

**School of Health &  
Wellness**

# Application Forms & Information

**Spring 2027 Cohort**

Application Dates: 08/30/2026-09/30/2026



**Diagnostic Medical  
Sonography Program-  
Certificate**

## **Radiology Department**

3800 N Glassford Hill Road

Prescott Valley, AZ 86314

928.776.2333

[www.yc.edu/radiology](http://www.yc.edu/radiology)



**APPLICATION  
DEADLINES**



**ACADEMIC ADVISING**  
Prescott Campus

928-776-2106  
advising@yc.edu

# YAVAPAI COLLEGE

## Admission Criteria

A special application is required for admission to the Diagnostic Medical Sonography certificate program. Applicants must meet all required criteria and deadlines by the posted dates to remain eligible to move forward in the process.

### Prerequisite Coursework Requirements:

All prerequisite coursework must be completed **prior** to the start of the program. Students may apply while coursework is in progress; however, they are responsible for working with an advisor to ensure they are enrolled in the appropriate courses.

Completion of a two-year allied health education program in a patient care related field or a bachelor's degree in any discipline is preferred and may be used to satisfy prerequisite coursework requirements. The following course areas must be completed prior to program entry regardless of whether it was completed as part of an earned or transferred degree. All math and science coursework must meet a 10-year recency requirement.

### Anatomy & Physiology

- BIO160 Introduction to Anatomy & Physiology OR BIO 201 Human Anatomy and Physiology 1

### Mathematics

- MAT152 College Algebra OR any mathematics course for which College Algebra is a prerequisite

### Ethics (Healthcare or Professional)

- PHI204 Medical Ethics OR an equivalent ethics course from a regionally accredited institution

Courses must be completed with a grade of B or higher. Course equivalencies are determined through the official transcript evaluation process.

**\*\*Note:** a 2-year allied health education program that is patient care related is defined as: 24 full-time consecutive calendar months or 60 semester credits from a regionally accredited institution. Students who do not hold an associate degree in a patient-care related field at the time of admission may still enter the Diagnostic Medical Sonography Certificate Program; however, they will be required to obtain eligibility for the ARRT Sonography Examination prior to applying for the ARDMS credentialing examinations.

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## Selection Criteria & Scoring

Admission to the Diagnostic Medical Sonography (DMS) Certificate Program is based on a **1000-point system**, utilizing the criteria listed below. Students will be required to provide proof of residency, minimum 1 year at the time of application. <https://www.yc.edu/v6/registrar/residency.html> In addition, the advisor checklist must be provided and complete. Proof of coursework and registration history at Yavapai College will be established by the records on file in the Registrar's Office. **Students must have an overall GPA of 3.0 or higher to apply.**

	Ranking Criteria	Criteria Points Values	Possible Points
1	<b>Healthcare Experience</b> [Signed Employment Verification Form REQUIRED]  [12 most recent consecutive months of full or part-time work considered. See form for details about PRN/STAT]	1-5 years = 100 points 6-10 years = 200 points over 10 years = 300 points	<b>300</b>
2	<b>Required Pre-Program Credits</b> [Total Pre-Program Credits Completed]  [must work closely with an advisor to know which courses are required and the 10-year recency rule has been met for math and science]	**Satisfied by a 2-year degree in an allied health profession OR a bachelor's of any major (as described on the previous page)  31 prerequisite credits = 155 points  5 points per credit hour completed = 150 points + 45 additional points for all 31 credits completed at time of application	<b>200</b>
3	<b>Cumulative GPA</b> [Pre-Program Entry Courses]	3.0 or greater = _____ x 50 <b>Example:</b> 3.0 x 50 = 150 points	<b>200</b>
4	<b>Residency</b>	Yavapai/Coconino County = 150 points State of Arizona = 50 points	<b>150</b>
5	<b>Current Yavapai College Student</b>	Completed credits at Yavapai College: 12 or more = 100 points 9-11 = 75 points 6-8 = 50 points 3-5 = 25 points	<b>100</b>
6	<b>Cover Letter</b> [submit a 1-page cover letter explaining what inspired you to pursue a career in sonography]	Yes = 50 points No = 0 points	<b>50 points</b>

Applications that meet the minimum scores for admittance to the program will be evaluated. Applicants will be notified via email after final determination has been made and will be required to email back to confirm their conditional placement in the program.

