Application & Information Packet

for Clatsop Community College Students

Distance Education
Diagnostic Imaging

Linn-Benton COMMUNITY COLLEGE
WRITE YOUR OWN STORY

In conjunction with:

COLUMBIA MEMORIAL HOSPITAL
Astoria, Oregon

FOR MORE INFORMATION PLEASE CONTACT
JO BLACK 338-2457 or
JOANNE SWENSON 338-2325

Providence Seaside Hospital
Distance Education Diagnostic Imaging

SUMMER 2008

Program Overview
A radiologic technologist uses a variety of equipment to provide images of patients’ tissues, organs, bones and blood vessels.

The purpose of this program is to prepare students to work in Clatsop County. Students prepare to practice as proficient, multi-skilled professionals in culturally diverse health care settings; to demonstrate outcomes required by the American Registry of Radiologic Technologists (ARRT) and program guideline, and to apply for and successfully complete ARRT certification examinations.

The Diagnostic Imaging program prepares students through a progressive, outcomes-based educational format. Modules of study include radiation protection, radiographic procedures, image production and evaluation, equipment maintenance and operation, patient care and management and clinical radiography.

Program Format
Classes are tailored specifically to the students in training. Students attend class for approximately 40 hours a week. The program does not follow the traditional college terms. The majority of classes will be taught via web based technology (Blackboard) from LBCC. Clinicals will be conducted at local partner healthcare facilities.

Session Dates for Summer 2008 Cohort
Pre-application Information Session required. The Pre-Application Information Session is an on-line process. The session is available January 7, 2008 through February 29th 2008 at http://er.linbenton.edu/hb/bs/dlsnnm/upload/DiagnosticimagingInformationSession_2008.doc
If this is not completed you are not eligible for the program.

Program Dates: June 23, 2008 through March 26, 2010.

Application Dates: Applications accepted March 3, 2008 through March 21, 2008 at 5:00 PM (postmarks do not count; late applications will not be considered).

Admission Decision: Late April 2008
Orientation Date: May 30, 2008 at Lebanon Hospital in classroom “E”
On-Line Strategy Course: June 2 – June 20, 2008
Non-Refundable Deposit for admitted students: $2,000 due by May 23, 2008

Tuition, Expenses, and Financial Aid
All costs are paid to LBCC. The cost of the training is $10,000. This includes required books, registrations, lab fees, and instructional costs. The program is eligible for financial aid. Admitted students will be required to make a $2,000 deposit. Financial aid cannot be used toward the deposit. To be eligible for aid you must file a 08-09 FAFSA and include LBCC as a receiving school (006938). Payment options and plans are available to those who qualify. You may pay online with a credit card. Certification exam fees are not covered in the cost of the program. Half or full program cost ($5,000) needs to be paid by start of the program.

Cancellation
The program is subject to cancellation if there is an insufficient number of clinical sites or eligible students. Students admitted to a canceled session must reapply to be given consideration for admission to the next session.

Admission
Apply to ONE institution only. Clatsop Community College decides who is admitted to the program according to the attached Point System. Your admission is to LBCC. It is your responsibility to be informed and adhere to all requirements, procedures and deadlines as they change from year to year. All application materials must be submitted at the same time. Only complete applications will be considered. Please refer to the attached application checklist.
All materials must be submitted together. Once your application has been received, materials cannot be added. Official transcripts must be on file by date of application. Late transcripts will not be included in the review of your application.

1. Read Distance Education Diagnostic Imaging Program Delivery Model and Technical Requirements document in this packet.

2. Complete a LBCC Application for Special Admissions (the major code for diagnostic imaging is 7223) and submit directly to the Clatsop Community College Enrollment Services Office along with a non-refundable $35 application fee payable to LBCC. All applications must be accompanied by the Statement of Understanding and Compliance. Please note, in order for your application to be considered, the fee must accompany it. Students who have previously applied to the program must reapply. Students must be in good academic standing at LBCC and CCC.

3. You must be an admitted student at Clatsop Community College. If you were required to take the Compass Placement exam, you must request that a copy of your Compass scores be attached to your LBCC application.

4. Submit proof of high school graduation or GED (copy of your high school transcript, diploma, or GED certificate).

5. Submit proof of Clatsop County residency. Declaration of Residency form is included with this packet.

6. Proof of WR 121 or equivalent with a “C” or above from a regionally accredited institution. The grade earned counts for points.

