

**Mammography Application and Information Packet**

Mammography

This course is designed to provide educational and clinical experience for post-primary practice in Mammography. Core topics include the mammographer’s scope of practice, quality control testing, using the proper technique to position the breast and special procedures, digital mammography, and the Mammography Quality Standards Act (MQSA). Upon completion, students will be eligible to sit for the American Registry of Radiologic Technologist post-primary certification in Mammography.

Completed applications should be submitted to Janet Ingold in the Welcome Center on RCC’s Main Campus or to Debbie Adams at RCC’s Archdale Campus.

For questions regarding the application process or registering for the course, please contact Debbie Adams at 336-328-1752 or Janet Ingold at 336-633-0171.

Application Checklist. Bring all of the following with you to turn in your application:

* Fully completed application
* Tuition + fees ($227.05)
* Immunization records
* ARRT card or letter of eligibility to sit for exam
* Professional letter of recommendation
* American Heart Association CPR card

\*No application will be processed unless it is incomplete. Incomplete applications will not be returned.

**Randolph Community College – Mammography**

*Classes will be held in the Robert S. Shackelford Allied Health Building with online assignments in Moodle. Clinical portions of the course are at various locations and will be assigned by the instructor.*

Students are accepted on a first-come, first-served basis. Class sizes are limited. Reliable transportation is essential as you will be required to travel to your clinical location, which may be outside of Randolph County. Clinical externships will take place Monday through Friday, with schedules that may range anywhere between 5:00 am and 11:00 pm, depending on clinical site availability. The instructor will set the clinical schedule after the course begins.

Please review all information carefully.

Registration information:

* Student background check and drug screening must NOT be obtained before starting the course. Students will be provided information regarding completion of background check and drug screening via email after the registration deadline.
* Tuition is due at the time of registration. Scholarships may be available. See the attached program information sheets for all fees associated with the corresponding program.
* Students seeking accommodations due to a documented disability should contact Tammy Cheek at 336-633-0243 or email [twcheek@randolph.edu](mailto:twcheek@randolph.edu) PRIOR to beginning the course.
* Document policy: Copies of documents are filed in RCC’s archives and are not returned to students. Please do not give us your original copy.
* Refund policy: For a full refund, you must request your refund before class begins. You may be eligible for a refund if you request one prior to the 10% point in the class. After that, no refunds will be given.

**Prior to registration, ALL students must acknowledge the following information:**

|  |  |
| --- | --- |
|  | Student Initial each line to  acknowledge understanding of the requirement |
| It is my responsibility to submit ALL required documentation by the posted deadline date or I will NOT be eligible for the course. |  |
| I am responsible for paying ALL fees associated with this course. |  |
| I am aware a background check and drug screening is required for this course, and I am responsible for the associated fees for this process. |  |
| I am aware the results of the background check and drug screening and my immunization records may be shared with a designated representative of the clinical facility I will be assigned to for clearance purposes. |  |
| I am aware of the course requirements, and I can meet ALL the necessary requirements and attend ALL scheduled classes, labs, and clinical sessions. Due to FDA rules, students must attend 100% of the course. |  |
| I understand that if I am unsuccessful in the course, I will not be eligible to take the ARRT (M) exam. |  |
| I understand my clinical rotation will be selected by the instructor and I must attend as directed. |  |
| Refund policy: For a full refund, you must request your refund before class begins. You may be eligible for a refund if you request one prior to the 10% point in the class. After that, no refunds will be given. |  |

Phase 1: Required documentation due before the posted deadline

* Submit the completed Mammography Program Application Packet, along with tuition/fees.
* Submit a copy of your:
  + Immunization records (see attached page for vaccine information)
  + Current American Heart Association BLS Provider Course (CPR) card. Classes are available through continuing education at RCC.
  + Proof of ARRT (R) registration or letter from Radiography program stating eligibility to sit for the registry exam. (Actual ARRT (R) registration must be submitted prior to the clinical portion of the course).
  + One professional letter of recommendation.

Phase 2: After registration, before class begins:

* Purchase course textbooks prior to first day of class
* Make an appointment to get your RCC ID badge made at the RCC Library. You can use this link to make the appointment <https://randolph.libcal.com/appointments?lid=364>

**Costs:** (Students are responsible for all fees associated with the program and national exam)

**Paid at the time of registration:**

* Registration $180.00
* Supply fee 30.00
* Student ID 0.50
* Accident insurance 0.55
* Liability insurance 16.00
* **Total $227.05**