Each cohort will consist of up to 10 students based on clinical availability. Up to 2 positions are reserved for priority placement for employees of Dignity Health Yavapai Regional Medical Center. The remaining 8 positions will be awarded to the highest-ranked applicants. If one or both priority placement positions are not filled, they will be offered to the next highest-ranked alternate applicants. Employees interested in priority placement should contact the Radiology Department at Yavapai Regional Medical Center for information regarding their internal selection process.

## Application Checklist:

### Diagnostic Medical Sonography (DMS) Certificate Program

**APPLICATIONS SUBMITTED OUTSIDE OF THE POSTED DATES WILL NOT BE CONSIDERED.**

- Official* transcripts must be sent directly to the Yavapai College Registrar from any previous institution(s) for official evaluation. Mail transcripts to: Yavapai College, Office of the Registrar, 1100 E. Sheldon Street, Prescott, AZ 86301
- Unofficial* transcripts (can be photocopies) from all colleges or universities attended (**to be included with this application**)
- Level 1 Fingerprint Clearance Card
- Pre-Entry Check Sheet Form for the Diagnostic Medical Sonography Program
  - Provided and signed by an academic advisor
- Copy valid driver's license
- Immunization Coversheet
  - No supporting documentation needed at time of application
- Completed and signed Employment Verification Form (if applicable)
- Signed Healthcare Provider Signature Form
  - If a physician will not sign your form, acceptance of the program will be denied
  - A new healthcare provider form is required for each application cycle.
- Proof of Pre-Admission Workshop (Information Session) attendance
  - In-person: Attendance Certificate (provided at meeting)
  - Online: Confirmation of Presentation Attendance (upload of the course badge of completion)

**\*\*DO NOT PURCHASE CASTLEBRANCH UNTIL CONDITIONALLY ACCEPTED\*\***

**Upon conditional acceptance, you will be instructed to purchase CastleBranch. Be prepared to upload:**

1. Copy of current negative 2-Step TB skin test.
  - a. Blood tests are not acceptable
  - b. A chest x-ray can only be used IF you have proof of a positive skin test
2. Copies of all immunizations or titers in support of your immunization documentation for CastleBranch.
3. Copy of Health Insurance Card.
  - a. Required for the duration of the program
4. Passport style photograph. (2x2 photo, white background, no glare- can be taken at CVS or Walgreens)

**Medical and/or religious exemptions for COVID-19 & Flu are not needed for application. These will be handled by the clinical coordinator on case-by-case once the student is fully accepted to the program.**

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## Immunization Coversheet

Please complete this form and have supporting documentation ready if/when you receive **conditional acceptance**.

Name: \_\_\_\_\_ Y#: \_\_\_\_\_

### Immunizations: MMR / Hepatitis B / Varicella / TDaP / 2-Step TB Skin Test

#### MMR

Date of **1st MMR** Immunization \_\_\_\_\_ or

Date of Titer \_\_\_\_\_

Date of **2nd MMR** Immunization \_\_\_\_\_

#### Hepatitis B

Date of **1st Hep B** Immunization \_\_\_\_\_

Date of **2nd Hep B** Immunization \_\_\_\_\_ or

Date of Titer \_\_\_\_\_

(2nd Hep B not required for program entry)

Date of **3rd Hep B** Immunization \_\_\_\_\_

(3rd Hep B not required for program entry)

#### Varicella

Date of **1st Varicella** Immunization \_\_\_\_\_ or

Date of Titer \_\_\_\_\_

Date of **2nd Varicella** Immunization \_\_\_\_\_

#### TDaP

Date of **TDaP** Immunization \_\_\_\_\_

**2-Step TB Skin Test:** Can be submitted after conditional acceptance but is required before the documentation upload deadline. Please put N/A below if you do not have it completed yet.

Date of 1st read \_\_\_\_\_ Result \_\_\_\_\_

Date of 2nd read \_\_\_\_\_ Result \_\_\_\_\_

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## Required Immunizations

1. **MMR** (measles/rubeola, mumps, rubella)

Options to meet this requirement:

- a. Attach a copy of proof of two previous MMR vaccinations to the Immunization and Documentation Cover Sheet; **or**
- b. If you have had all three illnesses **or** you have received the vaccinations but have no documented proof, you must have a titer drawn for each illness.
  - i. If the titer is POSITIVE, attach a copy of the results to the Immunization and Documentation Cover Sheet; **or**
  - ii. If the titer is NEGATIVE, you must get two MMR vaccinations (each 30 days apart) and attach documentation to the Immunization and Documentation Cover Sheet.

