
Organizational					

Your relationship to the applicant: Employer In-person Instructor (Teacher)

(Family member or friend references will not be accepted.)

1. Would you endorse this applicant as a candidate for a health care career? Yes No
2. If you had the opportunity to employ this individual, would you do so? Yes No
3. Any additional comments about the applicant, please mention below:

Please Print Name: _____ Date: _____

Signature: _____ Phone #: _____

Title/Occupation: _____



RADIOGRAPHY PROGRAM 2025 APPLICATION

Prospective Student Reference Form

Applicant's Name _____
(please print both First and Last name)

I, _____, (Radiography Program applicant), waive my right to view this reference form.

This reference is confidential and each category/field must be rated. On a scale of one to five, with one (1) being the lowest possible rating and five (5) being the highest, please rate the applicant named above. If you cannot rate the applicant in all areas, please notify them so they can name another reference. Place this form in an envelope, seal the envelope initial the seal and return/mail to Gale Brown, Radiography Program Director, Labette Community College, 200 South 14th Street, Parsons, KS 67357.

	<u>Poor</u>	<u>Average</u>			<u>Excellent</u>
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PERSONAL QUALITIES					
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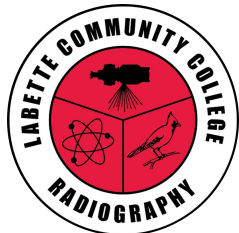
Your relationship to the applicant: Employer In-person Instructor (Teacher)
(Family member or friend references will not be accepted.)

1. Would you endorse this applicant as a candidate for a health care career? Yes No
2. If you had the opportunity to employ this individual, would you do so? Yes No
3. Any additional comments about the applicant, please mention below:

Please Print Name: _____ Date: _____

Signature: _____ Phone #: _____

Title/Occupation: _____



RADIOGRAPHY PROGRAM

Clinical Observation Etiquette

The Clinical Observations are designed to give the prospective student an in-depth look at the operations of area Radiography Departments on a day-to-day basis. These visits will also allow the student to ask any question about the profession.

The student observes in a radiology department in one of the affiliated hospitals and has an interview with the clinical preceptor at the facility. The interview will include evaluation of the prospective student's technical skills. **Students must meet hospital regulations regarding appropriate dress, tattoos and body piercings.** During the observation, the student will interview a Registered Radiologic Technologist using the questions provided. The student will write a reflection paper based on the interview and observation in the department.

The visits are scheduled on a week day from 8am - 4pm. The student can choose from *almost* any of the clinical sites listed on the Clinical Education Center Preference List included in the packet. Some clinical sites do not allow observations/shadowing, or have very strict regulations regarding observations/shadowing and cannot be used. Please review the Clinical Observation Site Requirements List provided in this application packet. **Scheduling an observation can be a lengthy process and it is highly recommended to schedule Clinical Observations as soon as possible** by emailing the Health Science Programs' Specialist at Radiography@lafayette.edu.

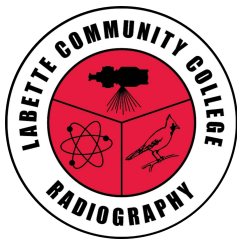
General guidelines for a successful clinical observation experience:

Business casual attire is required—

- Khaki pants or dress slacks (clean and pressed); shirt or blouse (clean and pressed); closed toe shoes (clean)
- No jeans, flannel, ripped clothing, open toe shoes, shorts, hats or shirts with writing on them
- All clothing must fit properly without exposure of any inappropriate body part (even when bending over)
- Demonstrate good hygiene practices with long hair pulled back and well Groomed facial hair
- Cover tattoos and remove piercings
- Conservative earrings/jewelry
- No perfume

Courtesy to the staff is required—

- You are a guest in their facility, act accordingly
- Be engaged in the process
- No cell phone usage during observation hours
- Be on time
- Display a positive attitude
- Ask questions in a sensitive manner
- Provide an envelope with the Radiography Program's address and place appropriate postage on the envelope
- Thank the staff for their time



RADIOGRAPHY PROGRAM

Observation with an RT(R) and Reflection Essay

Applicants must conduct an 8-hour observation in the imaging department of one of the affiliated hospitals. The Clinical Preceptor at the facility will assign the applicant to a Registered Radiologic Technologist whom the applicant will interview during a designated time period. The interview will allow the applicant the opportunity to gain insight into their future career as a Radiologic Technologist. Applicants are required to submit a typed essay reflecting on the clinical observation period and professional interview. The Reflection Essay should be no less than two pages in length, 12-point font, double spaced in Times New Roman.

