HUDSON COUNTY COMMUNITY COLLEGE

Radiography Program

Application Deadline March 26, 2027
Entrance Exam Deadline March 26, 2027

FALL 2026

Dear Radiography Program Applicant:

Thank you for your interest in the H.C.C.C. Radiography Program. Kindly complete and return the attached Radiography Program packet as the forms are completed and/or documents are ready. Timely submission of the application is highly encouraged. You may return it via regular U.S. Postal Mail, via email, via fax or make an appointment to bring it in personally.

The application packet includes:

1. Radiography Program Application
2. Radiography Program Technical Standard Form
3. Radiography Program Pre-Interview Questionnaire

Please return the packet with:

a. Copy of your H.S. Diploma, H.S. Transcript or GED
b. Current copy of your resume
c. Copy of current/valid Government I.D (driver's license, a state ID card, a passport, green card, or a military ID card)
d. Copy of the front and back of your health insurance cards
e. Official sealed transcripts from *any other* college/universities/institutions you have attended.
f. TEAS Entrance Exam Score
g. Confirmation attendance of an Open House Event or Radiography Program Info. Session

We look forward to you becoming a part of our Radiography Program in the near future.

Radiography Program
Joseph A. Cundari Center; Building F
870 Bergen Avenue, 2nd Floor
Jersey City, NJ 07306
O: 201.360.4784
F: 201.420.7513

HUDSON COUNTY COMMUNITY COLLEGE

Radiography Program

Application for Admission

Complete **ALL** information requested and submit with all listed items on cover letter.

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP CODE

HOME PHONE: (_____) _____ CELL: (_____) _____

D.O.B.: _____ / _____ / _____ SSN: _____ - _____ - _____
MM DD YYYY

EMAIL ADDRESS: _____

WHO TO NOTIFY IN CASE OF EMERGENCY: _____ RELATIONSHIP: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

HOME PHONE: (_____) _____ CELL: (_____) _____

EDUCATION: List **ALL** institutions attended beginning with high school. Official transcripts are required from institutions **other than H.C.C.C.** that you were enrolled in, regardless of length of time attended. No student copies will be accepted.

High School: _____ Dates Attended: _____

College: _____ Dates Attended: _____

College: _____ Dates Attended: _____

Other: _____ Dates Attended: _____

Turn paper over please

HAVE YOU EVER BEEN CONVICTED OF A CRIME: ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN: _____

_____

HOW DID YOU HEAR ABOUT THIS PROGRAM?

☐ NEWSPAPER ☐ T.V. ☐ SOCIAL MEDIA ☐ OPEN HOUSE

☐ INFORMATION SESSION ☐ FRIEND OR RELATIVE ☐ OTHER: _____

☐ CURRENT H.C.C.C. STUDENT (H.C.C.C. STUDENT I.D. #: _____

All papers filed in support of this application become a permanent part of the Radiography Program. They are not returnable. I certify that the information given by me on this application is complete and accurate, and I understand that any misrepresentation may be cause for dismissal and / or refusing admission. Each application must be 18 years of age or older to qualify for admission to the College Program. I am aware that, if accepted to the Radiography Program, I will be required to agree to a criminal background and drug screening investigation. I further understand that commencement and continuation in the Radiography Program is contingent upon the satisfaction of the College's Radiography Program, in its sole and total discretion, with the results of the criminal background investigation.

Signature of Applicant: _____

Date: _____ / _____ / _____

The Admission and Education Policies of the Hudson County Community College-Radiography Program are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability and national origin.

Office Use Only

Application Received On:

Stamped with the date application is received in the department office.

H.C.C.C. School of Radiography

Essential Job Functions for Admission

"Required Technical Standards"

To participate in the clinical education portion of the program, the applicant must possess certain non-academic skills. The following are essential job functions for any Radiologic Technologist as compiled from observations of a wide variety of job experiences.

1. Visual Acuity:
   - Distinguish whether x-ray beam is perpendicular, horizontal or angled through the center of the anatomical area being x-rayed to the center of the film.
   - Perform necessary radiographic procedures that involve placement of needles, catheters, etc. into proper structure of the patient.
   - Read protocol for radiography procedures in the department.
   - Perform data entry tasks using digital and computer terminals.
2. Hearing Acuity:
   - Hearing must be sufficient to communicate with others.
   - Distinguish phonetic sounds either mechanically transmitted or from conversation, in order to perform film processing tasks and fluoroscopic procedures in light controlled areas.
   - Hear and retain pertinent information to relay instructions.
   - Hear and respond to patient questions and clinical history while processing a request.
3. Speaking Ability:
   - Speak clearly and loudly enough to be understood by a person in the Radiology Department, in surgery or on the phone.
   - Good communication skills are also necessary to maintain good interpersonal relationships with patients and peers.
4. Digital Dexterity:
   - Graps and manipulate small objects required to perform job function.
   - Operate a variety of x-ray equipment
   - Arms and hands or functional artificial limbs are essential to perform radiographic procedures and transfer patients.
   - Legs and feet or functional artificial limbs are essential to maintain balance to accomplish required duties and transport patients.
5. Physical Ability:
   - Stand for the majority (approximately 80%) of a normal work day.
   - Maneuver through congested area(s) or unit(s) to perform positioning procedures and transport patients.
   - Raise arm(s) while maintaining balance when positioning a patient, reaching over table, adjusting x-ray tube.
   - Maneuver/push heavy radiographic equipment through congested areas.
   - Pull/push medical equipment and adjust x-ray tubes to standard focal film distance; transfer of patients to and from unit.
   - Weight must allow free movement within small control booth, move quickly during patient emergencies; squeeze in small areas while performing portable radiography procedures.
   - Lift incapacitate patients, for placement of film; lift and carry approximately 30 pounds of equipment.
6. Adaptive Ability:
   - Complete assignments or job functions within deadlines.
   - Complete required tasks/functions under stressful conditions.
   - Track and complete multiple tasks at the same time.
   - Perform independently with minimal supervision.
   - Interact appropriately with diverse personalities.