2. **Varicella** (chicken pox)

Options to meet this requirement:

- a. Attach a copy of proof of a POSITIVE IgG titer for Varicella;  
**or**
- b. If the titer is NEGATIVE, attach a copy of proof that you received two Varicella vaccinations (each 30 days apart) to the Immunization and Documentation Cover Sheet.

3. **Tetanus/Diphtheria and Pertussis (TDaP)**

Provide documentation of a TDaP vaccination within the last 10 years. Students with a TDaP older than 10 years or without proof of a current TDaP will need to get a TDaP booster. The renewal date will be set for 10 years from the administered date of the booster. *Optional:* For this requirement, a vaccination record more recent than 9 years is recommended.

4. **Tuberculosis**

Options to meet this requirement:

- a. Attach a copy of proof of a recent NEGATIVE 2-STEP TB skin test (PPD). Note: TB 2-step skin test is two separate tests given with two separate readings within 3 weeks of each other and **must be current**. Records for PPD require the name and signature of the healthcare provider as well as the findings.  
**or**
- b. If you have a POSITIVE TB skin test you must submit a **current** chest x-ray diagnostic report stating that you are negative for TB with the proof of positive 2-Step TB Skin Test.

**No other form of TB testing will be accepted for admission into the program.**

5. **Hepatitis B**

In order to apply to the program, you must complete at least one injection and stay on track with the subsequent two injections according to the timeline set forth in "c" below.

Options to meet this requirement:

- a. Attach a copy of proof of completion of three Hepatitis B injections to the Immunization and Documentation Cover Sheet.  
**or**

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- b. Attach a copy of proof of a POSITIVE HbsAB titer to the Immunization and Documentation Cover Sheet.  
**or**
- c. If you have not received the injections in the past, you must obtain the first injection and attach a copy of proof of the injection to the Immunization and Documentation Cover Sheet. Then, you must receive the second injection in one month and the third injection five months after the second injection. Submit documentation to the Radiology Department Instructional Support Specialist.

## 6. COVID-19

Declinations/exemptions may be available, please ask for more information.

## 7. Influenza

Each season there are new strains of flu, which requires the production of a new vaccine to cover them. The flu “season” generally runs from September through March. Declinations/exemptions may be available, please ask for more information.

## Ethics Requirements

Admission to or graduation from the program does not guarantee eligibility for the American Registry of Diagnostic Medical Sonography (ARDMS) or the American Registry of Radiologic Technologists (ARRT) Certification Examinations. Other eligibility requirements of both credentialing agencies must be met. Individuals with misdemeanor or felony convictions should undergo an evaluation of examination eligibility prior to admission. Please contact the program director for more information.

Students are encouraged to disclose any issues or concerns prior to application. ***Failure to disclose any ethics issues prior to admission could result in ineligibility to challenge the ARDMS and the ARRT Registry examinations.***

## Basic Life Support (BLS) for Healthcare Providers

All students must have valid, current BLS for Healthcare Providers certification through the **American Heart Association (AHA)**— “BLS Provider”

**This can be obtained before/during the program for \$7.00.**

## Current Health Insurance Coverage

All students must have current health insurance for the duration of the program. ***Failure to maintain can result in withdrawal from the program.***

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## Healthcare Provider Signature Form: (bring form to your physician)

A licensed healthcare provider must sign the Healthcare Provider Signature Form and indicate whether the applicant will be able to function as a Diagnostic Medical Sonography (DMS) student. Healthcare providers who qualify to sign this declaration include a licensed physician (MD, DO), nurse practitioner, or a physician's assistant. **A new form is required for each application cycle.**

(Please Print) **Applicant Name:** \_\_\_\_\_ **Y#:** \_\_\_\_\_

It is essential that DMS students be able to perform a number of physical activities in the clinical portion of the program. At a minimum, students will be required to lift and/or reposition patients, stand for several hours at a time, and perform bending and twisting activities. Students will be required to transport patients on gurneys and in wheelchairs, move heavy equipment throughout the clinical site, and must be physically capable of performing CPR in an emergency situation. A standard guideline assigned to weight-lifting capability is 50 pounds; however, students will encounter situations requiring them to lift and manipulate greater than 50 pounds. It is advisable that students consult with their physician(s) prior to the start of this program and determine their ability to perform the necessary job requirements. Students who have a chronic illness or condition must be capable of implementing safe, direct patient care while maintaining their own current treatments or medications.

