## Sandhills Community College Radiography Admissions Points Worksheet

### Application Period: March 23-March 27, 2026

Points worksheets will be accepted only from Monday, March 23 at 9:00 AM until Friday, March 27 at 12:00 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.
- Submit official high school/HSE/GED and college transcripts to admissions.
- Complete the navigator meeting.
- 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, 2025.

#### INSTRUCTIONS

- Your most recent official high school and college transcripts must be on file with the SCC Registrar's Office.
- List your highest HESI A2 cumulative score. Round up or down to a whole number.
- Attach documents verifying optional points.
- Job Shadow must be a minimum of 6 hours to be eligible for points. See Job Shadow Verification form.
- Work Experience must be for a minimum of 6 months to be eligible for points. See Work Verification form.
- CPR Certification must be a non-expired American Heart Association BLS CPR for Healthcare Providers.
- Immunization Records, if included, should NOT include Influenza or TB test, as these will expire. See the Radiography webpage for a full list.
- Credit hours completed at Sandhills must be verified by attaching an unofficial Sandhills transcript.
- Points will be deducted if the corresponding documentation is not attached or properly completed.

Submit this application and supporting documents in person to Ms. Batson in Foundation Hall 1002-B no later than 12:00 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, with other Sandhills employees, or slide them under office doors.

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

### **Radiography Admissions Points Worksheet**

# APPLICANT INFORMATION SCC Student ID# \_\_\_\_\_ Name \_\_\_\_\_ Phone (area code)\_\_\_\_\_ Advisor \_\_\_\_\_ SCC Student Email \_\_\_\_\_ Current Cumulative GPA POINTS/SCORE HESI A2 Cumulative Score, MANDATORY Job Shadow Experience, Optional, verification form required Work Experience, Optional, verification form required Immunization Records, Optional, attached 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. Additional admissions points can be earned for documented work experience in one of the areas listed below. For the student to receive points, this document must be received by **March 27, 2026**.

### **INSTRUCTIONS**

Fill in the blanks and check the appropriate responses. This form must be completed in full, signed & dated, scanned & emailed directly from the person completing the verification to the student's academic advisor. For Companion Care, verification may not be completed by a family member.

Student Name				
Advisor Name				
Advisor Email Address				
Work Experience				
☐ Athletic Trainer	☐ Hospital Transport	☐ Nurse Aide	☐ Phlebotomist	
□ Companion Caregiver	☐ Imaging Tech/Assistant	☐ Ophthalmic Technician	☐ Physical Therapy Assistant	
☐ Dental Assistant	□ LPN/LVN	☐ Paramedic	☐ Surgical Tech	
☐ EKG Tech	☐ Massage Therapist	☐ Pharmacy Tech	□ Vet Tech	
□ EMT	☐ Medical Assistant			
Agency/Business/Employer	Name			
Employer Representative Na	ime			
Employer Representative Tit	le			
Address				
Phone number				
Email address			_	
Hire date		Last date worked	<del>_</del>	
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. Additional admissions points can be earned for documented job shadow experience lasting a **minimum of 6 hours**. For the student to receive points, this document must be received by **March 27, 2026**.

### **INSTRUCTIONS**

Fill in the blanks and check the appropriate responses. This form must be completed in full, signed & dated, scanned & emailed directly from the person completing the verification to the student's academic advisor.

Signature	Date	_
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	•
Date(s) of Job Shadow		
Email address		
Phone number		
Address		
Department/Unit		
Employer Representative Title		
Employer Representative Name		
Agency/Business/Employer Name		
Advisor Email Address		
Advisor Name		
Student Name		