

Northwest Florida State College  
Radiography Program  
Information Session Post-Test and Confirmation Form

1. Provide your information below: (Please print clearly)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ NWFSC Student ID: \_\_\_\_\_

\_\_\_\_\_ NWFSC Email: \_\_\_\_\_

2. Complete the information session post-test

- a. An applicant has criminal proceeding/disciplinary actions or honor code violations in his or her past. What should he/she do prior to starting the Radiography Program?

\_\_\_\_\_

- b. What exam is the “bread and butter” of an imaging department? \_\_\_\_\_

- c. What is the minimum grade necessary for any Radiography course?

\_\_\_\_\_

- d. Is local employment guaranteed upon completion of the Radiography Program? \_\_\_\_\_

- e. List two performance standards that program applicants must possess.

\_\_\_\_\_

3. Sign the confirmation:

By signing this form, you are stating that you watched the online information session for the Radiography Program and that you understand the application and selection process for this program. Additionally, by signing this form you are attesting that you have reviewed the ARRT Ethics review pre-application packet <https://www.arrt.org/pdfs/Ethics/Ethics-Review-Pre-Application.pdf>

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

4. Fax this form to 850-729-6460 **OR** Mail this form to: Northwest Florida State College  
Radiography Program, Bld. E  
100 College Blvd, Niceville, Fl. 32578

Please Note: This form MUST be returned to the Radiography Program office no later march 1, 2016 in order to receive points towards selection into the program.