The clinical experience also places students under considerable mental and emotional stress as they undertake responsibilities and duties that impact patients' lives. Students must be able to demonstrate rational and appropriate behavior under stressful conditions. Individuals should give careful consideration to the mental and physical demands of the program.

### Licensed Healthcare Provider to complete the following section:

I believe the applicant \_\_\_\_\_ **WILL** or \_\_\_\_\_ **WILL NOT** be able to function as a Radiologic Technology student as described above and as designated in the statement of Technical Standards.

**If "WILL NOT," please explain:**

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**Licensed Healthcare Provider (Circle one: MD / DO / NP / PA )**

Print Name: \_\_\_\_\_ Medical License No.: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Statement of the Technical Standards of the Yavapai College Radiologic Technology Program

This statement of the Technical Standards of the Radiologic Technology program at Yavapai College identifies the functional abilities deemed by the radiography faculty to be essential to the practice of radiography. The Technical Standards are reflected in the Radiologic Technology Program's performance-based outcomes, which are the basis for teaching and evaluating all Radiologic Technology students. The practice of radiography requires the following functional abilities with or without reasonable accommodations.

- **Visual acuity** sufficient to assess patients and their environments and to implement the radiography-services plans that are developed from such assessments. Examples of relevant activities:
  - Detect changes in skin color or condition.
  - Collect data from recording equipment and measurement devices used in patient services.
  - Detect a fire in a patient area and initiate emergency action.
  - Draw up the correct quantity of medication into a syringe.
- **Hearing ability** sufficient to assess patients and their environments and to implement the radiography-services plans that are developed from such assessments. Examples of relevant activities:
  - Detect audible alarms within the frequency and volume ranges of the sounds generated by mechanical systems that monitor bodily functions.
  - Communicate clearly in telephone conversations.
  - Communicate effectively with patients and with other members of the health-services team.
- **Olfactory ability** sufficient to assess patients and to implement the radiography-services plans that are developed from such assessments. Examples of relevant activities:
  - Detect foul odors of bodily fluids or spoiled foods.
  - Detect smoke from burning materials.
- **Tactile ability** sufficient to assess patients and to implement the radiography-services plans that are developed from such assessments. Examples of relevant activities:
  - Detect changes in skin temperature.
  - Detect unsafe temperature levels in heat-producing devices used in patient services.
  - Detect anatomical abnormalities, such as infiltrated intravenous fluid.
- **Strength and mobility** sufficient to perform patient services activities and emergency procedures. Examples of relevant activities:
  - Safely transfer patients in and out of bed or wheelchair.
  - Turn and position patients as needed to prevent complications due to bed rest.
  - Hang intravenous bags at the appropriate level.
  - Accurately read the volumes in body-fluid-collection devices hung below bed level.
  - Perform cardiopulmonary resuscitation.
  - Transport patients using stretchers or wheelchairs.
- **Fine motor skills** sufficient to perform psychomotor skills integral to patient services. Examples of relevant activities:
  - Safely dispose of needles in sharps containers.
  - Manipulate small equipment and containers, such as syringes, vials, and ampules, in preparation for contrast-media administration.
- **Physical endurance** sufficient to complete assigned periods of clinical practice.
- **Ability to speak, comprehend, read, and write English** at a level that meets the need for accurate, clear, and effective communication.
- **Emotional stability** to function effectively under stress, to adapt to changing situations, and to follow through on assigned patient-services responsibilities.
- **Cognitive ability** to collect, analyze, and integrate information and knowledge to make clinical judgments and manage decisions that promote positive patient outcomes.

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**Employment Verification Form:** [bring this form to your employer(s)] This form must be completed and signed by your employer. A separate form is required for each place of employment. To qualify for this criterion, applicants must have worked in a healthcare setting that included direct patient care responsibilities. Full-time and Part-time employment within the most recent 12 consecutive months will be considered for scoring.

PRN/STAT within the most recent 12 consecutive months will be evaluated based on the average monthly hours worked during employment. PRN/STAT experience will only be considered for scoring if the total hours worked meet the equivalent of part-time or full-time employment. If the hours do not meet either threshold, the applicant will not receive points under this criterion.