7. Proof of MTH 111 completed after April 1, 2003 from a regionally accredited institution with a “C” or above or have taken the Compass placement test and show placement above MTH 111.

8. Proof of Speech (SP 111, 112, 115, 219) or equivalent with a “C” or better from a regionally accredited institution.

9. Proof of Physical Education and/or Health course(s) (HPE 295 or PE 185) totaling four credits from a regionally accredited institution with grades of “C” or better.

10. Proof of Medical Terminology I (MA 140) or equivalent course from a regionally accredited institution with a “C” or better.

11. Proof of Anatomy & Physiology with Lab. (BI 231 & 232) or equivalent, with a “C” or above. The grade earned counts for points. You must have BI 233 or equivalent completed with a “C” or better or show proof that you are enrolled in BI 233 for spring term. Note: MTH 70, BI 102, and CH 104 are pre-requisites for BI 231 at Clatsop Community College.

12. Copy of current CPR card (American Heart Association or Red Cross). Must be valid through December 2008.

13. Official transcripts from other schools are required for course work that will be used to meet minimum admission requirements and/or points. Official transcripts can be sent ahead of your application or accompany your application in a sealed envelope.

14. Complete Pre-Application Information Session

CLASS SELECTION PROCESS:
If you are accepted into Linn-Benton’s Medical Imaging program, they will require the following:

15. Criminal Background Check: Complete the Criminal Background Check (CBC) by the payment and registration dates. Instructions will be included in the letter of admission.

16. Registration and Payment: After you have been notified that you have been officially admitted into the program, you must do the following: (1) Register on-line for the classes given to you; (2) Pay your non-refundable tuition deposit of $2000 online with a credit card at time of registration; (3) Complete and return the Deferred Note Contract, and financial aid agreement, if applicable, included in letter of admission by payment deadline to Deborah Gengler, WII 120, 541-977-4925 or gengler@linnbenton.edu if you have questions.

17. Submit immunization records by deadline given in admission packet. (The first two of three inoculations of the Hep B VAC series must be completed by March 21, 2008).
Note to Students: This sheet explains the points scale used for selecting Clatsop CC’s applicant to the LBCC Medical Imaging program. See checklist for complete list of coursework required for your application to receive consideration.

The Enrollment Services Office must receive all materials related to points at the time of application. The application deadline is 5:00 pm, March 21, 2008. Official transcripts are required for all courses taken at other accredited institutions. All course work must be completed with a grade of “C” or higher.

**REQUIRED COURSES:** (Points scale: A=4points, B=3points)

- BI 231
- BI 232
- WR 121
- MA 140
- Speech class (SP 111, SP 112, SP 115, or SP 219)

**SUPPORT COURSES:**

- College-level Chemistry with Lab (2 points per course, maximum of 6 points)
- College-level Biology with Lab (2 points per course, maximum of 6 points)
- College-level Physics with Lab (2 points per course, maximum of 6 points)
- Computer Skills course (Any CS/MIC course at least 3 credits) (2 points) Points given for 1 class.
- Developmental Psychology (PSY 215-Must be lifespan development) (2 points)

**PRIOR EDUCATION**

- Associates Degree (1 point)
- Bachelors Degree (2 points)
- Masters or PhD/EdD (3 points)

**DOCUMENTED WORK EXPERIENCE:**

You may receive points for direct patient care work experience (does not include in-home health care). Experience/Employment must be for a minimum of six (6) consecutive months that occurred between March 1, 2004–March 1, 2008, for a minimum of 2 hours a week. Documentation (see enclosed form), must be complete by the Human Resources Office from the medical facility in which you worked for pay or volunteered. **You may receive points from ONLY ONE category in the table below:**

