Application Forms
Radiography Program
Pearl River Community College
RADIOLOGY APPLICATION FORM
5448 U.S. Highway 49 South, Hattiesburg, MS 39401

Hope Husband, Program Director/Instructor
hhusband@prcc.edu 601-554-5510

Kristie Windham, Clinical Coordinator/Instructor
krwindham@prcc.edu 601-554-5484

Sinetta Bolton, Radiology Secretary
sbolton@prcc.edu 601-554-5487

Full Name

______________________________
First          __________      __________

Middle          __________      Last

Address

______________________________
Street          City          State          Zip          __________

Cell Phone

______________________________
Home Phone

Military

______yes      _______no

Where

Parent, Guardian, Spouse


Are you attending school now? ______yes      ______no

Where

All colleges attended


Major

Estimated Grade Point Average

Are you employed? ______yes      ______no

Where

Personal References: Examples are school administrators, teachers, or past employers.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>State/Zip</th>
<th>Area code/Phone</th>
</tr>
</thead>
</table>

Employment References:

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Supervisor Name</th>
<th>Email address</th>
<th>Area code/phone</th>
</tr>
</thead>
</table>

Have you ever been convicted of any misdemeanor or felony? ______yes      ______no

Are you currently under indictment on any charges? ______yes      ______no

If Yes to either of last two questions please explain:__________________________
Pearl River Community College

Forrest County Center

Allied Health Program
Medical Radiologic Technology Program

RANDOM DRUG TESTING CONSENT

Any student must agree to be randomly tested for drugs at any ping and time while enrolled in the Medical Radiologic Technology Program or any Allied Health Program as determined by the appropriate authority. The Student is responsible for all expenses associated with testing. (Pearl River Community College Catalog, page 46; section V.)

If the test is positive, the student will be asked to withdraw from the radiology or allied health program and seek rehabilitation. The student will be considered for readmission in the Medical Radiologic Technology or any Allied Health Program following the appropriate treatment.

I have read and understand the above-stated policy of Pearl River Community College. I hereby agree to comply with the terms therein and acknowledge my consent by this signature affixed hereto.

____________________________________________________
Signature of Student                                  Date Signed                                  Date of Birth

____________________________________________________
Signature of Program Director                       Date Signed

Deadline for Application is March 1, 2019
Pearl River Community College

CONFIDENTIALITY ACKNOWLEDGEMENT

I, _______________________________, an APPLICANT for the Radiology Program at Pearl River Community College, understand that information observed from clinical tour must be held in strictest confidence. I hereby pledge that I will not divulge any information concerning patients or facility business. I understand that failure to keep such information confidential will result in my automatic dismissal from the selection process and may result in legal actions.

____________________________________________
Participant’s Signature

____________________________________________
Date
All persons who provide direct, hands-on medical care in a patient’s/resident’s/client’s room, or in a treatment or recovery room will be required to undergo a criminal history record check. Thus, all persons working in the mentioned capacity in a hospital, nursing home, personal care home, home health agency, or hospice will be required to complete this check prior to working. This includes all students who work in the above stated capacity.

**Mississippi Legislature House Bill No. 1077** was made into law. This law states: “If the criminal history record check discloses a felony conviction, guilty plea or plea of nolo contredere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, or sex offenses listed in Section 45-33-23 (f), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and/or battery of a vulnerable adult that has not been reversed on appeal or for which a pardon has not been granted, the employee applicant shall not be eligible to be employed at the licensed entity.”

I _________________________________________ have never been convicted of, plead guilty to, or plead nolo contredere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, or sex offenses listed in Section 45-33-23 (f), child abuse, arson, grand larceny, burglary, gratification of lust or aggravated assault, or felonious abuse and or/ battery of a vulnerable adult that has been reversed on appeal or for which a pardon has not been granted.

____________________________________________
Student Signature

I understand that if I sign this document falsely, I will be dismissed from the **Medical Radiologic Technology** Program for falsification of records.

____________________________________________
Student Signature

I understand that if my criminal history record check does not report that I am “clear”, I may not be able to complete the required clinical rotations required for an Associate in Applied Science degree or obtain a license and or registration to practice.

