

AACC | School of Health Sciences

RADIOLOGIC TECHNOLOGY Fall 2025 Program Application

Application Deadline – April 30, 2025

Submit completed application to healthsciencesadmissions@aacc.edu (preferred) or via mail to Anne Arundel Community College, ATTN: Health Sciences Admissions, 101 College Parkway, Arnold, MD 21012.			
Demographic Information			
Last Name	First Name	Middle	
Address			
City	State	Zip Code	County
*Last 4 digits of social security #		College ID #	
Phone	AACC Email Address _____@mymail.aacc.edu		
<p>The mailing address you provide on this application will be your address of record. It is your responsibility to notify the Health Sciences Office as well as the Records Office of name, address and phone number changes during the application process. Applicants are advised to check their AACC email account periodically for placement updates and notices.</p> <p><i>* If you do not have a Social Security number or Individual Taxpayer Identification Number (ITIN), you may not be permitted at some clinical rotation sites and site availability could delay or inhibit your progression in the program. An international student admission specialist in AACC's Admissions and Enrollment Development office may be able to assist students with F-1 visa status to obtain a Social Security number through practical training. Call them at 410-777-2677.</i></p>			

ACADEMIC REQUIREMENT CHECKLIST

Before completing this application, you must meet all of the requirements below.

1. I understand that it is highly recommended, but not required, that I attend a Radiologic Technology information session.
2. I have an active admission status at AACC and am in Good Standing (≥ 2.0 GPA) with the college.
3. I understand that all prerequisites must be completed by the end of the spring term with a grade of C or better.
4. I understand that pass/fail grades will not be accepted.
5. I understand that I must submit final official transcripts** from **ALL** previously attended colleges by May 30, 2025.
6. International students must submit official transcript evaluation report from [ECE](#), [WES](#) or [The Evaluation Company](#) (formally SpanTran) to verify /authenticate your high school and/or college transcripts.
7. I understand that I will have the opportunity to participate in a shadow day prior to selection. Dates and times to be announced via email.
8. I understand that, if selected or placed on the waitlist, I must attend a mandatory orientation meeting. Date and time to be announced via email.
9. I reviewed and acknowledge the [technical standards](#).
10. If I receive acceptance into the Radiologic Technology program, there will be additional program and clinical requirements to complete, including a health examination record, AHA BLS CPR certification, and a [criminal background check](#).
11. I understand that if information is missing from my student record application, my application will **NOT** be processed and will be considered incomplete. Incomplete applications will NOT be considered. I understand that I will be notified by my AACC email once if required application information is not submitted.
12. I have successfully completed the ATI TEAS with a proficient score of 65% or higher within 2 years of the application deadline.
13. I understand that patient contact experience and taking math and science courses within 7 years are recommended but not required.
14. I understand that my AACC email address is required for correspondence with AACC.

**Transcripts are considered official only when received by Anne Arundel Community College Records Office in the sending institution's original sealed envelope or by acceptable electronic submission.

For submitting college transcript instructions, visit the Records Office website: [Submit College Transcripts](#).

INTERNATIONAL STUDENTS

TOEFL TEST

If you are an international student, there may be additional requirements for you. Visit [our international student admissions](#) pages to learn more. Review AACC's [TOEFL](#) Score Requirement webpage for more information, including exemptions for the TOEFL requirement.

TOEFL

Date taken: _____ Score: _____ Where taken: _____

TRANSCRIPTS

I acknowledge that that I have submitted an official transcript evaluation report from [ECE](#), [WES](#), or [The Evaluation Company](#) (formally SpanTran) for verification of my high school and/or college transcripts to the Records office prior to this application submission.

I used the following listed agency (from the list above): _____

RADIOLOGIC TECHNOLOGY ADMISSION REQUIREMENTS

ATI TEAS

ATI TEAS (Test of Essential Academic Skills)

Applicants must demonstrate a total ATI TEAS Proficient test score of 65% or higher. Scores are not rounded.

Must successfully pass within two years of the date the application is submitted.

There is no limit to the number of attempts on the TEAS.

We will consider your best overall score if you submit reports of multiple attempts.

Applicants must take the test at an approved on-site testing center and register via the [ATI registration website](#).

During this admissions cycle, remote TEAS testing will be accepted.

The TEAS must be completed by the application deadline.

You are required to send the official TEAS transcripts to Anne Arundel Community College via your student ATI account. Review instructions on how to submit your scores on the [ATI website](#).