Applicants should reflect on their experience and write a summary of their perception of the career after completing the observation and professional interview.

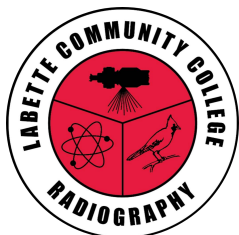
Applicants should address the following questions in their essay:

- Are you convinced that Radiologic Technology is the field for you?
- Do you see Radiologic Technology as an avenue into another field?
- What areas affected you most?

(Do not limit your responses to these questions)

Suggested Questions for the Applicant to ask the Registered Radiologic Technologist

1. What led you to consider medical imaging as a career?
2. What aspect of your educational program did you find most challenging? How did you overcome it?
3. Tell me about somebody you considered to be a role model for the profession and what is it about that person?
4. What was the most surprising thing about your first Registered Technologist job?
5. What is the best and the worst part of your job?
6. In what professional role do you see yourself in five years? 15 years?
7. What is the best advice you have for someone that is entering the profession? The worst?
8. What do you wish somebody had told you before finding it out for yourself?
9. What one piece of advice would you give somebody entering the profession today?
10. How much of your work do you do on your own? As part of a team?
11. Describe how changing technology has impacted your ability to stay technically competent and the steps you have taken to "keep up".
12. If you were able to do it all over again, would you choose the same career path?



RADIOGRAPHY PROGRAM 2025 APPLICATION

Clinical Observation Site Availability & Requirements List

Clinical Observations are a required, application component due by the application deadline date, consisting of shadowing 8 hours in length and scheduled on a weekday from 8am - 4pm within a hospital's radiography department. It is highly recommended to schedule an observation with one of LCC's Radiography Program Affiliated Facilities, but applicants may schedule their Clinical Observation within a Radiography Department at another hospital with the understanding of the following:

- The applicant is responsible for meeting all scheduling requirements through their chosen facility
- The applicant is responsible for ensuring the radiography department within that hospital agrees to allow the applicant to complete an 8 hour clinical observation.
- The applicant verifies the hospital's Radiography Department agrees a Registered Radiologic Technologist will be observed and that RT(R) will complete the required Clinical Observation Record as well as sign the Clinical Observation Confidentiality Form provided within this application packet.

Scheduling a clinical observation date can be a lengthy process and may take up to, but is not limited to, 2-3 weeks advanced notice. It is highly recommended to schedule Clinical Observations as soon as possible by emailing the Health Science Programs' Specialist at Radiography@labette.edu. The following hospitals affiliated with LCC's Radiography Program currently allow one person to observe at a time during their scheduled clinical observation day and may have specific weekdays for observations, may have immunization requirements and/or specific documents to be completed per their facilities observation/shadowing policy's. *The availability, day(s)/date(s), and/or requirements are determined by the individual site(s) and are subject to change per the clinical site(s) decision(s) at any time.*

See the facilities location & information listed below in order to schedule your clinical observation:

Bartlesville: Monday's - Friday's; Signed sites HIPAA Form, Covid vaccine, Flu vaccine (Nov-Mar of current year).

Carthage: Monday's - Friday's; Covid vaccine, Flu vaccine (Oct-Mar of current year), Complete Shadow/Observe option through this link: www.Mercy.Net/Students

Chanute: Tuesdays, Wednesdays or Thursdays only

Coffeyville: Monday's – Thursdays (Monday's are best); Requires a valid photo ID, Orientation with HR upon arrival and a Drug screening completed morning of the job shadow/observation at the facility

Fredonia: Thursday's or 1st Tuesday of each month, Completed Fredonia Regional Hospital Clinical Experience Application Approval Form, Confidentiality Agreement, Negative TB skin test, History of Chicken Pox or Varicella Vaccine or positive Titer, 2 MMR or positive Titer & Flu vaccine (Oct-Mar of current year).

Girard: Monday's – Thursdays; Flu vaccine (Oct-Mar of current year), Covid vaccine (either 1 step Johnson & Johnson or the completed 2 step of either Pfizer or Moderna).