____________________________________________
Student Signature

Witness to all Signatures and Notary Public
Our Obligation:
- If you are accepted into PRCC Medical Radiologic Technology Program, your fingerprints will be submitted to the:
  o Mississippi Department of Health to process a Criminal Background Check in accordance with section 43-11-13 of the Mississippi Code of 1972, as amended, which covers healthcare facilities.
- Local, state, national and military records will be checked.
- Having a criminal conviction is not an automatic bar to enrollment in the RGT program.
  o If you disclose a conviction and/or plea during the pre-admittance process, we will look at the details surrounding the event to determine how it relates to your clearance to proceed in the program.
  o If you fail to disclose a conviction and/or plea during the pre-admittance process, this will be considered falsification of your application and/or Criminal Background Check questionnaire. Falsification is grounds for dismissal from the RGT program.

Your Obligation:
- You are obligated to fully disclose any convictions, guilty pleas or no contest plea even if you do not think it will show up during a record search.
- If you have questions or concerns about whether an incident could be considered a conviction, please share the information so a determination can be made if the incident would be considered a conviction, a guilty plea or a no contest plea.

Relevant Information:
- Applicants who have been convicted of, pled guilty, nolo contendere, attempted to commit, or conspired to commit felony crimes, not all inclusive, but may include:
  1. Possession or sale of drugs
  2. Murder
  3. Manslaughter
  4. Armed robbery
  5. Rape
  6. Sexual battery
  7. Sex offense listed in Section 45-33-23, Mississippi Code of 1972
  8. Child abuse
  9. Arson
  10. Grand larceny
  11. Burglary
  12. Gratification of lust
  13. Aggravated assault
  14. Felonious abuse and/or batter of vulnerable adult

- CBC results include offenses you may not consider convictions including, but not limited to:
• Traffic related offenses (such as DUIs, reckless driving, driving with a suspended license) o Noise ordinance violations
  o Uttering/bounced check
  o Malicious mischief
  o Forgery, etc.
• Conviction does not necessarily refer only to convictions / pleas that require someone to be incarcerated. The terms of your conviction / plea could have required you to:
  o Pay a fine
  o Serve probation or house arrest
  o Participate in a work release program or other mandatory training program
  o Participate in a diversion / non-adjudication program
  o Complete other requirements considered appropriate by the judge hearing your case
• Convictions do not automatically “drop off” of your record after a certain period of time (i.e. 7 years) and should be disclosed regardless of the length of time since the conviction.
• For an arrest and/or a conviction that appears on your RAP sheet, you must provide documentation attesting to all the facts related to the arrest and/or conviction.
• For a conviction that appears on your RAP sheet that legally should have been removed from your record (expunged), you must provide documentation that an order to remove the conviction was executed prior to the application deadline to remain in the RGT Program.
• If you receive a RAP sheet, your continuation in the RGT program will be based upon review of all documentation provided to the Safety & Ethics Committee. There is no appeal process following the decision of the Safety & Ethics Committee.
Name: _________________________________________

Keeping the preceding information in mind, please check “Yes” or “No” for each offense to indicate if you have ever been convicted of, pled guilty, nolo contendere, “best interest of”, attempted to commit, or conspired to commit one of the following felonies:

<table>
<thead>
<tr>
<th>Distribution or dispensing, manufacturing, and/or production of controlled dangerous substances</th>
<th>Yes</th>
<th>No</th>
<th>Child Abuse</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape</td>
<td>Yes</td>
<td>No</td>
<td>Sex Offense</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Murder</td>
<td>Yes</td>
<td>No</td>
<td>Arson</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Manslaughter</td>
<td>Yes</td>
<td>No</td>
<td>Grand Larceny</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Sexual Battery</td>
<td>Yes</td>
<td>No</td>
<td>Gratification of Lust</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>Yes</td>
<td>No</td>
<td>Felonious Abuse and/or Battery of a Vulnerable Adult</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Armed Robbery</td>
<td>Yes</td>
<td>No</td>
<td>Burglary</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Please circle the appropriate response:

