



PCC Radiography Program Healthcare Experience Form - Part I

Part I: To be completed by the applicant

Applicant Name: _____ PCC ID: G0 _____

Please list **ANY** hospital, clinic, or healthcare setting where you have volunteered and/or worked at in the past.

Hospital/Clinic/Healthcare Setting	Department	Dates

Please check **ONE** of the following that best describes your health care experience:

- I have a minimum of 300 hours of demonstrated **paid work** experience in an in-patient imaging department with demonstrated patient contact. Examples include but are not limited to: Radiography aide, Radiography technician assistant, Radiography transporter, CT or MRI technician assistant, Radiation therapy assistant.
- I have a healthcare certification **and** I have obtained a minimum of 200 hours of post-certification care.
- I have a minimum of 100 hours of work **or** volunteer experience in a medical setting with demonstrated patient contact.

Required Documentation for Healthcare Experience Points

Healthcare experience documentation must be uploaded prior to submitting your AHCAS application prior to the April 15, 2025 deadline. If you have questions regarding this form, please contact admissions@pcc.edu. Healthcare experience must be completed by March 25, 2025 or it will not be considered. Points will not be awarded if forms are incomplete and/or if documentation is missing.

Submit the following documentation:

- Completed *Healthcare Experience Documentation Form Part II* (next page), signed by supervisor or Human Resources representative documenting number of patient contact hours completed prior to March 25, 2025.
- Copy of position description or detailed written description on the following page.
- **IF APPLICABLE** (Required **ONLY** for applicants that may be eligible to receive points for experience WITH certification): Copy of state or national license with original date of issue (must be issued on or prior to March 25, 2025). A copy of the certification card or printed verification from state board website are both acceptable. Certificates of training completion, diplomas, or transcripts from health care training programs are **NOT** acceptable forms of documentation.

Signature: _____ Date: _____

Both part I and II of this form must be uploaded to the documents section in the AHCAS Application.



PCC Radiography Program
Healthcare Experience Form - Part II

Part II: To be completed by the Supervisor

Applicant Name: _____

Name of Company/Facility: _____

City and State: _____

Is this position paid employment or volunteer? (Please check one) Full-time Part-time Volunteer

Applicant's Position Title: _____

Beginning Date: _____ End Date: _____

Total number of hours completed*: _____

*Only count hours completed through March 25, 2025

Is a certification required for this position? Yes No

If yes, please specify certification type: _____

Attach a current position description OR provide a detailed description of the position duties in the space below:

Contact information will only be used to verify information provided on this document.

If the applicant's supervisor is unable to complete this document, an HR representative or other management staff may verify the applicant's healthcare experience.

Supervisor Name: _____

Supervisor Title: _____

Supervisor E-mail Address: _____

Supervisor Signature: _____ **Date:** ____/____/____

Both part I and II of this form must be uploaded to the documents section in the AHCAS Application.