



MT. SAN JACINTO COLLEGE  
RADIOLOGIC TECHNOLOGY PROGRAM  
PROGRAM APPLICATION PACKET

**APPLICATION FILING PERIOD: April 1st – 15th for Fall admission.**  
INCOMPLETE or INACCURATE application packets will automatically disqualify the applicant.

**NEW!** Applications will be accepted via:

- a. Scanned and emailed to the [radtechprogram@msjc.edu](mailto:radtechprogram@msjc.edu) email address. **Please Note:** Documents must be in **PDF** or **JPEG** format, **Must** include subject line: **FA2025 RAD Tech Application**

**OR**

- b. Downloaded, printed, and **delivered in a sealed envelope** to the Nursing and Allied Health Department during regular business hours. **Monday-Thursday 8:00A – 5:00P.**  
An email will be sent confirming the receipt

We will only accept one submission per student, per application period. Any subsequent submissions will not be considered part of your application.

**Please Note:** Correspondence with students regarding application, surveys, and other communications from the MSJC Allied Health program will be via [MSJC student email and personal email only](#).

**\*OVERALL PROGRAM REQUIREMENTS**

- a. Active admissions application on file with Mt. San Jacinto College
- b. High school diploma, GED, or California proficiency
- c. Required transcript assessment and counseling advisement: "Program Notes" with GPA listed
- d. Reliable transportation to all affiliated hospitals
- e. Cumulative GPA of at least 2.5 and a "C" or better on all prerequisite courses
- f. Upon Admission student must be able to pass drug screening, background check, and immunizations and/or vaccinations as required by hospital affiliates.

**DOCUMENTS TO SUBMIT WHEN APPLYING**

- 1. Completed and signed Applicant Information Sheet
- 2. Eligibility Evaluation/Program Notes with listed GPA
- 3. High School Diploma/GED/California Proficiency
- 4. Completed Demographics Survey

**DOCUMENTS TO SUBMIT UPON ADMISSION**

- a. Students will receive acceptance letters via email (denial letters will also be sent out)
- b. Student must acknowledge acceptance letter and return to Allied Health Office via email
- c. Students will attend a mandatory orientation workshop in Summer
- d. Students will be required to complete and submit the following:
  - 1. CPR Card
  - 2. Liability Insurance (HPSO)

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3. Physical Exam
4. Photo Release Form
5. Immunizations- MMR, TDAP, Varicella, HEP B series or positive Titers for each

**DOCUMENTS TO SUBMIT BEFORE STARTING CLINICAL TRAINING**

6. Background Check
7. Drug Screening
8. Proof of personal health insurance
9. Immunizations- MMR, TDAP, Varicella, HEP B series or positive Titers for each
10. Vaccinations- Annual Influenza or declination with face mask during flu season; Covid 2 series: Moderna or Pfizer OR 1 series J&J or Novavax
11. TB blood screening - QuantiFeron Gold or chest Xray if prior +

Specific instructions on how to complete post-acceptance documentation will be included in the program acceptance letter.

\*Please review both application and admission documentation requirements along with overall program requirements.

- During 1st Semester, Proof of these items must be uploaded onto Castlebranch, CB Bridges.
- Any student who does not submit the required information will not be able to attend clinicals.

**PROGRAM ESTIMATED COSTS**

1. Student Tuition, ASB card and a parking permit as stated in the current college catalog.
  2. Uniforms designated by the Nursing and Allied Health Department - \$270.
  3. RAD Tech textbooks and supplied - \$400-\$600.
  4. Trajecsys Online Management System - \$150
  5. CPR course- \$65 (Must be American Heart Association/Healthcare provider-BLS)
  6. Physical Examination/Laboratory tests - \$300-\$500.
  7. Background Clearance + Drug Screening + Medical Document Manager- \$122-\$322
  8. Transportation cost to and from training sites – varies
  9. Liability Insurance covering students is provided by the college at no cost to the student.
  10. Personal Liability Insurance - \$40
  11. Licenses (CTR, Fluoroscopy)- \$275
  12. ARRT Registry- \$200
- Students are required to carry their own Professional Liability Insurance (HPSO), \$1-3 million. Approx. \$35.
  - Students are required to show proof of Personal Health Insurance, which is required by Clinical Sites.

Pages 1-2 of this application packet are only informational and for your records. Please use this as a checklist to ensure all packet requirements and supporting documentation have been submitted.



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APPLICANT INFORMATION SHEET

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Previous Name (If Applicable) MSJC Student ID #

\_\_\_\_\_  
MSJC Email Address Personal Email Address

\_\_\_\_\_  
Mailing Address City State Zip

\_\_\_\_\_  
Primary Phone # Alternate Phone # (Optional)

**How did you learn/hear about the MSJC DMS Program? Please check all that apply.**

- RAD Tech Workshop       High School Career Fair       MSJC Catalog       Middle School Career Day
- MSJC Counselor       Parent /Friend       MSJC Event       MSJC Winter Discovery Camp
- MSJC Website       Elementary Career Day       Healthcare Professional  Other \_\_\_\_\_

**Have you ever been convicted of a felony/misdemeanor?**       NO       YES

**Have you ever violated the Student Code of Conduct at any College and/or University?**       NO       YES

\*If yes, you must attach a one-page statement explaining the incident and any supporting documentation. Marking yes, does not disqualify you from the program, but assists the program faculty to develop a strategic plan to help you be successful in the program.