<table>
<thead>
<tr>
<th>Volunteer in a medical facility = 1 point</th>
<th>OR</th>
<th>Volunteer in a Clatsop County medical facility = 2 points</th>
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<tbody>
<tr>
<td>Volunteer in a diagnostic facility = 8 points</td>
<td>OR</td>
<td>Volunteer in a Clatsop County diagnostic facility = 16 points</td>
</tr>
<tr>
<td>Paid direct patient care employment in a medical facility = 8 points</td>
<td>OR</td>
<td>Paid direct patient care employment in a Clatsop County medical facility = 16 points</td>
</tr>
<tr>
<td>Volunteer &amp; direct patient care employment in medical facility = 6 points</td>
<td>OR</td>
<td>Volunteer &amp; direct patient care employment in a Clatsop County medical facility = 12 points</td>
</tr>
<tr>
<td>Paid employment in a certified health care field (i.e. CNA, CMA) = 10 points</td>
<td>OR</td>
<td>Paid employment in a certified health care field (i.e. CAN, CMA) in Clatsop County = 20 points</td>
</tr>
</tbody>
</table>
WORK/VOLUNTEER EXPERIENCE VERIFICATION FORM
(Clatsop Community College Radiologic Technology Application Program)

Note to applicant: Be sure to fill in necessary information in the boxed area before sending this form to your former or current employer. Work experience must be verified using this form. Please duplicate this form if needed.

*I authorize CCC to contact the individuals listed below to verify the information provided.

_________________________________________  ____________________________
Student Signature                                    Date

Dear Human Resources,

I am in the process of applying to the Radiologic Technology program at Linn-Benton Community College through Clatsop Community College. The application process requires verification of paid or volunteer experience or a combination of these for six consecutive months from one or more locations. Please fill in my work experience information in the area below.

The following may be helpful in locating my records:

_________________________________________  ____________________________
My name at your facility                                    social security number                      dates at facility

This portion is to be completed by Human Resources. Incomplete forms cannot be given consideration in the application process.

Verification of type of service (must have minimum of 2 hours per week)

_____ Paid work experience

_____ Paid work & Volunteer Experience

_____ Volunteer work experience

Dates of service    ________    to    ________

mm/dd/yy                    mm/dd/yy

Supervised by   __________________________

Name                        Title

Medical Facility:    __________________________

Address:    __________________________

City:    __________________________    State:    __________________________    Zip:    __________________________

Signed    __________________________

HR Representative                        Title
2008 Diagnostic Imaging Application Checklist: Statement of Understanding and Compliance

I have read the 2008 Diagnostic Imaging Bulletin and understand that it is my responsibility to be aware of and comply with all requirements by the deadlines specified in the bulletin.

I understand that it is my responsibility to prove my residency by supplying the appropriate documentation, regardless of how long I have lived at my current address.

I understand that only the forms included in the 2008 Diagnostic Imaging application packet may be used, however, they may be copied if more than one of the same form is needed.

There is mandatory orientation that will be scheduled in May. It is my responsibility to be informed of the time and date.

I understand some occupational health hazards include the use of latex gloves and masks, therefore, I will meet with the Diagnostic Imaging advisor if I have skin or breathing disorders to consider my risk factors.

I understand that if I am suspected of or known to have a communicable disease which may be transmitted under normal Diagnostic Imaging activities, I will be required to have documentation of medical treatment prior to participating in clinical/lab assignments.

I understand that my SSN will be matched against the US Department of Health & Human Services list of individuals who are barred from any participation in federally funded health programs. If on the list, I am not eligible to participate in this program.

I have read, understand and agree to uphold those policies put forth in LBCC’s, as well as my host institution’s, Students Rights and Responsibilities Handbook, including the Standard of Student Conduct. The LBCC handbook can be found at www.linnbenton.edu/studentrights/.

I understand that it is my responsibility to keep all immunizations and CPR current.

*I understand that if admitted I will be required to complete a Criminal Background Check. The results will, in part, determine my eligibility to be in the program but does not guarantee I will be eligible to be licensed or employed in this field.

Student Drug Testing Notification: Cooperating with the drug testing policies of any work experience, clinical or cooperative teaching site is a condition for continued enrollment in the course and/or related academic program. A student may be required to comply with the non-LBCC site’s policy. Testing may be random and unannounced or conducted when a reasonable belief that work behavior may be the result of the presence of a drug. The presence, as determined by the program’s test procedures, of prescription or non-prescription drugs, controlled substances or cannabis, for other than legal and legitimate uses, may result in immediate dismissal from the work site and disenrollment from the course and/or related academic program if the course is a requirement for program completion. The student may be subject to appropriate disciplinary action for violating the Standards of Conduct as outlined in the LBCC Students Rights and Responsibilities document and the host institution’s code of student conduct.

