

3. The Radiologic Technology program at RVCC is rigorous. All Radiologic Technology Program courses are based on a 7 points scale (C=80). At times, some students may need to work while maintaining full time student status. Please indicate your thought process regarding class schedules, studying, leisure, and work and how you plan to successfully maintain all of these activities if you are accepted into this program

4. The Radiologic Technology field encompasses many delicate and sensitive scenarios beyond traumatic situations. Along with the high level skill set that is developed during your training, a very high level of empathy is also required. This is an Allied Health profession that entails a great deal of patient contact, some of which may be unpleasant. Do you feel you are capable of extending a superior level of dedicated care, despite any illness or situation that you encounter?

Essential Functions List for Radiologic Technology Program

1. Reach and manipulate equipment to its highest position (6'). Can raise objects from a lower to a higher position or move objects horizontally from position to position. (This factor requires the substantial use of the upper extremities and back muscles.)
2. Move and stand wheelchair and/ or stretcher and help patient on/off imaging table.
3. Possess mobility, coordination and strength to push, pull or transfer heavy objects. Lift a minimum of 50 pound and ensure patient safety.
4. Possess manual dexterity, mobility, and stamina to perform CPR
5. Move from room to room and maneuver in small spaces.
6. Demonstrate manual dexterity to perform necessary manipulation such as drawing doses with syringes, manipulating locks, sterile and aseptic techniques.
7. Use sufficient correct eyesight to observe patients and evaluate radiographic quality.
8. Visually monitor patients/charts/machine indicator lights in dimly lit conditions
9. Read and apply appropriate information and instructions contained in requisitions, notes and patient charts.
10. Possess sufficient hearing to assess patient's needs, follow instructions, communicate with other health care workers, as well as respond to audible sounds of radiographic equipment. (Please comment if corrective devices are required.)
11. Communicate in a clear and concise manner with patients of all ages, including obtaining health history and pertinent information.
12. Understand and apply clinical instructions given by department personnel
13. Able to read, comprehend, and write legibly in the English language
14. Be able to adapt to changing environments and schedules
15. Establish rapport with fellow students, coworkers, patients and families
16. Function under stressful conditions
17. Oriented to reality and not mentally impaired by mind altering substances.
18. Able to convey sensitivity, respect, tact, and a mentally healthy attitude
19. Endure a minimum of two hours of didactic instruction in a normal classroom environment

Essential Functions Agreement

I have reviewed the Essential Functions for The Radiologic Technology Program and I certify that: to the best of my knowledge I currently have the ability to perform these functions.

I understand that further evaluation of my ability may be required and conducted by the Radiography faculty if deemed necessary to evaluate my ability prior to admission to the program and for retention and progression through the program.

I'm aware in case I am unable to fully meet the items indicated without accommodations, I will contact the College Disability Coordinator to register for any special accommodation. I will be asked to provide documentation of the disability in order to assist with the provision of appropriate reasonable accommodations. Documentation should address the specific accommodation and be dated within three years of the enrollment. Once the documentation is filed with the College Disability Coordinator, the student's instructors will be notified of the requested accommodation. Students should update their information with the College Disability Coordinator by the courses for which they are seeking accommodations each semester.

x _____
Signature

x _____
Date

x _____
Name

x _____
Student ID # (if known)

Please upload this packet to your student application. For questions, please contact Admissions (rvccadmissions@ccsnh.edu)