



COMMUNITY COLLEGE
OF BEAVER COUNTY

CCBC.EDU

Dear Potential Radiologic Technology Student:

For those students considering the **Fall 2026** Radiologic Technology Program, you should be aware of the criteria for the select admission process, which consists of:

1. Attached high school transcript or GED scores and college transcripts, if applicable to the In-House application.
2. Completed Admission Interview (schedule at Admissions <https://www.ccbc.edu/admissions>)
3. Turn in 3 reference forms with your application (available online or at Admissions)
4. Completed "IN-HOUSE" application form (available online or at Admissions)

The "IN HOUSE" application must be signed and submitted **IN PERSON** to Admissions, located in the Student Services Center. (The application will not be accepted without attached high school transcript or GED scores and college transcripts, if applicable.)

- **In-house applications will be accepted from September 9, 2025, through January 12, 2026, at 4:00 PM.**
- **Incomplete applications will not be considered.**
- **Applications will not be accepted after January 12, 2026, at 4:00 PM.**

An informational meeting is scheduled for **Thursday, January 22, 2026, at 2:30 PM in Learning Resource Center (LRC) Room 9103**. This meeting is for all students who have selected the Allied Health-Radiologic Technology Program as their major by January 2026. **Please refer to the enclosure regarding the Informational Meeting.**

Thank you.

RADIOLOGIC TECHNOLOGY
ADMISSION COMMITTEE

MARK YOUR CALENDARS

**MANDATORY
INFORMATIONAL MEETING**

A mandatory informational meeting for students interested in the Radiologic Technology Program for Fall 2026 is scheduled for:

Thursday, January 22nd, 2026

2:30 pm

Learning Resource Center (LRC)

Room 9103

This informational meeting is to review the requirements and answer any questions about the select admission criteria for Radiological Technology.

COMMUNITY COLLEGE OF BEAVER COUNTY
ARTICULATED RADIOLOGIC PROGRAM
"IN HOUSE" APPLICATION FOR ADMISSION

I want to be considered for admission to the **Fall 2026** Articulated Radiologic Technology Program. I understand that admission is not guaranteed; and if my file is not complete, I will not be considered by the Radiologic Technology Admissions Committee.

HIGH SCHOOL TRANSCRIPT(S)/GED SCORES MUST BE ATTACHED TO "IN HOUSE" APPLICATION

PRINT THE FOLLOWING

LAST NAME FIRST NAME STUDENT ID #

MAIDEN NAME (IF APPLICABLE) CELL PHONE #

SOCIAL SECURITY # HOME PHONE #

DATE OF BIRTH WORK PHONE #

ALT. EMAIL (CCBC EMAIL WILL BE USED FIRST FOR ALL COMMUNICATIONS)

ADDRESS

CITY STATE ZIP

SIGNATURE DATE

APPLICATIONS MUST BE SUBMITTED IN PERSON TO ADMISSIONS IN THE STUDENT SERVICES CENTER BUILDING (SSC, Bldg #1)
DO NOT MAIL

Please list any other post secondary schools you attended:

PAGE LEFT INTENTIONALLY BLANK

1. How long have you known the applicant and in what capacity?

2. Why do you feel this candidate is prepared for a career interacting with people in the medical field?

3. How would you explain this applicant's ability to cope with stress?

4. Additional comments that you feel would be helpful in describing the attributes of this candidate are:

Please indicate whether or not you endorse the applicant as a candidate for admission to the School of Radiography.

- Endorse Endorse with Enthusiasm Do Not Endorse

Signature _____ Date _____

Name (please print) _____

Position _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____

Please return to: Community College of Beaver County
Admissions
1 Campus Drive
Monaca, PA 15061-2588

1. How long have you known the applicant and in what capacity?

2. Why do you feel this candidate is prepared for a career interacting with people in the medical field?

3. How would you explain this applicant's ability to cope with stress?

4. Additional comments that you feel would be helpful in describing the attributes of this candidate are:

Please indicate whether or not you endorse the applicant as a candidate for admission to the School of Radiography.

- Endorse Endorse with Enthusiasm Do Not Endorse

Signature _____ Date _____

Name (please print) _____

Position _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____

Please return to: Community College of Beaver County
Admissions
1 Campus Drive
Monaca, PA 15061-2588

Name of Applicant _____
Last
First
Middle
Maiden

Applicants are selected in accordance with nondiscriminatory practices.

Part 1: To be completed by applicant

Please Note:

Federal Law No 93 requires that all references and placement materials be open for inspection upon student request.

I waive the right to see this reference: _____
(Signature)
(Date)

I retain the right to see this reference: _____
(Signature)
(Date)

Part 2: To be completed by person writing reference

The above applicant is a candidate for admission to this School of Radiography. We desire your evaluation of the applicant's suitability for radiology. Your comments will be considered confidential and will be used only by the faculty of the School of Radiography to help them arrive at a better understanding of the applicant. Your cooperation in completing and promptly returning this form will assist both the applicant and the faculty.

	Excellent	Good	Fair	Poor
Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written and oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. How long have you known the applicant and in what capacity?

2. Why do you feel this candidate is prepared for a career interacting with people in the medical field?

3. How would you explain this applicant's ability to cope with stress?

4. Additional comments that you feel would be helpful in describing the attributes of this candidate are:

Please indicate whether or not you endorse the applicant as a candidate for admission to the School of Radiography.

- Endorse Endorse with Enthusiasm Do Not Endorse

Signature _____ Date _____

Name (please print) _____

Position _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____

Please return to: Community College of Beaver County
Admissions
1 Campus Drive
Monaca, PA 15061-2588