I have read the above Essential Job Functions for Admission into the Radiography Program. My signature below determines that I am capable of fulfilling these requirements.

_____	_____	_____ / _____ / _____
Print Name	Signature	Date

Adopted 10/2015



Radiography Program

NEW APPLICANT PRE- INTERVIEW QUESTIONNAIRE FORM

To Be Submitted with School Application Forms

NAME:_____ **TODAY'S DATE**:_____/_____/_____
MM / DD / YYYY

ADDRESS:_____

CITY:_____STATE_____ZIP_____

HOME TELEPHONE #: (_____)_____ CELL #: (_____)_____

EMAIL ADDRESS:_____

INSTRUCTIONS: ***Please write clearly.*** Kindly answer ALL questions to the best of your ability. These answers will be used in conjunction with the interview process.

1. Why did you choose Hudson County Community College over other local colleges?

   _____

   _____

2. Were you enrolled in any other majors, or were interested in any another major? What was it? ☐ Yes ☐ No

   _____

3. Why did you choose radiography?

   _____

   _____

4. The program is strict on attendance and tardiness, do you foresee any issues with adhering to attendance policies? ☐ Yes ☐ No

   If yes, what?

   _____

5. Do you think you will have any difficulty interacting the people of difference cultures and backgrounds? ☐ Yes ☐ No

   If yes, why?

   _____

6. Do you think you will have any difficulty working with/touching patients with known and unknown communicable diseases? ☐ Yes ☐ No

   If yes, why?

   _____

7. Do you think during laboratory and simulation procedure evaluations, that you will have difficulty positioning and touching classmates, and being positioned and touched by classmates? ☐ Yes ☐ No

8. Describe what life/work experiences you have that will help you interact well with both patients and peers?

   _____

   _____

   _____

9. Have you ever been involved in caring for someone in a health care situation, family or friend? Please explain what care you provide.

   _____

   _____

   _____

   _____

10. Are you aware of the avenues for advancement/progression in the field of radiology?

    ☐ Yes ☐ No

    If yes, what were they?

11. What interested you about them and have you considered or checked into any of these?

☐ Yes ☐ No

If yes, why?

_____

12. What are your salary and/or employment expectations after graduation?

_____

13. Are you aware that you will be required to complete clinical rotations in Bayonne, Hoboken, Jersey City, Montclair, Nutley, Rutherford, Union City, West New York, Staten Island and other cities including future clinical sites? ☐ Yes ☐ No

14. Are you aware that acceptance to the Program is not based on your ability/inability to travel to assigned clinical sites? ☐ Yes ☐ No

15. Are you CPR Certified? *Required upon the start date of clinical* ☐ Yes ☐ No

16. What qualities do you think a radiographer should possess?

_____

_____

17. What do you think will be your greatest challenge during the full-day, 24-month Radiography program?

_____

_____

18. Provide an example of a time when you have worked with a team and used your communication skills. (Ex. Work or school)

_____

_____

_____

_____

19. Do you consider yourself more of a leader or team member?

☐ Leader ☐ Team Member

20. What subjects did you enjoy the most *and* the least in high school? Why?_____

_____

_____

_____

21. Did you participate in extracurricular activities/volunteering in high school/college? List them.

_____

_____

_____

22. What experiences in school or at work have you had that will help you as a Radiologic technologist?_____

_____

_____

_____

Complete other side

23. List your employment experiences and dates: (starting with most recent)

Employer	Job Title	Start Date	End Date

24. Were you ever convicted of a felony or misdemeanor? ☐ Yes ☐ No

If YES, explain: _____

_____

Note: upon graduating from the program, you are allowed to sit for the ARRT registry exam. Individuals who have been involved in a criminal proceeding or who have been charged with or convicted of a crime may file a request for PRE-APPLICATION REVIEW with the ARRT. A charge or conviction of a plea of guilty or a plea of nolo contendere to an offense that is classified as a misdemeanor or felony constitutes a conviction for ARRT purposes. Fee $100; www.arrt.org

25. Do you possess a valid government ID with photo?

☐ Yes ☐ No

A copy <u>must</u> accompany your application to confirm eligibility to sit for ARRT exam.

26. Do you know anyone in the field of radiology? ☐ Yes ☐ No

If **YES**, please provide names_____

_____

27. Do you know any past graduates from the program? ☐ Yes ☐ No

If **YES**, please provide names: _____

_____

APPLICANT SIGNATURE

Submit