Sandhills Community College Radiography Admissions Packet

Application Period: March 22-March 25, 2027

Points worksheets will be accepted only from Monday, March 22 at 9:00 AM until **Thursday, March 25** at 4:00 PM. There is only one application period. To be eligible to submit this application, students must:

- Apply to Sandhills Community College within the last two years.
- Complete the navigator meeting.
- Submit your most recent official high school and college transcripts must be on file with the SCC Registrar's Office.
- Have already completed all prerequisite courses or be enrolled during the spring semester. If prerequisite courses are being completed in high school or at another college in spring semester, the student must provide an enrollment verification.
- Have taken the HESI A2 Exam at Sandhills within the last three years.
- Submitted the online Health Sciences application since **August 1, 2026 and before 4:00 PM on March 25, 2027**.

INSTRUCTIONS

Submit the points worksheet (page 2) and supporting documents in person to Ms. Batson in Foundation Hall 1002-B no later than 4:00 PM on the final day of the application period. If you are unable to submit the worksheet in person, contact Ms. Batson at 910-695-3834 to discuss delivery options and ensure it was received. Do not leave applications unattended or slide them under office doors.

- List your highest HESI A2 cumulative score. Round up or down to a whole number.
- Attach documents verifying optional points.
- Work Experience must be for a minimum of 6 months within the last three years to be eligible for points. See Work Verification form. See page 3.
- Job Shadow must be in Diagnostic Imaging/X-ray for a minimum of 6 hours to be eligible for points. See Job Shadow Verification form. Job Shadow must be less than three years old at the time of the application deadline. See pages 4-5.
- CPR Certification must be a non-expired American Heart Association BLS CPR for Healthcare Providers.
- Immunization Records must be official records from a physician or health department. Printouts from MyChart are not acceptable. Records must include all required immunizations or titers indicating immunity (if applicable) as listed on the Radiography web page, with the exception of the Influenza vaccine & TB skin test. Students who did not receive a Varicella immunization must provide a titer. See Immunization Checklist, page 6.
- Credit hours **completed** at Sandhills must be verified by attaching an unofficial Sandhills transcript. Courses in progress spring semester may not be counted toward credit hours completed.

Ranking will be based on the highest number of points	**POINTS**
HESI A2 Score, MANDATORY	75-100
Work Experience from list, optional, see page 3	5
Job Shadow, optional, see pages 4-5	5
CPR Certification, optional	10
Immunization Records, optional, see page 6	15
Credit hours completed at Sandhills, 12 or more, optional	10
Credit hours completed at Sandhills, 6-11, optional	5
Credit hours completed at Sandhills, 1-5, optional	1

RADIOGRAPHY POINTS WORKSHEET FOR FALL 2027 ADMISSION

APPLICANT INFORMATION

Name _____ SCC Student ID# _____

Phone (area code)_____ Advisor _____

SCC Student Email _____

Current Cumulative GPA _____

CATEGORY	POINTS/SCORE
HESI A2 Cumulative Score, MANDATORY	
Work Experience, Optional, verification form required, see page 3	
Job Shadow Experience in Diagnostic Imaging (X-Ray) Optional, verification form required, see pages 4-5	
Immunization Records, Optional, attached, see page 6	
CPR Certification, Optional, attached	
Credit hours completed at Sandhills, Optional, unofficial transcript attached	
TOTAL POINTS	

CONDITIONAL ADMISSION

I am aware that notifications will be made by **SCC email only**, and that if offered a seat in the program **I must**:

- attend a mandatory Orientation;
- submit all immunization, criminal background check and drug screen, and CPR certification documentation by the deadlines requested by the Radiography program;
- failure to do so may result in my seat being forfeited.

STATEMENT OF ACACEMIC INTEGRITY

- I submit this information as a true and accurate account of my academic and HESI A2 performance.
- I understand that forms received after the published deadline will not be considered.
- I have read and followed all of the instructions on this sheet and understand that mistakes or misrepresentation of this information MAY RESULT IN THE LOSS OF POINTS AND THUS IMPACT MY ADMISSION TO THE RADIOGRAPHY PROGRAM

Student Signature _____ Date _____

Received by SCC _____ Date _____

RADIOGRAPHY APPLICANT WORK EXPERIENCE VERIFICATION

The student requesting this work verification is applying to the Radiography program at Sandhills Community College. Points for admission can be earned for documented work experience in one of the areas listed below.

This form must be scanned and emailed from the EMPLOYER to radiography@sandhills.edu.
Forms submitted directly by students will not be accepted.
This Job Shadow experience is good for three years from the date it was completed.

- Do not write in job titles not listed below. Contact the Program Director to discuss any work experience not listed below.
- For Companion Care, verification may not be completed by a family member.
- Administrative, counseling, & teaching experiences are not qualifying positions.
- Clinical education experience is not eligible for points.