- Have you ever been convicted of, plead guilty or a no contest plea to any other felony? Yes ___ No ___
- Have you ever been convicted of, plead guilty or a no contest plea to any misdemeanor? Yes ___ No ___
- Have you ever been convicted of, plead guilty or a no contest plea to any healthcare related offenses? Yes ___ No ___
- Have you ever been convicted of, plead guilty or a no contest plea in any military court or have you received a discharge other than honorable discharge in lieu of court martial to any offense? Yes ___ No ___
- Are you currently or have you ever been debarred, excluded, or otherwise deemed ineligible to participate in Medicare/Medicaid programs? Yes ___ No ___
- Are you currently participating in a diversion and / or non-adjudication program? Yes ___ No ___
- Have you been fingerprinted by a healthcare facility in the past two (2) years in connection with the above referenced Criminal Background Check law(s)? Yes ___ No ___

If yes, please provide the facility name __________________________________________________

Criminal Background Check: If you answered “Yes” to any question above, please provide details on a separate sheet of paper.
Declaration of Understanding:

• I have carefully read the preceding information regarding criminal background checks and declare that the information provided above is an accurate reflection of any and all arrests and/or convictions, guilty pleas or pleas of no contest related to my background.

• Additionally, I have included details about current participation in any diversion and/or non-adjudication program.

• I have been advised that falsification of this information and/or not being fully honest in providing information will impact my acceptance and/or continuation in the RGT program.

• I have been advised that criminal background clearance must be obtained through the Mississippi Department of Health to remain enrolled in the RGT program.

• I have been advised that obtaining a criminal background clearance for enrollment in the program, does not guarantee licensure by any Board of Certification.

Applicant Signature: ______________________________

Printed Name: ______________________________

Date: ______________
General Admissions Procedure:

Step 1:
Are you currently enrolled at Pearl River Community College?

______ (yes*) ______ (no) If no: Proceed to Step 2
If yes*: (PRCC ID#) ___________________ and SKIP to Step 4.

Step 2:
Have you attended PRCC in the last 5 years?

________ (yes*) _______________ (no) If no: Proceed to Step 3
If yes*: (PRCC ID#)_________________
Dates Attended _________________________________ and SKIP to Step 5.

Step 3:
If you have never attended Pearl River Community College, or you have not attended within the last 5 years, you will need to send the following documents to the Admissions Office:

Transcripts must be sent via eScript:
• **High school transcripts with GPA calculated on a 4.0 scale OR GED scores**
• **Transcripts from all colleges or universities you have ever attended**
• ACT score(s) (make sure to provide us with the highest score)

Proceed to Step 4

Step 4:
Have you attended any other colleges or universities other than or since your enrollment at PRCC?

______ (yes*) ______ (no) If no: Proceed to Step 5
If yes*: **You will need to send all up-to-date transcripts of other colleges or universities attended to PRCC if they have not already been submitted previously. **
Transcripts must be sent via eScript.

Step 5: All applicants must complete a Pearl River Community College Application online at www.prcc.edu. This must be done before applying to the program.

** To have high school, college and/or university transcripts sent to PRCC use the appropriate “Transcript Request Form” on pages 23, 24, and 25.**

Please notify RAD office in changes of email address, residence address and telephone number. Make additional copies of the enclosed forms as needed to complete the application process.

*NOTE: During the month of February 2019, please email the RAD program office at sbolton@prcc.edu to verify that we have received your complete application packet.*
PRCC PROOF OF RESIDENCY

A student who has attended an out-of-state high school, GED program or college is considered an out-of-state resident until they show proof of being an in-state resident. A student who attended an in-state high school and an out-of-state college is considered an out-of-state resident until they show proof of being an in-state resident.

Unmarried students who are under the age of 21, will be considered in-state or out-of-state according to their parents residence status.

Military students are subject to additional rules and should check with the student services office for additional information.