I authorize _____________________ to send all admissions materials including any official transcripts from this and other institutions to LBCC as part of the admissions process. LBCC may report program progress (completion & GPA) to the host college.

I understand that LBCC is the certificate awarding institution and that I must complete all LBCC processes and requirements for graduation.

I have read the handout about the program delivery model and the technical requirements. I am able to meet these expectations.

I am currently an employee of ___________________. (Complete if employed by a healthcare organization. This information is not used in any way in the admissions process.)

Initial to authorize LBCC to disclose my application status (applied, accepted, alternate or denied) to the Human Resources Office of the above named employer at their request.

_________________________________________  ________________________
Applicant’s Signature                        Date

*Eligibility for registration by the American Registry of Radiologic Technologists (ARRT) following graduation may be restricted if a person has been charged with or convicted of a crime (misdemeanor or felony). If you have questions, it is recommended that you contact the ARRT (851-687-0048) to inquire about eligibility prior to the beginning of classes in the Diagnostic Imaging program.  DE
LINN-BENTON COMMUNITY COLLEGE
CRIMINAL BACKGROUND CHECK RELEASE AGREEMENT

NAME ___________________________________ PROGRAM OF STUDY _______________________

Please Print

SOCIAL SECURITY # _______________________ EMAIL ADDRESS: _____________________________

STUDENT ADDRESS: ________________________________________________________________

Street City State Zip Code

I authorize Linn-Benton Community College (LBCC) to use any of my personal information required to process my
CBC for admission to my chosen program. I authorize LBCC to use my SSN to complete a verification of
non-exclusion using the federal Health & Human Services Office of Inspector General's (HHS OIG) secure database.

I understand the reports may include specific and personal information about my character, general reputation and
background. I authorize LBCC to report whether my background checks are "clear" or "not clear" (meaning the reports
show reportable incidents, or exclusions) to external clinical or practicum sites. I understand this will be done in order
to place me in a clinical practicum or work experience situation. I understand that this is the sole use and purpose of
this information and that LBCC will otherwise keep this information confidential in compliance with rules regarding the
privacy of student records, Fair Credit Reporting Act and other applicable regulations. I also understand that if my
CBC is "not clear," I may appeal the LBCC determination. I understand that any exclusion found on the HHS OIG
report will disqualify me from admission and there is no appeal.

I understand and acknowledge that these background checks are not being used to determine my general admission
to LBCC, they do not guarantee eligibility for clinical placement, licensure or employment in my chosen field of study. If
the CBC results prevent me from being placed in a clinical or practicum experience, I acknowledge that I will not be
admitted to the program and my space will be given to the next eligible applicant. I agree to run a true and accurate
report based on my personal history that will include all counties I have resided in during the last 7 years. I
acknowledge that some licensing boards, or employers, may require more extensive reports.

I acknowledge and agree that I have a responsibility to self-disclose and notify the program coordinator in writing if my
criminal background or HHS OIG status changes at any time between this date and the date of my program
completion. I understand that any falsification, misrepresentation, or omission of required information may result in
immediate removal from the program and disciplinary action. If admitted and subsequently excluded by the HHS OIG
or convicted of a crime that will disqualify me from clinical placement or licensure, I understand that I will be disqualified
from continuing in the program.

If I am charged with a crime, but not convicted, I may be subject to significant disruption in my clinical placement (and
overall progression through the program) if the clinical site requires that the charge be resolved as a condition of
continuing in that placement. The college cannot control the factors a clinical site may use to restrict a student from its
premises. It may be necessary for LBCC personnel to consult with clinical site personnel on matters related to past, or
pending, criminal charges; your signature below is your consent to such consultations.

I have read and understand this request for information and the attached summary of rights under the Fair Credit
Reporting Act and agree to hold LBCC, its officers, agents and employees harmless from any liability resulting from the
use of the information requested. The criminal history background information is compiled from and processed by
various third party sources through ChoiceTrust and the HHS OIG. LBCC does not guarantee, or assume any
responsibility for the accuracy of the information obtained from ChoiceTrust, the HHS OIG, or other sources, and shall
not be liable for any losses or injuries now or in the future resulting from or relating to the information provided by them.
By my signature I agree to the above terms.