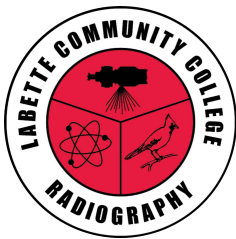
Grove/Miami: Integris requires their Clinical Observation Application/Packet to be completed by the applicant and sent to them. Scheduling is done through Integris by following the instructions within their packet available through this link <https://integrisok.com/careers/career-development/student-education/integris-student-shadowing-program>

Joplin: Monday's - Friday's; Covid vaccine, Flu vaccine (Oct-Mar of current year), Complete the Shadow/Observe option through this link: www.Mercy.Net/Students

Nevada: Monday's – Friday's; Negative TB Skin Test, Covid vaccine, Flu vaccine (Oct-Mar of current year), Completed Job Shadow Packet to be completed by the applicant, sent to the site and then will be scheduled through the site. Job Shadow Packet will be sent in an email attachment upon applicants request.

Parsons: Monday's - Thursdays only

Pittsburg: Monday's - Friday's; Covid vaccine, Flu vaccine (Oct-Mar of current year), Complete the Shadow/Observe option through this link: www.Mercy.Net/Students



RADIOGRAPHY PROGRAM 2025 APPLICATION

Clinical Observation Record

APPLICANT NAME: _____ **DATE:** _____

FACILITY OBSERVED: _____

LOCATION: _____

Each of these questions must be marked with a clear Yes or No answer

WAS THE APPLICANT:	YES	NO
Punctual-arrived to the site on-time for their observation no later than 8am?		
Dressed appropriately?		
Engaging?		
An effective communicator?		
Prepared - brought their Clinical Observation Form?		
Prepared - brought their Clinical Observation Confidentiality Form?		
Prepared - brought a self-addressed/stamped envelope?		
Prepared - asked any of the suggested RT(R) interview questions?		
Positive and Upbeat?		
Attentive throughout their 8-hour observation day?		
Willing to learn?		
Emotionally Stable?		
Sure of career choice and aware of expectations?		
Physically able to perform the job?		
Using their phone during the observation hours?		
Present for the entire Clinical Observation Requirement 8-hour day (8am-4pm)?		

Would you recommend this applicant for your clinical site? <i>*This question must be marked with a clear answer*</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

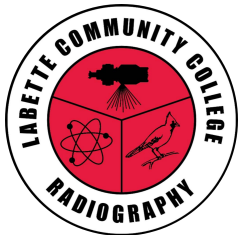
****Please explain why you would or would not recommend this student for your site****

COMMENTS (required):

Interviewer's Printed Name

RT(R) Signature

Observation Date



RADIOGRAPHY PROGRAM 2025 APPLICATION Clinical Observation Confidentiality Form

Statement of Confidentiality

I, the undersigned, as a prospective student of the Radiography Program at Labette Community College, understand that I am assigned to the Imaging Department of

_____ **Observation Facility Name and Location (City and State)**

for observation and that all information concerning patients is to be treated as “confidential”. Patient information is NOT to be discussed with anyone outside the confines of the Imaging Department. I understand that disregard for the above statements or any violation on my part will jeopardize my acceptance into LCC's Radiography Program.

Applicant Name: _____ (printed)

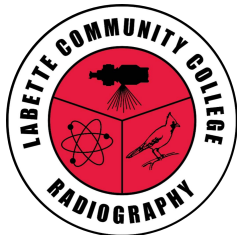
Applicant Signature: _____ Date: _____

I, the undersigned RT(R), witnessed the Radiography applicant's acknowledgement and signature of their Statement of Confidentiality for their clinical observation at this facility today. I agree to submit the completed Clinical Observation Form, sealed in an envelope and initialed on the back by the current application year deadline to:
LCC/Radiography Program, 200 S. 14th, Parsons, KS 67357

RT(R) Name: _____ (printed)

RT(R) Signature: _____ Date: _____

This Statement of Confidentiality is to be returned to LCC's Radiography Program by the prospective Radiography student.



RADIOGRAPHY PROGRAM Contact Information

Please contact us if you have any questions!!

LCC Radiography Program Email radiography@labette.edu

Health Science Programs' FAX# 620-421-1539

Gale Brown, EdS., L. RT (R)(CT)

Radiography Program Director

620-820-1159

galeb@labette.edu

Ashley Moore, M.S., L. RT (R)

Clinical Coordinator/Instructor

620-820-1156

ashleym@labette.edu

Tammy Kimrey, B.S., L. RT (R), RDMS, RVT

Clinical Coordinator/Instructor

620-820-1158

tammyk@labette.edu

Lori Weaver, A.A.S., L. RT (R), DMS

Health Science Programs' Specialist

620-820-1157

loriw@labette.edu

LCC RADIOGRAPHY



PROGRAM INFORMATION