According to the Admission’s office in Poplarville, to prove in-state residence, a student must submit the following items:

<table>
<thead>
<tr>
<th>Student 21 years or older or Married</th>
<th>Students under 21 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A valid Mississippi Driver License</td>
<td>1. Parent’s valid Mississippi Driver License</td>
</tr>
</tbody>
</table>

NOTE: Every student must submit a **MS Driver’s License AND one of the following items** to the Admissions Office in Hattiesburg as part of the application process.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mississippi Automobile Registration</td>
<td>1. Parent’s Mississippi Automobile Registration</td>
</tr>
<tr>
<td>2. Mortgage paperwork or lease agreement</td>
<td>2. Parent’s Mortgage paperwork or lease agreement</td>
</tr>
<tr>
<td>3. Utility bill (electric, telephone, water)</td>
<td>3. Parent’s Utility bill (electric, telephone, water)</td>
</tr>
<tr>
<td>5. Homestead exemption (if home owner)</td>
<td>5. Parent’s Homestead exemption (if home owner)</td>
</tr>
<tr>
<td>6. MS County voter registration card</td>
<td>6. Parent’s MS County voter registration</td>
</tr>
<tr>
<td>7. Marriage License, if under age 21</td>
<td></td>
</tr>
</tbody>
</table>

Pearl River Community College
Admissions Office
5448 US Hwy 49 South
Hattiesburg, MS 39401
HIGH SCHOOL TRANSCRIPT REQUEST FORM

Please **complete this form** and send it to the **HIGH SCHOOL(S) YOU ATTENDED**. Have the school(s) eScript the official transcript(s) to Admissions at Pearl River Community College.

Name______________________________________________________________

(Last)                             (Maiden)                             (First)   (MI)

Date of Graduation/Attendance________________________________________________________

Social Security Number____________________________________________________

Program for which you have applied for at Pearl River Community College

________ Medical Radiologic Technology (RAD) ________________________________

I request the records department of___________________________________________

(Name of school)

to send my transcript to:

**PEARL RIVER COMMUNITY COLLEGE**

**Office of Admissions**

101 Highway 11 North

Poplarville, MS 39470

Signature____________________________________________________________

Date______________________________________________________________

May be duplicated
COLLEGE TRANSCRIPT REQUEST FORM

Please complete this form and send it to ALL the COLLEGE(S) YOU ATTENDED. Have the school(s) eScript the official transcript(s) to Admissions at Pearl River Community College.

Name__________________________________________ 

(Last)                                      (Maiden)                                      (First) 

(MI) 

Date of Graduation/Attendance__________________________________________________

Social Security Number__________________________________________________________

Program for which you have applied for at Pearl River Community College

____ Medical Radiologic Technology (RAD) ____________________________________________

I request the records department of______________________________________________

(College Name) 

to send my transcript to:

PEARL RIVER COMMUNITY COLLEGE
Office of Admissions
101 Highway 11 North
Poplarville, MS 39470

Signature______________________________________________________________

Date_______________________________________________________________

May be duplicated
Internal Transfer of Student Information

**NOTE:** Please submit this form if you are currently, OR have previously been a student at either the Hattiesburg or the Poplarville campus. This is to obtain your transcripts and other pertinent information for the Medical Radiologic Technology program.

*This form is to be submitted to the RAD office two weeks prior to the deadline for application.*

It is your responsibility to have all current transcripts in the PRCC Admissions Office before submitting this form to ensure transcripts are available to the RAD program two weeks prior to the deadline for application.

*If this information is not in your file by the deadline, your file may be considered incomplete.* Use the box located below to indicate which forms you need the RAD office to obtain from Admissions for you.