**Paid separately:**

* ARRT Exam Fee ($225)
* Drug screening (approximately $40. Do not complete until you are instructed to do so.)
* Background Check ($60 & up depending on required searches. Do not complete until instructed to.)
* MQSA required training tomosynthesis ($130, more information given on the first day of course)
* CPR Class ($75 if needed)
* Scrubs – Any color may be worn to clinical; however they must be well-fitting and in good condition. (Prices vary)
* Textbook: Available for purchase from our campus store. Pricing is available in the campus store or online at<https://bookstore.randolph.edu/>

Printed Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RANDOLPH COMMUNITY COLLEGE**

**629 INDUSTRIAL PARK AVE., ASHEBORO NC 27205/**[**www.randolph.edu**](http://www.randolph.edu/) **CONTINUING EDUCATION STUDENT REGISTRATION FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME (Please Print)  Last | | | First | | | | | Middle | | | | | Maiden | | |
| Street Address or Post Office | | | | | City | | | | State | | Zip | | | | County |
| Home Phone # | | Work Phone # | | | | Cell Phone # | | | Last 4 digits of SS #: | | | | | | |
| E-mail Address: | | | | | | | | | | | | | | | |
| Date of Birth | | | | Employment Status – Circle One  E1 - Employed 1-10 Hrs. E4 - Employed 40 or more Hrs US - Unemployed Seeking E2 - Employed 11-20 Hrs. R - Retired  E3 - Employed 21-39 Hrs. UN - Unemployed – Not Seeking  Name of Employer: | | | | | | | | | | | |
| - - | | | |
| If 65 or older, Check here | | | |
| Ethnic – Circle One Race – Circle One | | | | | | | | | | | | | | Gender – Circle One | |
| 1. Non-Hispanic/Latino 1. American/Alaskan Native 4. Hawaiian/Pacific Island | | | | | | | | | | | | | | M - Male | |
| 1. Hispanic/Latino 2. Asian 5. White 2. Black or African American | | | | | | | | | | | | | | F - Female | |
| Circle highest grade completed or check if passed High School (HS) Equivalency (GED) 1 2 3 4 5 6 7 8 9 10 11 12 13-Adult HS Diploma  14- One Year Vocational Diploma 15-Associate’s Degree 16-Bachelor’s Degree 17-Master’s Degree or higher | | | | | | | | | | | | | | | |
| How did you learn about the class? | | | | | | | | | | | | | | | |
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| **Section Number**  Ex: CAS3020A 98000 | **Section Title**  Introduction to Computers | | | | | | **Day(s)**  T, Th | | | **Time**  6-9 pm | | **Fees**  $125 | | | **Location**  Main Campus |
|  |  | | | | | |  | | |  | |  | | |  |
| 2. |  | | | | | |  | | |  | |  | | |  |
| 3. |  | | | | | |  | | |  | |  | | |  |

Please check one:

I certify that I am at least 18 years old or that I am under 18 and have provided a Minor Release Form to the Continuing Education Registration Office. .

Signature Date Amount Paid

For CE Registration Only:

Method of Payment: Cash Check Credit Card - (circle one) MASTERCARD VISA Revised 9/21/21 kwt

**Randolph Community College – Mammography**

**Performance Standards & Guidelines**

**Attendance Policy**

The Mammography Program’s attendance policy is very strict for class, lab, and clinical. Attendance plays a critical role in your success in the course. Satisfactory progress is difficult without regular attendance.

\*Please note that clinical externship days/times and locations may vary from your class/lab schedule. You will need to have a flexible schedule and reliable transportation.

**STUDENTS MUST ATTEND ALL CLASS/CLINICAL HOURS TO REMAIN IN THE PROGRAM**

**Guidelines for Evaluation of Physical Health**

Physical health is defined as being free of disabling or contagious diseases, being able to perform fine and gross motor skills, and being able to perform normal weight-bearing activities. Ongoing assessment of physical health is based upon instructor observation during the course. If a physical health problem threatens to prevent or prevents satisfactory classroom or clinical performance the student is referred to an appropriate professional. The recommendation of the professional is utilized to advise the student regarding admission or continued enrollment. Applicants or students may be denied admission or continued enrollment until the identified problem is satisfactorily corrected to the satisfaction of the course instructor. (See technical standards below.)

**Guidelines for Evaluation of Emotional Health**

Emotional health is defined as reacting appropriately to stressful situations, coping with everyday stressors

effectively, using healthy coping mechanisms, and understanding one’s own ability to cope with stressful situations. Ongoing assessment of emotional health is based upon instructor observation during the course. If an emotional health problem threatens to prevent or prevents satisfactory classroom or clinical performance, the applicant or student is referred to an appropriate professional. The recommendation of the professional will be utilized to determine whether admission or continued enrollment in the program is appropriate. Applicants or students may be denied admission or continued enrollment until the identified problem is satisfactorily corrected to the satisfaction of the course instructor. (See technical standards below.)