Test Date: _____

Overall Score Percentage: _____%

EDUCATION

Check below your level of education, indicating where the official transcript was earned:

I have an Associate Degree
College: _____ Date conferred: _____

I have a Bachelor's Degree or higher
College: _____ Date conferred: _____

PREREQUISITE REQUIREMENTS

List all courses below that have been completed with a C or better. NOTE: It is recommended but not required that Science and Math prerequisite courses be taken within 7 years of the semester the application is submitted. Due to the selection process, the Radiologic Technology program cannot accept Pass/Fail as a replacement for letter grades in the required courses. List any courses in progress Spring 2025 as IP. Submit official college transcripts for evaluation by May 30, 2025, for prerequisite courses completed by May 30, 2025. For students completing prerequisite courses at another institution during the spring term, they must submit final official transcripts by May 30, 2025, to have the courses considered.

TERM 1 COURSE	GRADE	CREDITS	COLLEGE WHERE COMPLETED	TERM	YEAR
BIO 231 Human Biology 1 and					
BIO 232 Human Biology 2					
OR					
† BIO 233 Anatomy and Physiology 1 and					
BIO 234 Anatomy and Physiology 2					
MAT 137 College Algebra <i>MAT 145, 151, 191, or 230 satisfies MAT 137 requirement. (Former MAT courses 121, 131, 141 or 142 will also satisfy MAT 137 requirement).</i>					
ENG 101/ENG101A Academic Writing and Research 1 <i>Previously completed ENG 111/115 or 121 will be accepted.</i>					
SOC 111 Introduction to Sociology					
COM 111 Fund. of Oral Communication OR COM 116 Fund. of Oral Communication for Non-Native Speakers					

† This course has a prerequisite of BIO 101.

BACKGROUND INFORMATION

Submit explanation of questions for which you answer "yes" and provide documents relating to your answer emailed to tdneall@aacc.edu or mailed separately to address on first page of this application, ATTN: Tammie Neall.

Do not write explanation(s) on the application

Yes <input type="radio"/>	No <input type="radio"/>	Were you ever disciplined for any academic or behavior/conduct issue by any college, university, or any other educational institution after High School including, but not limited to, probation, dismissal, suspension, disqualification, or imposition of a failing grade as a disciplinary sanction? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever been convicted of a crime, driving while intoxicated or impaired (either by alcohol or drugs), had your driving privileges suspended or revoked, and/or are there any pending charges regarding any of the above? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever surrendered your driver's license or had such license suspended or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever surrendered a professional license, certification, or registration, or had one restricted, suspended or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever been placed on professional probation, had conditions or limitations placed on your ability to work even if your license had not been restricted, suspended, or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.
Yes <input type="radio"/>	No <input type="radio"/>	Have you ever had your clinical privileges at any office or facility restricted, suspended, or revoked? If your answer is yes, provide a written explanation and all relevant documents relating thereto.

NOTE: Licensing boards for certain health care occupations, including Radiography may deny, suspend, or revoke a license or may deny the individual the opportunity to sit for an examination even if the individual has completed all program course work, if it is determined that an applicant has a criminal history or is convicted or pleads guilty or nolo contendere to a felony or other serious crime. If applicable, it is recommended to contact national certifying boards for your program of interest.

I certify that the information on this application is true and accurate to the best of my knowledge. I have read and understand the information on this application. I am aware that falsification or misrepresentation may result in being denied admission, or if enrolled, dismissed, from this program. I understand that there are additional program and clinical requirements to be met after acceptance: criminal background check, CPR, and satisfactory completion of a health examination record.

Please review prior to submitting this application. This application must be completed in its entirety. I understand that by filling in my name below, it will be considered as my signature.

Signature: _____

Date: _____

PRINT NAME: _____

Notice of Nondiscrimination: AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-1411 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days' notice. For information on AACC's compliance and complaints concerning sexual assault, sexual misconduct, discrimination, or harassment, contact the federal compliance officer and Title IX coordinator at 410-777-1239, complianceofficer@aacc.edu or Maryland Relay 711.

PATIENT CONTACT EXPERIENCE VERIFICATION FORM

Applicants are encouraged to have 60 hours of volunteer and/or employment experience in a clinical health-related setting with direct patient care within the last seven years at the time of application.

Applicant Name:	
Applicant Phone:	
Supervisor Name:	
Business Address:	
Employer Phone:	
Name of Business:	
Position Held:	
Description of Duties: (Must involve patient contact)	
Was this Volunteer Experience: <input type="radio"/> YES <input type="radio"/> NO	
Dates of Employment/Experience:	From: _____ To: _____
Number of Months Worked:	Full-time: _____ Part-time: _____
Total Hours of Patient Contact Experience from This Employer:	

STATEMENT OF CERTIFICATION

I certify that all the information I have provided on this form is true, complete, and correct to the best of my knowledge and belief and is made in good faith. I know and understand that any or all items contained herein are subject to verification and I consent to the full release of information from the employer listed for the purpose of verifying the information I have provided.

Applicant Signature

Date