Mail completed prerequisite verifications to:
San Joaquin General Hospital
School of Radiologic Technology
P.O. Box 1020, Stockton, CA 95201

Dear Applicant,
Thank you for your interest in our 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 Feb 1st and Friday, March 11th. Send all materials at one time in a single packet before March 11. Packets must be received in the School office by the cutoff date. Verification packets received after the March 11 deadline will not be accepted. Nor will supporting documentation be considered after this deadline date.

Submit your application early.

Key elements of success in the Imaging field include:

- Ability to follow Instructions
- Attention to detail, and
- Adherence to a practical time frame

These same concerns should be taken into consideration when completing and submitting your program application. Reciprocally, we will consider each application equitably and make every effort to provide a prompt response (within the usual constraints of time, staffing, and academic responsibilities).

We like to see characteristics like promptness, completeness, forethought, planning, and ambition but we are restrained by a lottery. So instead we adhere to a well-established set of criteria which are universally and equitably applied. This information is detailed in several places on our web page and emphasized in the instructions accompanying this application as well.

Applications received early within the application window with noted deficiencies have ample time in which they may be corrected, updated, and/or resubmitted (if necessary) prior to the established cutoff date. Applications submitted late in the application window—in the last week, on the last day, or at the last minute—obviously are not subject to the same latitude. Applicants have a year to plan and gather materials for their applications. We will not accept applications or application materials after the close of the application window. We will not make exceptions due to poor planning or procrastination. This would not be fair to those who have exercised a little forethought in their planning process.
As part of the prerequisite verification packet the following documents are required:

1. A completed PVF (prerequisite verification form).
2. Official sealed copies of transcripts for all college coursework completed, including those from Delta College, if attended. *
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 must be American Heart Association, professional level.
6. Completed Residency Documentation Form and supporting documentation (for in district residents). A local driver’s license is mandatory.
7. DD-214 or verification of Veteran status *
8. Completion of a Prior Knowledge Test. Applicants whose applications are received by the cutoff date and rated eligible will be invited to sit for a prior knowledge test. Two Saturday morning test sessions will be scheduled between the application cutoff date and the lottery [We will try to schedule these during the month of April] – all applicants must attend one of these two sessions. The results of this test will be included in the scoring of your application and subsequent placement in the lottery.

* Tier Placement will be based upon a point accumulation consisting of grade points (on core prerequisites, prior knowledge test scores, and a 5 point Veteran’s preference)

If you took the ‘Prior Knowledge Test’ last year and were subsequently placed in an upper tier then you need not retake the test. If you took this test last year and were placed in a lower tier then you will have the option of retaking the test to improve your overall score. The higher of the two test scores will be applied. A maximum of three total attempts will be allowed in successive years. You will be notified of this option along with your scheduled test date once your application has been rated. Beginning with the 2017 application period, a minimum score of 70 will be required for placement within the lottery.

Indicate on your application whether you are applying under option A or option B. Assure that your transcripts indicate that you have completed entrance requirements for one of the following two options. All of the required prerequisite courses must have been completed with a C grade or better and the 7 core classes must demonstrate a cumulative GPA of 2.5. And for those without a degree a cumulative GPA of 2.5 is required for all ten prerequisite classes.

**Option A** – Applicant has an Associate Degree or higher and has successfully completed the 7 specific prerequisite core classes listed (or their equivalents).
- Students with an associate degree or higher will have to complete only the 7 core classes:
  - Eng 1A (English Composition),
  - Bio 31 (Human Anatomy),
  - Bio 32 (Human Physiology),
  - Math 92s, 92g (Intermediate Algebra) or higher,
  - HS 36 (Medical Terminology),
  - Psych 01 (Intro to Psychology) or Soc 1A (Intro to Sociology), and
  - CS11 (Fundamentals of Computer Science).

**Option B** – Applicant does not have an associate degree and has completed in addition to the 7 prerequisite core classes listed above, the remaining Delta College Associate Degree, general education requirements. These are courses that should assure concurrent graduation at the end of two years from both the San Joaquin General Hospital School and Delta College.