**Please read and sign below to acknowledge of the following statements:**

- I understand the approximate expenses for participation in the Associate Degree Diagnostic Medical Sonography Program and I am aware that expenses are subject to change.
- I agree to the cost of tuition, ASB and a parking permit as stated in current MSJC catalog.
- I have read the enclosed program requirements.
- I understand clinical training sites are as far away as Palm Springs and that I need reliable transportation to my site.
- I will notify the Nursing & Allied Health Department of any change in name/address/phone number immediately.
- I hereby give permission for Enrollment Services to share information (including transcripts, grades, and evaluation results) with MSJC Nursing & Allied Health Department.
- I understand admission to the program will be compromised if I am unable to be reached.
- I understand that my admission to the program is contingent upon submission of all post-acceptance documentation.
- I have included all necessary proof and required documents within my packet.
- I hereby acknowledge all information provided is true and accurate, to the best of my knowledge. I understand that failure to disclose accurate information will result in my application being removed from consideration and/or dismissal from program upon acceptance.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



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DEMOGRAPHIC DATA SURVEY

Demographic Data Survey is collected by all MSJC Nursing & Allied Health Programs. This data is required for CAAHEP accreditation standards. This survey is required, confidential and not used in application review.

Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

1. Gender:
  - Male
  - Female
  - Non-Binary
  - Other
  
2. Race/Ethnicity:
  - American Indian
  - Alaska Native
  - Asian
  - Black or African American
  - Hispanic or Latino
  - Native Hawaiian or Pacific Islander
  - White or Caucasian
  - Mixed
  - Other \_\_\_\_\_
  
3. Age at application \_\_\_\_\_
  
4. Are you registered with Accommodation Service Center? Yes \_\_\_\_\_ No \_\_\_\_\_
  
5. How many times did you take the TEAS exam? \_\_\_\_\_
  
6. Did you remediate for the TEAS? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what date? \_\_\_\_\_
  
7. Are you currently affiliated with the military? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what branch? \_\_\_\_\_ What is your affiliation? Active \_\_\_\_\_ Veteran \_\_\_\_\_ Reservist \_\_\_\_\_ Guardsman \_\_\_\_\_ Spouse \_\_\_\_\_ Dependent \_\_\_\_\_
  
8. Have you been enrolled with the MSJC Associate Degree RAD Tech Program before? Yes \_\_\_\_\_ No \_\_\_\_\_
  
9. Have you ever violated the Student Code of Conduct at any College and/or University? Yes \_\_\_\_\_ No \_\_\_\_\_
  
10. Have you ever had any health care license and/or certificate suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide documentation.
  
11. Have you attended a Health Occupations Discovery Camp at MSJC? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what year did you attend? \_\_\_\_\_

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12. One-way travel distance to campus:
- 0-10 miles
  - 11-20 miles
  - 21-30 miles
  - 31-40 miles
  - 41 or more miles
13. Average weekly hours of employment:
- Currently not working
  - Less than 8 hours
  - 8-15 hours
  - 16-23 hours
  - 24-31 hours
  - 32-39 hours
  - 40 hours or more
14. Have you had previous experience working in health care? \_\_\_\_\_ If yes, how many years?
- Less than 1 year
  - 1-2 years
  - 3-5 years
  - 6-8 years
  - 9 years or more
15. Health care work experience:
- None
  - Licensed Vocational Nurse LVN
  - Certified Nursing Assistant CNA
  - Emergency Medical Technician EMT
  - Medical Assistant MA
  - Health related military experience
  - Other \_\_\_\_\_
16. Did you move from out of state to attend this program? Yes \_\_\_\_\_ No \_\_\_\_\_
17. Highest educational level completed:
- High school or equivalent
  - Associate's Degree
  - Bachelor's Degree
  - Master's Degree or above
18. Which program prerequisites did you complete at MSJC (ONLY select ONE):
- Anatomy & Physiology 1 (Anat-101)
  - Anatomy & Physiology 2 (Anat-102)
  - Medical Terminology (AH 105)
  - Math 105 College Algebra or College Level Math numbered 100 or higher
  - COMM 103 Interpersonal Communication or COMM 100 Public Speaking
  - None

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19. Are you eligible to receive financial aid through any of the following? Yes \_\_\_\_\_ No \_\_\_\_\_
- California College Promise Grant and/or Program
  - Pell Grant
  - GAIN
  - JOBS
  - JTPA
  - SST
  - General Assistance
  - AFOC
  - Single with income below \$7,500
  - Couple with income below \$15,000
  - \$1,000 for dependent children
  - Other \_\_\_\_\_