Student Signature __________________________ Date __________________

Have you completed a criminal background check for LBCC in the last 12 months?
IF YES, STOP, go to Admissions before completing this process.
RETURN THIS FORM TO ADMISSIONS/REGISTRATION, Takena Hall, LBCC

Revised 6/11/07
The DIAGNOSTIC IMAGING IMMUNIZATION/CPR/DRUG SCREEN INSTRUCTIONS

This document is being provided for information purposes only. Oregon law and/or clinical affiliates require all students enrolled in health care programs have specific immunizations, CPR and Drug Screens.

Proof is NOT required until the student has been notified that they have been accepted into the Diagnostic Imaging Program. Students who have been admitted into the program will be provided specific instructions from the Program Director as to how to submit their proof of documentation. DO NOT SUBMIT INFORMATION WITH YOUR APPLICATION.

The student will be required upon admittance into the Diagnostic Imaging Program to provide documentation of the following:

I. Hepatitis B: (either A or B)
   A. First Dose AND Second Dose must be completed by application submission March 21, 2008
   B. Positive Hepatitis B Titer

II. Mumps, Measles, and Rubella (MMR): (either A or B)
   A. First Dose AND Second Dose
   B. Positive MMR Titer

III. Chicken Pox (Varicella): (either A or B or C)
   A. First Dose AND Second Dose
   B. Proof of childhood illness
   C. Positive Varicella Titer

IV. TB (PPD) Test: (either A or B)
   A. Current Negative PPD
   B. Chest x-ray AND proof IHN treatment AND "Tuberculosis Risk Factor Screening" form

V. TDAP (Tetanus, Diphtheria, and Pertussis)

VI. CPR (Health Care Provider)
   A. AED
   B. Adult
   C. Child/Infant
   D. Two-person
APPLICATION FOR SPECIAL ADMISSIONS PROGRAMS

PLEASE PRINT OR TYPE IN INK

SPECIAL PROGRAMS FOLLOWED BY (F) BEGIN EACH FALL TERM

Indicate which program you plan to enroll:

☐ 7202 Dental Assistant
☐ 7208 Nursing
☐ 7230 Pharmacy Tech
☐ 7221 Phlebotomy
X 7223 Diagnostic Imaging
☐ 7203 Veterinary Tech

SOCIAL SECURITY NUMBER

Providing your Social Security number is voluntary. If you provide it, the college will use your Social Security number for keeping records, dating research, aggregate reporting, extending credit and collecting debts. Your Social Security number will not be given to the general public. If you choose not to provide your Social Security number, you will not be denied any rights as a student. Please read the statement with the registration information in your class schedule which describes how your number will be used. Providing your Social Security number means that you consent to use of the number in the manner described.

LAST FIRST MIDDLE MOTHER/FATHER NAME (LAST)

CURRENT STREET ADDRESS

CITY

COUNTY

STATE ZIP

MAILING ADDRESS IF DIFFERENT FROM CURRENT ADDRESS

CITY

STATE ZIP

AREA CODE PHONE NUMBER

DATE OF BIRTH MONTH DAY YEAR

ETHNICITY

VOLUNTARY-REQUESTED FOR REPORTING PURPOSES

W. ☐ White B. ☐ Black S. ☐ Hispanic A. ☐ Asian or Pacific Islander I. ☐ American Indian O. ☐ Other Non-Hispanic Non-Hispanic

Are you currently employed by Samaritan Health? ☐ Yes ☐ No

RESIDENCY INFORMATION

Are you a U.S. citizen or Resident Alien? ☐ YES ☐ NO How long have you lived in Oregon?

If not a U.S. citizen, indicate type of visa: __________________________ Country of citizenship __________________________

Permanent or previous address if you have lived at current address less than 90 days.

STREET

CITY

COUNTY

STATE ZIP

EDUCATION INFORMATION

1. Do you have, or will you have a High School Diploma by the date you plan to enroll? ☐ YES ☐ NO Or a GED? ☐ YES ☐ NO

2. Are you, or will you be 18 years old by the date you plan to enroll? ☐ YES ☐ NO

HIGH SCHOOL NAME

CITY

STATE

GRADUATION YEAR

EDUCATIONS OR UNIVERSITIES ATTENDED. If you intend to transfer credits from any institution listed below, LBCC must receive an official transcript and you must complete a Transfer Credit Evaluation Request.