**Part-time employment is defined as fewer than 30 hours per week, but at least 15 hours per week, during the term of employment. Full-time employment is defined as at least 30 hours per week or 130 hours per month, consistent with IRS guidelines. PRN/STAT employment will be evaluated based on average monthly hours worked and will only be considered if the hours meet the equivalent of part-time or full-time employment.**

(please print) **Applicant Name:** \_\_\_\_\_ **Y#:** \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **Monthly Hrs. Worked:** \_\_\_\_\_

**Applicant Position Title:** \_\_\_\_\_

**Supervisor Name (printed):** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Check all applicable duties:**

<input type="checkbox"/>	Obtaining, documenting, or communicating vital signs	<input type="checkbox"/>	Assisting with dressing or undressing for exams or procedures
<input type="checkbox"/>	Assisting with ambulation	<input type="checkbox"/>	Feeding or hydration assistance
<input type="checkbox"/>	Assisted patient transfers (beds, wheelchair, stretcher, exam table)	<input type="checkbox"/>	Recognizing and reporting abnormal changes in patient condition
<input type="checkbox"/>	Obtaining informed consent	<input type="checkbox"/>	Applying dressings, compression devices, or bandages as directed
<input type="checkbox"/>	Providing patient comfort measures	<input type="checkbox"/>	Assisting patients with immobilization or support devices
<input type="checkbox"/>	Monitoring patients before, during, or after procedures	<input type="checkbox"/>	Positioning patients for imaging exams or procedures
<input type="checkbox"/>	Transporting patients	<input type="checkbox"/>	Maintaining a patient's environment
<input type="checkbox"/>	Sterile and Medical Aseptic Technique	<input type="checkbox"/>	Care of medical equipment (O2, IV Tubing, etc.)

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## Conditional Acceptance:

If you are selected for **conditional acceptance** based on the previously stated selection criteria, you will receive an email notification with detailed instructions on how to purchase your **background check, drug test, and immunization tracker** through **CastleBranch**.

The estimated cost for the CastleBranch package is **approximately \$151.49** and is subject to change.

In addition, you will be required to obtain a **Level 1 Fingerprint Clearance Card**. Separate instructions for this process are provided at the end of this packet and will be emailed as well. The estimated cost for a Level 1 Fingerprint Clearance Card is **approximately \$75.00**, though fees may vary depending on where and how fingerprints are obtained.

**Unconditional acceptance** will be granted once all admission requirements have been completed by the posted deadlines. Failure to meet any required deadline or admission requirement will result in forfeiture of your position in the program, and the first alternate applicant will be moved into conditional acceptance status.

## Background Check

All students are required to obtain a background check which requires; a valid social security number. Information regarding how to obtain the background check will be provided to the student ***upon conditional acceptance to the program***. The cost of this background check is at the student's expense. Due to clinical agency contracts, any negative results will be reviewed by the Radiologic Technology Program Director on a case-by-case basis to determine admission or continuation in the program. All background checks are national, within the past 7 years and include a Sex Offender Registry search.

## Drug Testing

Random and/or for cause drug testing is a standard procedure throughout the Diagnostic Medical Sonography Program. The first drug test will be at the student's expense. Any subsequent drug testing will be done at the program's expense. When students are informed that they are subjects of random drug testing, they will be provided an appropriate form and a list of local laboratories that they can utilize. The drug testing must be completed by the end of that business day.

In 2010, Arizona voters approved the Arizona Medical Marijuana Act (Proposition 203), a state law permitting individuals to possess and use limited quantities of marijuana for medical purposes. Because of its obligations under federal law, however, Yavapai College will continue to prohibit marijuana possession and use on campus for any purpose. Under the Drug Free Workplace Act of 1988, and the Drug Free Schools and Communities Act of 1989, "...no institution of higher education shall be eligible to receive funds or any other form of financial assistance under any federal program, including participation in any federally funded or guaranteed student loan program, unless it has adopted and has implemented a program to prevent the use of illicit drugs and abuse of alcohol by students and employees." Another federal law, the Controlled Substances Act, prohibits the possession, use, production, and distribution of marijuana for any

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and all uses, including medicinal use. This law is not affected by the passage of the Arizona Medical Marijuana Act.

**Yavapai College could lose its eligibility for federal funds if it fails to prohibit marijuana, which makes it exempt from the requirements of the Arizona Medical Marijuana Act.** Please refer to the following documents: <https://www.yc.edu/Student Code of Conduct>

## **PROCEDURE ON SCREENING FOR USE OF ALCOHOL AND DRUGS**

Intoxicated/impaired behaviors that are disruptive to the learning process violate the Yavapai College Student Code of Conduct. Any individual in a clinical assignment who is under the influence of alcohol or drugs that impair judgment poses a threat to the safety of clients. For these reasons, evidence of use of these substances documented by positive drug and/or alcohol screening tests, will result in immediate withdrawal of the student from the course or program. In the event of an appeal, Yavapai College will make every effort to expedite the appeal process and assure the student of fundamental fairness.