STUDENT TO COMPLETE THIS AREA

Student Name _____

Student SCC Email _____

SCC Academic Advisor _____

AGENCY/BUSINESS/EMPLOYER TO COMPLETE THIS AREA

- **Email completed form to radiography@sandhills.edu**
- **Please provide a copy to the student**

Work Experience

☐ Athletic Trainer	☐ EMT/Paramedic	☐ Medical Assistant	☐ Pharmacy Tech
☐ Central Sterile Processing	☐ Hospital Transport	☐ Nurse Aide	☐ Phlebotomist
☐ Companion Caregiver	☐ Imaging Tech/Assistant	☐ Occupational Therapy Asst	☐ Physical Therapy Asst
☐ Dental Assistant	☐ LPN/LVN	☐ Ophthalmic Technician	☐ Surgical Tech
☐ EKG Tech	☐ Massage Therapist	☐ Paramedic/EMT	☐ Vet Tech

Agency/Business/Employer Name _____

Employer Representative Name _____

Employer Representative Title _____

Address _____

Phone number _____

Email address _____

Hire date _____ **Last date worked** _____

Status ☐ Full Time ☐ Part Time

I attest this is a true record of the student's work history in this role, and that the student has worked for a minimum of 6 months in this role.

_____

Signature **Date**

RADIOGRAPHY APPLICANT JOB SHADOW EXPERIENCE VERIFICATION

The student requesting this work verification is applying to the Radiography program at Sandhills Community College. Points for admission can be earned for completing a documented job shadow experience in **Diagnostic Imaging/X-Ray lasting a minimum of 6 hours**.

This form must be scanned and emailed from the EMPLOYER to radiography@sandhills.edu.
Forms submitted directly by students will not be accepted.
This Job Shadow experience is good for three years from the date it was completed.

STUDENT TO COMPLETE THIS AREA

Student Name _____

Student SCC Email _____

SCC Academic Advisor Name _____

Student Emergency Contact Name _____ Phone # _____

AGENCY/BUSINESS/EMPLOYER TO COMPLETE THIS AREA

- **Email completed form to radiography@sandhills.edu**
- **Please provide a copy to the student**

Agency/Business/Employer Name _____

Employer Representative Name _____

Employer Representative Title _____

Department/Unit _____

Address _____

Phone number _____

Email address _____

Date(s) of Job Shadow _____

Length of Job Shadow _____

I attest this is a true record of the student's job shadow experience, and that the student attended for a minimum of 6 hours.

_____

Signature **Date**

RADIOGRAPHY APPLICANT JOB SHADOW INSTRUCTIONS

To receive points for admissions, students may complete a documented job shadow experience in **Diagnostic Imaging/X-Ray in hospital setting, lasting a minimum of 6 hours**.

Students are responsible for scheduling the job shadow experience.
Students must bring a copy of the Job Shadow Verification form with them.

GOALS

By the completion of the six hours of observational experience, the student will have:

- Become aware of the roles and job functions of the radiography personnel.
- Become familiar with radiography techniques and equipment.
- Observed a variety of patient conditions and imaging procedures.

STUDENT EXPECTATIONS

- Respect for human dignity and patient privacy are expected at all times.
- Cell phones are not permitted
- Arrive 10-15 minutes before the scheduled time and remain throughout the scheduled duration
- Appropriate professional attire is required and may include: scrubs, or dress slacks with a shirt or blouse, with comfortable leather, closed-toe shoes
- Not permitted: jeans, hoodies, shorts, sandals, open-toe shoes
- Bring a pen and paper and take notes. Consider the following questions:
    1. How did you become interested in the Radiography program?
    2. What interested or surprised you?
    3. What might you not like about radiography?
    4. Has this experience changed your mind; do you still want to become a radiologic technologist?

KNOW BEFORE YOU GO

- Students may be required to provide proof of influenza vaccination depending on the time of year.
- Job Shadow experiences scheduled for 6 hours on a single date typically include a 30-minute lunch break.
- Students should eat something before they go and may bring a water bottle with a lid.
- Students with a medical condition that requires regular snacks should tell the employee they have been assigned to at the beginning of their scheduled experience.
- Students will witness real patients, potentially including emergency situations, and should expect to see bodily trauma and fluids.

FirstHealth
https://talent.firsthealth.org/career-development#internships
https://legacy.firsthealth.org/education/student/story.html
Scotland Health
https://www.scotlandhealth.org/careers/job-shadowing
Cape Fear Valley Health
https://www.capefearvalley.com/student-rotations

RADIOGRAPHY APPLICANT IMMUNIZATION CHECKLIST

- Immunization Records must be official records from a physician or health department.
- Printouts from MyChart , Follow My Health, or other patient portals are not acceptable.
- Records must include ALL required immunizations or titers indicating immunity as listed below to receive points.
- Students who did not receive or do not have proof of immunization must provide a titer with lab results. Physician note indicating history of disease is not sufficient.
- These records will not be returned to you. Please keep a copy for your own records. If offered a seat in the program, you will be responsible for uploading these records at a future date.

WHERE TO GET YOUR RECORDS

Contact the immunization information service for the state where you received the vaccinations.

https://www.cdc.gov/iis/contacts-locate-records/index.html#nc

Your current medical provider can check the North Carolina Immunization Registry.

K-12 school

Military: MHS Genesis Patient Portal

IF YOU NEED TO RECEIVE IMMUNIZATIONS AND/OR TITERS

County Health Department: immunizations only

Pharmacy: immunizations only

Primary Care Physician: immunizations and titers

Urgent Care: immunizations and titers

Proof of ALL the following are required to receive points for admission	**To be completed later, if offered a seat**
☐ **Tetanus, Diphtheria, Pertussis (DTaP, DTP, DT, Td, Tdap)**	Having these done too early may require them to be repeated.
☐ **Measles (Rubeloa)**	**Influenza**
☐ **Mumps**	**TB skin test**
☐ **Rubella**	
☐ **Hepatitis B full series**	
☐ **Varicella (Chicken Pox)**	