<table>
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<tr>
<th>NAME OF SCHOOL</th>
<th>CITY</th>
<th>STATE</th>
<th>YEARS ATTENDED</th>
<th>CREDITS</th>
<th>DEGREE</th>
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The information on this form is a true and accurate statement of my residency and past educational experience.

APPLICANT'S SIGNATURE

DATE

The policy of Lane Benton Community College states there will be no discrimination or harassment on the grounds of race, color, sex, sexual orientation, marital and/or parental status, religion, national origin, age, or disability in its programs, activities, or employment. Students having questions about equal opportunity and non-discrimination, contact the Dean of Student Services. Students with disabilities requiring accommodations call 917-4819.

Student Consumer Information. The college complies with the Student-Right-to-Know and Campus Security Act of 1990. The Annual Campus Safety Report is available from the Campus Security Office, (541) 917-4443, and the Dean of Students Services Office, (541) 917-4806. Retention and graduation statistics are available through the First-Stop Entry Center in Takanawa Hall, (541) 917-4812.

These reports and other pertinent information is available at http://linjeton.edu/dialnow

OFFICIAL USE ONLY

Resident Status SAAADMS SPADEN SPAPERS SOARICH SOAPCOL TERM ENTERED RECEIVED

ln DADAD
DECLARATION OF RESIDENCY FOR
LBCC DIAGNOSTIC IMAGING APPLICANTS

Applicants must be Clatsop County residents.

Applicants are considered eligible to apply to the LBCC Distance Education Medical Imaging program if they have maintained a permanent residence in Clatsop County for at least ninety continuous days prior to the application deadline (December 2007, January and February 2008). You must submit documentation that includes your physical address -- not a post office box. You also must submit three monthly statements from one of the following.

☐ copies of checking or savings account records from a local bank or savings institution
☐ copies of employment records from a local firm
☐ copies of billing statements from a local utility company
☐ copies of local rental receipts

Please delete any account numbers or social security numbers on the statements that you send in.
The evaluator is looking for your name, physical address, and the month of the statement.

Please attach your proof of residency for 90 continuous days to this form.

My permanent home address is:

______________________________________________________________
Street

______________________________________________________________
City & State Zip

I certify that I have continuously lived in Clatsop County for the past 90 days.

I understand that falsification of any of the above information will jeopardize my application and/or admission to the LBCC Medical Imaging program. I certify that all of the above information is complete and true.

Please sign and date.

Signature ____________________________ Date ________________
2008 Diagnostic Imaging Application
Complete Packet Checklist

When applying for the Diagnostic Imaging Program, you must submit a complete application packet. Incomplete packets will not be accepted. Staff accepting packets do not make decisions as to whether materials will satisfy admissions requirements. Submit all documentation you believe is necessary to satisfy requirements. You may not add new information to this packet once submitted.

YOUR APPLICATION MUST CONTAIN THE FOLLOWING:

- Application for Admission to LBCC & $35 fee. Note: You must be admitted to Clatsop Community College at the time your Diagnostic Imagine Application is submitted.
- Signed Statement of Understanding and Compliance.
- Immunization form and Hepatitis B Immunization Confirmation.
- Compass Placement Exam results.
- Proof of high school graduation or GED.
- Clatsop County Residency Documentation
- Proof of WR 121 with a “C” or better.
- Proof of MTH 111 with a “C” or better, or placement above MTH 111, after April 1, 2003.
- Proof of College level Speech (111, 112, 115, or 219) or equivalent with “C” or better.
- Proof of HPE 295/PE 185 totalling 4 credits or equivalent with “C” or better grades.
- Proof of Medical Terminology 1 (MA 140) or equivalent with a “C” or better.
- Proof of completion of Anatomy and Physiology: BI 231, 232, and 233 (or Spring term registration for BI 233) with grades of “C” or better.
- Current CPR certification (AHA or ARC card) valid through December 2008.
- Volunteer/Work Experience Verification Forms(s) if applicable.
- All materials that will apply for points including official transcripts for courses from other institutions. If you have an official transcript on file, it can be put with your packet when you turn it in. Please note that official transcripts must be in an envelope sealed by the issuing college and must be included with your application unless the transcript is already on file.