**Technical Standards for Mammography**

Our program technical standards have been developed to help students understand nonacademic standards, skills, and performance requirements expected of a student in order to complete the curriculum. If an accommodation is necessary to participate in the program, it is imperative to identify a reasonable accommodation to those students who qualify under the Americans with Disabilities Act (ADA). Reasonableness is determined by RCC’s Student Services on a case-by-case basis utilizing the program technical standards. The accommodation needs to be in place prior to the start of the program, or it may delay your ability to start the program. It is the student’s responsibility to contact Tammy Cheek at336-633-0246 or email [twcheek@randolph.edu.](mailto:twcheek@randolph.edu) and request accommodations.

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| **SKILLS** | **DESCRIPTION** | **SPECIFIC EXAMPLES** |
| MOTOR SKILLS | Fine and coarse motor skills | Can stand, bend, tie, open containers, sit, push and pull equipment and furniture, lift from 10 to 50lbs., perform CPR, assist patients with ADL, monitor vital signs, do dressing changes, oxygen therapy, catheterization, tube feedings, ostomy care. |
| SMELL | Adequate sense of smell | * Able to smell smoke, offensive and non-offensive odors, such as fecal and urine smells or perfume. * Can smell and recognize infectious odors. |
| VISION | Near and Distant vision with or without corrective lenses | Can read regular sized print, discern skin colors, discern colors of equipment, shapes and sizes of injuries or lesions, determine distances such as 2 inches, 3 cm, 10 ft., 20 ft. |
| HEARING | No more than mild hearing loss with or without hearing aids | * Auditory ability must be sufficient to communicate/understand and give directions effectively to patients, family, and staff. * Can hear alarms from beds and monitors, patient calls, call bells, persons speaking from across the room |
| TECHNOLOGICAL | Ability to collect, interpret, and integrate information and make good decisions within range of abilities and scope of practice.  Can operate a  computer, small equipment | * Can operate equipment such as Sequential Compression Devices, warming blankets, Dynamaps (vital sign monitors), oxygen therapy, tube feeding machines, CD player, use email, basic computer programs such as Excel, Word, can upload and download information, FAX |
| COMMUNICATION | Able to effectively express oneself in English in verbal, nonverbal, and written formats with faculty, students, patients, and families, and other healthcare team members.  Ability to speak coherently and appropriately | Spoken, written and electronic language is clearly understood by staff, patients, and families. Communicate effectively and sensitively, both orally and in writing, with all members of the healthcare team and/or patients. Read and comprehend written material such as textbooks, test materials, procedure manuals, instrument manuals, and safety/personnel policies. Transmit information clearly, accurately, and efficiently. Create organized, legible, and coherent written documentation |
| CRITICAL THINKING/ PROBLEM SOLVING | Ability to collect, interpret, and integrate information and make good decisions within range of abilities and scope of practice. Can detect abnormal or untoward  situations and act or report to superiors | Collect data, prioritize needs and tasks, and anticipate reactions. Transfer knowledge from one situation to another. Ability to exercise independently, ethical judgment and think logically in performing duties.  Can intervene using job skills/knowledge related to training/position and reports in a timely manner to superiors. |
| MOBILITY/MOTOR SKILLS | Mobility/Motor Skills | * Perform moderately taxing continuous physical work, including prolonged standing. * Be able to access patients in beds, seated in chairs, and phlebotomy collection stations. * Reach and bend to access laboratory benchtops and shelves easily and without restriction. * Assist patients in and out of phlebotomy collection stations. * Sufficient physical endurance to perform prolonged walking, sitting, and standing periods. * Lift and move objects of at least 25 pounds. * Demonstrate full manual dexterity of the body ergonomically. * Maintain balance in multiple positions. * Administer CPR. * Position and maneuver while providing services, including bending and stretching. * Perform repetitive tasks for 4-6 hours at a time. * Perform skills at varying heights. * Ability to perform manual laboratory procedures with dexterity. * Ability to operate sensitive laboratory equipment, including computers, touch screens, and keyboards. |
| INTERPERSONAL SKILLS | Ability to effectively communicate and collaborate with faculty, student-peers in the classroom/lab/clinical settings, employers/healthcare workers, and when working with patients. Tries to foster positive relationships with  patients and staff | * Establishes collegial relationships with co-workers and rapport with patients, able to maintain emotional stability in negative situations remains calm and objective in crises, accepts accountability for own actions, establishes rapport with patients of diverse cultures and age groups, is respectful, empathetic, and team oriented. * Observes HIPPA regulations consistently. * Maintains a negative background check and drug screen. |
| ENVIRONMENTAL TOLERANCE | Can work in a less than optimal environment | * Could function in case of a fire or evacuation, with or without heat, or in case of flooding. * Ensures that infection prevention protocol prevails concerning bodily secretions, hand hygiene, odor control, and exposure to infectious persons. Protects self and patients by using personal protective equipment as applicable. * Can identify unsafe circumstances and assist in transfer or evacuation of patients. |