**Name:** (print) ____________________________ **Student ID** ____________________________

________________________
Signature

**Please check the appropriate box:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Transcript(s) from High School</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Transcript(s) from College(s)</strong></td>
<td></td>
</tr>
</tbody>
</table>

May be duplicated
# 2019 Radiologic Technology Applicant Checklist

<table>
<thead>
<tr>
<th>Applicant Name: ________________________</th>
<th>Date completed: ___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PRCC Radiology Application Form.</td>
<td></td>
</tr>
<tr>
<td>2. PRCC General Admission Form Online.</td>
<td></td>
</tr>
<tr>
<td>3. Complete in this packet must be an Official High School transcript sealed in envelope and school stamped. PRCC Registrar office personnel must open this original documentation. If applicant has GED (Diploma Equivalence), then a GED Test Result Form with scores must be included. It is applicant’s responsibility to complete the PRCC interdepartmental form to have a copy of transcript copied and sent to the Radiology Department to be added to your application.</td>
<td></td>
</tr>
<tr>
<td>4. American College Test (ACT) Scores-18 Minimum composite score documentation must be provided by applicant. It is applicant’s responsibility to complete the PRCC interdepartmental form to have a copy of transcript copied and sent to the Radiology Department to be added to your application.</td>
<td></td>
</tr>
<tr>
<td>5. ALL College transcripts must be sent to PRCC admissions office by e-script method. It is applicant’s responsibility to complete the PRCC interdepartmental form to have a copy of transcript copied and sent to the Radiology Department to be added to your application.</td>
<td></td>
</tr>
<tr>
<td>6. Handwritten autobiography (1-3 pages)</td>
<td></td>
</tr>
<tr>
<td>7. Reference forms are REQUIRED (3): Included forms must be sealed with signatures across the back of the envelope. Letters of recommendation may be turned in with application packet or mailed in with signature over seal.</td>
<td></td>
</tr>
<tr>
<td>8. Applicant must attend a Radiology Information Session. Information Sessions are scheduled for the first Tuesday of each month beginning in October at 2:00 PM (second Monday in January due to Holiday Schedule) in Class Room 251 of the Allied Health Building on the Forrest County Campus. Additional meetings will be scheduled on each Tuesday of February. (No appointment is needed for information session.) Dates of Information Session will be Oct. 8, Nov 6, December 4, 2018 and Jan 8, Feb. 5, Feb. 12, Feb. 19, Feb. 26, 2019. In order to be considered for admission</td>
<td></td>
</tr>
<tr>
<td>9. In order to be considered for admission to the PRCC Radiology Program, the applicant must have the provided Criminal History Form signed and notarized. The Confidentiality form for clinical tour and drug screening form must be signed. These documents must be returned in packet.</td>
<td></td>
</tr>
<tr>
<td>10. Completed Application Packet must be personally delivered to the Radiology Faculty and applicant will be issued a form for verification of completion.</td>
<td></td>
</tr>
</tbody>
</table>

Observation of clinical areas will be scheduled at two (2) different clinical sites after the application is complete and applicant meets the requirements for the program. These observation hours will be scheduled after applicant has been contacted for interviews. Correspondence with the applicant will be through e-mail.

The completion of the above items will allow the prospective student to be considered for an interview with the selection committee. Turning in complete packet does not guarantee the applicant an interview. The selection Committee’s objective is to select the applicants who they feel have the potential to succeed in the program. The class will be no larger than 17 students.

Please deliver application packet in person to:
Pearl River Community College
Department of Radiologic Technology
Hope Husband, Program Director
hhusband@prcc.edu

Or
Kristie Windham, Clinical Coordinator
krwindham@prcc.edu

5448 U.S. Highway 49 South, Hattiesburg, MS 39401

The RAD Office and RAD instructor’s offices are located inside the Allied Health Building on the Second floor. The RAD office is Room 250; The RAD instructors: Mrs. Hope Husband and Mrs. Kristie Windham’s offices are located inside Room 247.
Applicant Name: ________________________________ Applicant Signature: __________________________

To the Applicant: Please have this form completed by your reference. Please have someone complete the form who can access your performance in all areas listed. By signing this form you are giving that person permission to complete an evaluation of you. Please make a minimum of 3-5 copies, the number to coincide with the number of references you intend to pass out. This reference will become part of your program application and will remain confidential. Please note: Reference forms will not be accepted unless received in a sealed envelope (with signature of the evaluator across the back flap).

Applicant: Please check and sign one of the following.

- I ______________________ (applicant Signature) waive the right to view this reference form. It will be held in confidence to the evaluator.