List all transcripts which have been received by Clatsop Community College

I have submitted all materials I wish to be considered for the Diagnostic Imaging program. I understand that if admitted I will be required to attend one of the established mandatory orientation sessions, complete a criminal background check, pay a $2,000 deposit and will submit my Deferred Note Contract by the deadline indicated in my admission letter. I further understand that failure to perform any of the previous mentioned items will result in forfeiture of admission. I authorize Clatsop Community College to send all materials required for admission to LBCC. LBCC may report program progress (completion & GPA) to Clatsop Community College.

__________________________________________
Applicant Signature

__________________________________________
Date
Distance Education Diagnostic Imaging (Radiologic Technology)  
Program: Delivery Model and Technical Requirements

Linn Benton Community College offers both a traditional face-to-face instructional program and a distance education program for Diagnostic Imaging. Using a combination of clinical instruction, online courses in the Blackboard learning management system, and the synchronous virtual classroom environment, distance education students can receive dynamic instruction to help them achieve their learning goals while remaining in the local community of one of our partner community colleges - Blue Mountain, Clatsop, Central Oregon, Columbia Gorge, Oregon Coast, Southwestern Oregon, and Tillamook Bay.

Description of Distance Education Instructional Methods

Students in the Diagnostic Imaging program will receive academic and clinical education through a variety of learning technologies including the Blackboard Web-based learning management system, streamed video and audio files, email, Web conferencing, video conferencing, virtual classroom, and lab practice with clinical mentors. Clinical education will be provided in a variety of settings and prepare the student for work as an entry-level radiologic technologist.

Clinical education provides the students with hands on application of theory and demonstration of skills from all instructional methods. Students will complete program specific competencies in the clinical setting.

Positioning Lab instruction includes demonstration of skills and experiments related to content of courses. Students will complete a portion of the program lab exercises and practice (approximately 2 hours/week) in the hospital setting working with a clinic staff member as a mentor/preceptor. Students will spend an additional 2 hours/week in the hospital independently practicing positioning skills.

Video Taping of lab practice by students allows the student to view and self-evaluate his/her positioning skills and LBCC faculty to view and provide feedback on performance.

Course lectures and labs are video-taped and delivered via Windows Media files accessed through the Blackboard Learning Management System or in the virtual classroom on the web.

Web-based instruction is offered via a web browser, an e-mail account, and the use of LBCC's Blackboard Learning Management System. Interaction with the instructor and classmates is through the Blackboard discussion board, internet, email, virtual classroom, and web or phone conferencing. Students need to have internet services available and can additionally use the student support services at the partner colleges and/or hospitals. Listed below are the requirements and skills necessary for web-based instruction.
Minimum Equipment and Skills for Web Based Instruction

Skills needed to be a successful distance learner:

This is both an asynchronous and synchronous training environment. For learning to occur, learners must actively participate in the training experience and be responsible for completing the designated activities/assignments within the prescribed time lines.
It is recommended (and may be required at some partner college locations) that students take an online college course and computer competency class prior to participating in this distance education (DE) program to ensure students possess the necessary skills and have a thorough understanding of the requirements and responsibilities of a DE student.

Learners are expected to complete a variety of activities:

- Read and view information resources online
- Participate in the class discussion questions using Blackboard’s Discussion Board
- Interact with fellow learners and the instructor
- Complete exercises and homework as assigned by the designated due date
- Participate equally in the completion of team projects
- Take quizzes and tests online
- Practice positioning exercises with a mentor at the hospital approximately 2 hours/week and practice independently an additional 2 hours/week.

To be able to participate as an active learner, you must meet these prerequisites:

- Basic familiarity with the web environment
- Access to the Internet via your own Internet Service Provider (ISP)
- Web browser. Preferably Internet Explorer 5.5 or above
- Ability to read, print, and save online documents
- Ability to type responses and to post to the Online Learning Environment (Blackboard)
- Allocation of at least 40 hours per week for completing the activities of this online program
- Have access to and be skilled in the use of Microsoft Word and PowerPoint. Must be able to attach and email Word documents.
- Ability to use other applications in the Microsoft Office Suite is desirable
To access the Blackboard classroom you must have the following minimum equipment.

Technical Requirements for Online Web Courses

Internet Access / Software

- Internet Access
  - If you don’t already have web access through an Internet Service Provider (ISP) go to http://www.thelist.com. for a complete listing of local and national ISP’s. LBCC does provide registered students an Email account, but doesn’t provide dial-up access. Students may also use campus and center computer labs for Web access.