*This document is intended to serve as a guide regarding the physical, emotional, intellectual and psychosocial expectations placed on a student. This document cannot include every conceivable action, task, ability or behavior that may be expected of a student. Meeting these technical standards does not guarantee employment in this field upon course completion. Ability to meet the program’s technical standards does not guarantee a student’s eligibility for any licensure, certification exam, or successful completion of the program.*

**Randolph Community College – Mammography Program**

**Criminal Background Check and Drug Screening Information**

Our affiliating clinical agencies require a national criminal background check and drug screen as a prerequisite for clinical learning experiences. The clinical agency will review background check and drug screening results. Clinical agencies can deny student access to clinical practice in their facilities based on the results of those screenings. Any student denied access to any clinical facility will not be allowed to progress in the course. Students are responsible for all fees associated with this process.

Drug screening: Approximately $45

Background Check: $60 & up depending on required searches

DO NOT obtain a background check or drug screening before you are given instructions. Instructions will be provided via email after the registration deadline has passed.

You are signing this form as an acknowledgement of this requirement.

My signature below indicates that I am aware of the information regarding the national criminal background check and drug screening being required. I understand that if I fail to meet certain criteria, as set by the clinical facilities, I may not be able to participate in the clinical education portion of this program and that will prevent my successful completion of the course/program to which I am applying.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**REQUIRED** VACCINES: Proof of vaccination must be attached. \*Attached copy of lab results required if providing titer information\*

**IMPORTANT – The immunization requirements must be met; or according to NC law, you will be withdrawn from classes without credit. Please review the information noted in each section before entering information.**

**All written information for immunizations must be supported by documents (i.e. NCIR Registry, Titer Result from Laboratory Company, Employee Health Record (ONLY if received by Employer), Pediatrician Office, etc.).**

**Acceptable Records of Your Immunizations May be Obtained from Any of the Following:** (Be certain that your name and date of birth are on each record. The records must be in black ink and the dates of vaccine administration must include the month, day, and year.

* High School/Previous College/University Records – These may contain some, but not all your immunization information.
* Personal Shot Records – Must be verified by a doctor’s signature or by a clinic or health department stamp,

including a printout from any Immunizations Registry.

* Military Records or WHO (World Health Organization Documents).
* Employee Health records are not sufficient unless you received the required immunization from the facility and it is appropriately documented on the submitted document.

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| **Item to Complete:** | **How to Complete It:** | **Completed and Documented:** |
| MMR | 2 vaccines or positive titer\* | **□** |
| Varicella (Chicken Pox) | 2 vaccines or positive titer\* (history of the disease is  **NOT** sufficient proof of immunity) | **□** |
| Hepatitis B\*\*\* | 3 vaccines, 2 dose series of Hep-B (Adult series), OR positive titer\* | **□** |
| TB Skin Test \*\* | Complete:   1. QuantiFERON® TB Gold In-Tube test (QFT- GIT) or T-SPOT® TB test 2. Screening with a 2-Step TST within 12 months of starting the program, must be administered 1-3 weeks apart with one 60 days within start of program, or 2 consecutive annual tests administered 10 to 12 months apart, with the most recent administered within the past 12 months 3. See Notes below regarding positive screening | **□** |
| Tdap | Within 10 years (TD is **NOT** acceptable; must include pertussis) | **□** |
| Flu Shot\*\*\* | Given only during flu season (September to March); nothing to upload until flu vaccine for most current flu season |  |
| Covid\*\*\* | 1 vaccine or 2 vaccines based on manufacturer, for some  programs. | **□** |

\*If a titer is submitted, a laboratory report must be attached. The healthcare provider should document positive or negative immunity.

***\*\****If a student has had a positive TB skin test in the past, such as due to TB exposure/infection or receiving the BCG vaccine, a chest x-ray will be required along with the Baseline Individual TB Risk Assessment (Baseline Individual TB Risk Assessment Form ([https://www.cdc.gov/tb/topic/infectioncontrol/pdf/health](https://www.cdc.gov/tb/topic/infectioncontrol/pdf/healthCareSettings-assessment.pdf) [CareSettings-assessment.pdf](https://www.cdc.gov/tb/topic/infectioncontrol/pdf/healthCareSettings-assessment.pdf))) and TB symptom evaluation. (Note: If a PPD is positive, chest X-ray should be negative for TB disease; X-ray should be no older than 1 year and the individual asymptomatic for TB).

\*\*\*Student exemptions/declinations may be allowed per agency discretion. Program requirements may differ due to clinical agency requirements.

Updated 7/17/25 tmg