- I ______________________ (applicant Signature) do NOT waive the right to view this reference form. It will be placed in my file and I will be able to view with written request.

To the Evaluator: The individual listed above is applying to the Medical Radiologic Technology Program at Pearl River Community College. The Medical Radiologic Technology Selection Committee needs your input to assist with the student selection process. Seal the completed reference form in an envelope and sign across the back flap. You may return the sealed envelope to the applicant OR you may mail it to Pearl River Community College, 5448 HWY 49 S., Hattiesburg, MS 39401 ATTN: Hope Husband, Program Director.

Please rate the applicant in the following areas:

(Grading scale: 4 = superior    3 = good        2 = average    1 = poor     0 = unacceptable)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adaptability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability/Reliability</td>
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<td></td>
</tr>
<tr>
<td>Emotional Stability</td>
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<td></td>
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<tr>
<td>Independence</td>
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<td></td>
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<tr>
<td>Leadership Ability</td>
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<tr>
<td>Maturity</td>
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<tr>
<td>Motivation</td>
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<tr>
<td>Responsibility</td>
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<tr>
<td>Team Work</td>
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<tr>
<td>Accountability</td>
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<tr>
<td>Integrity</td>
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<tr>
<td>Self Confidence</td>
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</tbody>
</table>

Indicate Your Overall Recommendation of the Applicant:

- Strongly Recommend    - Recommend with Reservations    - Recommend    - Do Not Recommend

Reference Information:

Name: ________________________________ Email Address: ________________________________ Phone Number: ________________________________

How long have you known this applicant: ________ Please use the back of this form for any additional comments.
To the Applicant: Please have this form completed by your reference. Please have someone complete the form who can access your performance in all areas listed. By signing this form you are giving that person permission to complete an evaluation of you. Please make a minimum of 3-5 copies, the number to coincide with the number of references you intend to pass out. This reference will become part of your program application and will remain confidential. Please note: Reference forms will not be accepted unless received in a sealed envelope (with signature of the evaluator across the back flap).

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Indicate Your Overall Recommendation of the Applicant:

( ) Strongly Recommend  ( ) Recommend with Reservations  ( ) Recommend  ( ) Do Not Recommend

Reference Information:
Name: ____________________________

Email Address: ____________________________  Phone Number: ____________________________

How long have you known this applicant: ________ Please use the back of this form for any additional comments.

02/17
## Radiologic Technology Reference Form

### Applicant Name:
____________________________

Applicant Signature _______________________

### To the Applicant:

Please have this form completed by your reference. Please have someone complete the form who can access your performance in all areas listed. By signing this form you are giving that person permission to complete an evaluation of you. Please make a minimum of 3-5 copies, the number to coincide with the number of references you intend to pass out. This reference will become part of your program application and will remain confidential. **Please note: Reference forms will not be accepted unless received in a sealed envelope (with signature of the evaluator across the back flap).**

Applicant: Please check and sign one of the following.

- I ______________________ (applicant Signature) waive the right to view this reference form. It will be held in confidence to the evaluator.

- I ______________________ (applicant Signature) do NOT waive the right to view this reference form. It will be placed in my file and I will be able to view with written request.

### To the Evaluator:

The individual listed above is applying to the Medical Radiologic Technology Program at Pearl River Community College. The Medical Radiologic Technology Selection Committee needs your input to assist with the student selection process. Seal the completed reference form in an envelope and sign across the back flap. You may return the sealed envelope to the applicant OR you may mail it to Pearl River Community College, 5448 HWY 49 S., Hattiesburg, MS 39401 ATTN: Hope Husband, Program Director

Please rate the applicant in the following areas:

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**Indicate Your Overall Recommendation of the Applicant:**

- ( ) Strongly Recommend
- ( ) Recommend with Reservations
- ( ) Recommend
- ( ) Do Not Recommend

### Reference Information:

Name: _____________________________

Email Address: ___________________________ Phone Number: ___________________________

How long have you known this applicant: ________

Please use the back of this form for any additional comments.

02/16