

Lewis-Clark State College Nursing & Health Sciences Division 500 8th Avenue Lewiston, ID 83501-2698

Phone: 208-792-2250 Fax: 208-792-2062

www.lcsc.edu/nursing

Application Information & Instructions

for

BACHELOR OF ART/SCIENCE IN RADIOGRAPHIC SCIENCE COMPUTED TOMOGRAPHY PROGRAM

MINIMUM ADMISSION CRITERIA

Prerequisite

1. Acceptance into the LCSC Associate of Science in Radiographic Science Program

OR

2. Degree from an Accredited Associate of Science in Radiographic Science Program

OR

3. Degree from an Accredited Associate of Applied Science in Radiographic Science Program and unofficial transcripts

Performance Standards

Ability to meet Performance Standards for Nursing & Health Sciences Division Students. (see NHS Student Handbook on NHS home page for Performance Standards.)

TOEFL Scores for Non-native English Speakers

Applicants to any NHS program for whom English is not the first and native language are required to take the iBT (internet TOEFL) or the IELTS test within two years prior to the date of application. A minimum score of 76 on the iBT test with a verbal sub-score of at least 23 or 6 on the IELTS with a verbal sub-score of at least 6 is required. (Please see Nursing & Health Sciences Division for additional ways to demonstrate English proficiency.)

Transfer Students must submit Course Descriptions

Course descriptions and unofficial transcripts for all pre-requisite courses completed outside the state of Idaho must be submitted with the application to determine equivalency if credits have not previously been evaluated.

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RS APPLICATION PACKET CHECKLIST

<u>Transfer Students</u> (Applies to students <u>not currently enrolled</u> at LCSC)
Apply to Lewis-Clark State College
 Application is available at www.lcsc.edu/admissions/apply
Attach <u>unofficial</u> transcripts from all other colleges and universities attended prior to the R S application.
Attach Course Descriptions for support courses (only transfer course descriptions are needed)
All Students: Check all that apply:
In the process of completing my A.S. in Radiographic Science
Have A.A.S. or A.S. in Radiographic Science and current RT (R)
Working or have worked in Computed Tomography in the past 12 months
Current RT(R)(CT)
Admission preference is given to applicants with a verified clinical site
Have a clinical site placement for fall clinical rotation. Facility name (if yes):

All Students

Application Submission

- □ Contact your RS advisor to review your application and complete needed Course Substitutions or petitions.
- Complete your application and gather required documents. <u>Bring your completed packet to the appointment to obtain your RS advisor's signature or email it to them for review.</u>

Application Packet Contents

Check that all items are included in your application packet (if applicable):

- □ Completed Application. Incomplete applications will not be processed.
- □ Attach a copy of unofficial transcripts from all other colleges and universities attended
- Petitions (approved or those needing approval) for program related requirements.
- Course Substitution forms (for transfer courses- this is completed by NHS faculty).
- Course Descriptions for support courses (only transfer course descriptions are needed and only if not previously evaluated)
- □ Copy of official TOEFL results (for non-native English speakers).

The application is considered complete when the above items have been received by the Nursing & Health Sciences Division.

Contact Information

Dev. 01/28/2020 SAW

LCSC College ApplicationOffice of Admission
500 8th Avenue

Lewiston, ID 83501. Phone: 208-792-LCSC. NHS Advising Center Phone: 208-792-2688

Email: nhs@lcsc.edu

RS Application

Nursing & Health Sciences Division 500 8th Avenue

Lewiston, ID 83501. Phone: 208-792-2250



C.T. RADIOGRAPHIC SCIENCE PROGRAM APPLICATION

Personal Information									
Last Name	st Name First Name			Nam	е	Prio	or Name		
Permanent Address (Street, Apt #)		City, State, Zip							
100 110 110 110 110									
Local Mailing Address (if different		City, State, Zip							
Primary Phone Secondary Phone			LCSC Student I.D. Number						
E-mail address		Are you currently C.T. registered? Y or N Date of Registry:							
Person to contact in case of emerg	ency	Telephone Relation			Relationship	onship			
EDUCATIONAL RECORD Beginning with the most receducational institution you a		=		_	s from each s	chool to	this app	lication	
College or Universit	y l	Location: City and State			Dates of Attendance FROM: Mo./Yr. TO: Mo./Yr.			Degree or Certificate Earned	
Important Notes to Applica ✓ Incomplete applica ✓ You will be notified ✓ Notification of adm	tions will not be by e-mail if you		ition is <u>ii</u>						
Applicant Signature	Da	te							
Verify unofficial tra Complete Course S	anscripts have be Substitutions req ion is correct, co	fer of core courses, st een attached from ead uired for degree audit mpleted and legible o attached	ch college t substitu	e and ution	d university a				

Date

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LCSC Advisor Name & Signature