### Procedures

1. Pre-clinical drug screening
  - a. All Radiology Programs students are required to submit to a urine drug screening prior to the beginning of program.
  - b. Students will be advised of the procedure to follow to complete the urine drug screening prior to the beginning of clinical experiences.
  - c. The cost for preclinical drug screening is not included in the program fees.
  - d. Students cannot begin clinical experiences until the test results are available.
  - e. Students receiving negative drug screens or positive screens due to permissible prescriptive drugs will be permitted to begin/continue clinical experiences. In the latter case, medical review and documentation may be required.
  - f. Students testing positive for illegal substances or for non-prescribed legal substances will be dismissed from the course/program. See Positive Screening Test, below.
  - g. Random drug screening may be required and will be conducted at college expense. Students will be randomly selected by their student "Y" numbers. Students must submit to the drug screening by the specified deadline or may be withdrawn from the course/program.
2. Suspicion of substance abuse
  - a. The student will be asked to submit to an alcohol or drug screening test at college expense if Radiology programs faculty, staff, or clinical preceptors:
    - i. Have reasonable cause to expect that the student is mentally or physically impaired due to alcohol or substance abuse immediately prior to or during the performance of his/her clinical duties, or

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- ii. Perceives the odor of alcohol or observes physical signs and/or behavior including, but not limited to, slurred speech, unsteady gait, confusion, or inability to concentrate.
  - b. Student will sign a consent form and have a blood or urine specimen collected according to current procedure.
  - c. The student will be removed from assignments, pending results of the test(s).
  - d. Test results will be sent to the Director of Radiology or designee.
- 3. Positive screening test
  - a. If the result of the drug screening test is positive and the student provides documentation of a prescription for the substance, the Director of Radiology and/or designee will consider the case in collaboration with the student and his/her health care provider. Each student will be asked to disclose prescription and over-the-counter medications he/she is taking at the time of testing.
  - b. If the results indicate a positive drug screen for alcohol, illegal substances, or medications not prescribed for that individual, the Director of Radiology and/or designee will withdraw the student from the course/program for a period of not less than one year.
  - c. After a one-year absence from the course/program, the student may apply for readmission according to the guidelines below:
    - i. Must meet the current Yavapai College and Radiology Program requirements related to registration and admission to the course/program. Readmission for returning students is contingent on space available in the course/program.
    - ii. Must provide documentation of evaluation by an addiction's counselor and his/her determination as to whether the student is addicted to alcohol or drugs. If positive, the student must provide evidence of rehabilitation related to the alcohol/drug illness to include all the following:
      - (1) Documentation of satisfactory completion of recognized substance abuse treatment program.
      - (2) Evidence of after-care attendance upon completion of the treatment program.
      - (3) Weekly attendance at a 12-step or other mutually agreed upon support group. Attendance will be documented by the student and submitted to the Director of Radiology or designee by the last day of each month.
- 4. Negative screening test results for student tested under Section 2 above.
  - a. If the results of tests indicate a negative drug screen for alcohol or drugs, the student shall

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meet with the Director of Radiology or designee within two working days of the test results to discuss the circumstances surrounding the impaired clinical behavior.

- b. If the indicator was the odor of alcohol, the student will be mandated to discontinue the use of the substance that may have caused the alcohol-like odor, before being allowed to return to the clinical setting.
  - c. If the indicator was behavioral, consideration must be given to a possible medical condition being responsible for the symptoms. A medical referral for evaluation, with a report provided to the Director of Radiology or designee, may be required.
  - d. Based on the information presented in the meeting, and a medical report if required, the Director of Radiology or designee will decide regarding return to the clinical setting.
  - e. If readmitted, the student must make up clinical absences incurred for testing.
5. Confidentiality: All test results will be sent to the Director of Radiology or designee. The Director of Radiology or designee may consult with college officials and outside resources for appropriate action/follow-up.
6. Inability to submit to a screening test in a timely manner, sections 1, 2, and 3 above, or refusal to submit to a screening test, Sections 1, 2, and 3 above.  
If a student in the course/program is unable to submit to a drug or alcohol screening test in a timely manner, unless due to a documented emergency, or refuses to submit to screening, the student will be removed from the course/program for a period of not less than one year.
7. Appeals are processed through the Yavapai College Office of Judicial Affairs.  
<https://www.yc.edu/v6/college-police/faq.html>