

Student Name:  
 Local Program Name: Radiologic Technologist  
 Student Type:  
 Schedule Type:  
 Cohort/Block Number:

FY:

Campus	CTSO	Distance Education	HOURS:					
Offsite Location:	OSRT		ADDITIONAL BREAK/INTERSSION DATES:					
Block/Instructor(PID):								
Class Schedule:	Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Start Date:	
	Hours:							End Date:
Weeks of Instruction	OCAS Code:	9338	CIP Code:	51.0911	CM Code:	HL0026002	SOC Code:	29-2034

COURSE #	OCAS	ACAD & OHLAP	COURSES	Thy/Lab	Clinical	Total	START DATE	END DATE	#DAYS	Grade	Notes
			Patient Care in The Radiologic Sciences	63	0	63					
			Intro to Radiologic Science & Health Care	48	0	48					
			Radiographic Procedures I	150	0	150					
			Image Analysis I	48	0	48					
			Ethics & Law in the Radiologic Sciences	33	0	33					
			Human A & P for Radiography I	48	0	48					
			Clinical Practice IA	0	240	240					
			Core Medical Terminology	45	0	45					
			Radiographic Pathology	33	0	33					
			Radiographic Procedures II	150	0	150					
			Image Analysis II	48	0	48					
			Human A & P for Radiography II	48	0	48					
			Clinical Practice IB	0	276	276					
<b>FIRST YEAR TOTAL HOURS</b>				<b>714</b>	<b>516</b>	<b>1230</b>					
			Clinical Practice IIA	0	288	288					
			Imaging Equipment	72	0	72					
			Pharmacology & Venipuncture	18	0	18					
			Radiation Biology	48	0	48					
			Radiation Production & Characteristics	30	0	30					
			Career Prep for Radiography	18	0	18					
			Principles of Exposure and Image Production	48	0	48					
			Clinical Practice IIB	0	258	258					
			Radiation Protection	30	0	30					
			Advanced Imaging	48	0	48					
			Digital Imaging Acquisition & Display	48	0	48					
			Comprehensive Program Review	60	0	60					
<b>SECOND YEAR TOTAL HOURS</b>				<b>420</b>	<b>546</b>	<b>966</b>					
<b>TOTAL COMPLETED HOURS</b>				<b>1134</b>	<b>1062</b>	<b>2196</b>					

<b>Comments:</b>		
In order to complete all hours of the academic program, students must complete additional hours outside of the scheduled class time.		
<b>B &amp; I Certifications</b>		
	<b>Certification Name</b>	<b>Number</b>
Primary:	Registered Technologist - Radiography	8304
Additional:		Y

**SIGNATURES:**

Student: \_\_\_\_\_

Instructor: \_\_\_\_\_

Coordinator: \_\_\_\_\_

Administrative: \_\_\_\_\_