- Students without an Associate Degree will have to complete 3 additional general education classes to satisfy Delta College’s Associate Degree, general education requirements. Their 2014-15 catalog has these listed as:
  - Humanities (multiple choices) –Area 3
  - American Institutions (Specified American Histories or Polit. Sci.) –Area 4
  - COM ST 001A (Oral Communication) Funds. of Speech –Area 1C

You must provide appropriate documentation for all required courses. You must be at least 18 years of age by August 17th of the year. If your ‘prerequisite verification’ (application) 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, you will be invited to complete a Prior Knowledge Test at the French Camp Campus. Your cumulative application score will determine how your name will be entered into the lottery. Each successful applicant will be randomly assigned a number.

Numbers will be drawn in 3 tiers to fill a total of 12 seats. Each applicant will be assigned a number with a corresponding chip. The first 6 names (or 50% of seats to be filled) will be selected from the first tier. Names or numbers will be randomly selected from those scoring above the cutoff and residing within the local educational region (i.e., applicants providing the individual’s verification of residency within the contract college’s educational district for a minimum of one year and one day prior to the beginning of the academic term of entry). Then the numbers of those applicants from outside of the region who scored above the cutoff will be added to the pool and the next 3 chips (or 25%) will be randomly drawn. Then all remaining chips will be added to the pool and the final 25% will be randomly selected (without consideration of residency). Once the
class has been selected all of the remaining numbers/names will be drawn and considered respectively as alternates. In the event that one of the original selectees should decline an offer of a seat in the program, their space will be offered to the next person on the list. The first two alternates are required to attend our first mandatory orientation meeting with the rest of the class in June.

As soon as packets are processed and information becomes available, you will be notified exactly when and where the lottery will take place should you wish to observe. All qualified applicants will be notified as soon as possible by mail of lottery results. Do not call the school concerning these 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. Attendance at orientation is mandatory. If you fail to attend orientation, your space will be offered to alternate applicant. The 24 hour observation may be waived for students who have documented equivalent experience such as:

- Prior volunteer work or observation in a Radiology or related setting.
- Survey of Health Careers class (HS 39)

Due to affiliation contracts students selected will 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. If a student is denied participation by any of our hospital facilities for any other reason during the two year program s/he will likewise be subsequently dropped from the program.

The entering students will begin classes on or about August 17 at San Joaquin General Hospital. The above information is valid for the 2016 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 and relative webpage documents..

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FYI: School Webpage: https://www.deltacollege.edu/div/hs/radiohome.html
Contact Information Please neatly print or type responses to all questions.

Last Name: ____________________ First Name: ____________________ MI _____

Social Security Number ____________________

Student ID Number: ____________________ (if applicable)

Telephone Number: Home: ________________ Work: ____________________

Current Address: ____________________________________________________________
(Where we may contact you relative to the status of this application) ________________

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 a Military Veteran? Yes _____ No _____ (If yes, please provide verification)

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 _____

Do you have a degree? Yes _____ No _____

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

Person to notify in case of an emergency:

Name / Relationship: ____________________ Phone #: ____________________
Are you applying under option A or option B?

____ A – I have an Associate degree or higher and have successfully completed the 7 prerequisite core classes as required.

or

____ B – I do not have an Associate degree but have completed in addition to the 7 prerequisite core classes, general education coursework that will satisfy the degree requirements for graduation from Delta College concurrently with completion of radiography coursework at San Joaquin General Hospital.

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

Please list all high schools and colleges attended:

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<tr>
<th>School Attended</th>
<th>Address</th>
<th>Degree/Major</th>
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List any health care related employment, volunteer work, or observation time that may potentially satisfy the observation requirement (Medical Imaging specific):

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Address /Phone</th>
<th>Employment, volunteer, observation?</th>
<th>Type of Experience (radiology?)</th>
<th>Dates of service</th>
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Have you previously applied to our Radiography School? _______
If yes, how many times, what years? __________________________
Have you previously taken our prior knowledge test? _______
If yes, what years?

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: ____________________________

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San Joaquin General Hospital /  
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  
Because we contract with Delta College for the provision of academic credit, the 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. The following websites may be consulted to see Delta’s district boundaries:  
https://www.deltacollege.edu/info/general/map/graphics/sjdc_district_map_fullsize.jpg  
https://www.deltacollege.edu/div/trustees/documents/REDISTRICTINGMAPSFULLSETMAPS.pdf

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, or residency classification was not requested.  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 Fall 2016 semester is August 16, 2015.

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

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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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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 hereby 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  
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