- Email Software
  - Any variety will do, most programs are either free, or are installed with your Web browser. Students with LBCC Email accounts can access their Email at https://cf.linnbenton.edu/netmail/login.cfm. Students without email accounts can sign-up for a free LBCC email account at http://www.linnbenton.edu/apply.

- Web Browser
  - Internet Explorer 6.0 is recommended, though Netscape may be used.
  - Note: JavaScript and cookies must be enabled in any browser.

  DO NOT USE the AOL browser for accessing Blackboard courses -you will experience problems. If you enter the web via AOL, open an additional browser by clicking on the Internet Explorer icon.

- Microsoft Office Software
  - Microsoft Word and PowerPoint are required. Excel may be needed for some classes.

Computer Hardware

- Computer
  - You will need access to computer equipped with Windows 98 or higher Windows operating system or a Macintosh computer running System 7.6 or higher.

- Processor
  - Recommended: Pentium II or III, 300-MHz or better.
  - Mac Processor: iMac or G3/G4 series

- Screen Resolution: Screen Resolution: Min. - 800 x 600 @256 colors
• Memory
  • minimum of 128 MB of RAM; 256 is better, 512 would be best

• Hard Drive Space
  • No specific requirements

• Modem
  • You should have DSL or cable high speed access.
  • Note: drops in connections may require you to reconnect to your online course. A time out of four hours of inactivity is standard. If you experience frequent drops in service, check with your ISP for issues.

• Headset/microphone
  • You will need a combo headset/microphone or a separate headset and microphone to participate in the virtual classroom. Audio is provided over the internet via VoIP (Voice over Internet Protocol).

• Common Internet Browser Plug-ins
  (Some classes may contain files that need one of the following plug-ins; these links provide sites for free downloads)
  Adobe Acrobat Reader (pdf files)
  Microsoft Word Viewer (doc, txt files)
  Microsoft Excel Viewer (xls files)
  Microsoft PowerPoint Viewer (ppt files) [If you have the required MS Office software, the MS Word and PowerPoint viewer would not be needed.]
  Quicktime (qt files)
  Windows Media Player (wma, mp3 files)
  RealAudio RealPlayer (rp, mp3 files)
  Flash (swf files)
  Macromedia Shockwave browser Plug-In
  Java 2 Runtime* (MAC ) (PC - select the 'JRE' download for your operating system)

* In some cases you may be prompted to download a plug-in for Java Runtime. This is normal for machines without Java installed - if you have questions about this process contact Blackboard support. If you are in a lab environment, please ask the lab aid for assistance.

• Note: Please realize that despite meeting all technical recommendations, some students may encounter difficulty accessing course content from their computer. It is required that you locate an alternate computer to use and have a plan for backup technical support should you encounter difficulties that cannot be resolved with your instructor and LBCC Support Services. Personal computer problems will not be an acceptable excuse for not completing course work on time.
In General

- You will encounter technical barriers to learning if you do not have the following:
  Your computer operating system and your Web browser must be on the list of those supported by Blackboard - see "the list" at the LBCC Blackboard website at http://cf.linnbenton.edu/disted/web.cfm?pgID=3

- You have or have ample access to high speed internet - DSL or cable.

- You must be proficient in navigating the World Wide Web (the Web) and able to download and install plug-ins

- You must have your own E-mail account with the ability to send and receive attachments. For Macs, Eudora is recommended as an E-mail application

- An online course requires accessing the web on a regular basis. You need a reliable ISP that seldom responds to your call with a busy signal

- If you are accessing these classes from behind a firewall, you must contact LBCC's Blackboard administrator and find out if the services used will work through the firewall

- Microsoft Word is the supported word processor at LBCC and Blackboard. You must have the ability to read and write MS Word files.

Are Distance Learning Courses For Me?

Take a survey to determine if online learning is for you:

http://www.linnbenton.edu/index.cfm?objectid=BE8CF771-EF31-B46E-53855A54FFE0B95C

Blackboard Orientation

Self-Enrolling in the Orientation:
http://www.linnbenton.edu/go/distance-education/technical-orientation

Positioning Lectures & Lab Demos (accessed through Blackboard)

View Demo File - http://dss.linnbenton.edu/radtech/thumbweb.wmv [ensure the speaker is open on your computer or you have a headset on]