

## Clinical Obligations

The Galveston College Radiography Program has 11 clinical affiliates. During their time enrolled in the program, the student will be required to rotate to all clinical affiliates. Transportation and parking cost are the responsibility of the student. Below is the list of clinical affiliates and their distance from the college.

- Clinic Rotations (distance from Galveston College):
  - University of Texas Medical Branch- ~5 miles
  - UTMB - Angleton- ~50 miles
  - UTMB – TC~ 18 miles
  - UTMB – League City Campus ~ 29 miles
  - UTMB Clear Lake ~ 30 miles
  - Mainland Medical Center- ~15 miles
  - Clear Lake Regional Medical Center- ~30 miles
  - Texas Children’s Hospital ~52 miles
  - West Isle Urgent Care ~2.1 miles
  - Elite Care Emergency Hospital ~ 23 miles
  - All American Orthopedic- 30 miles

The following vaccines are required for going to clinical during the radiography program:

- Hepatitis B or Hepatitis A& B combination, TDAP, MMR, Bacterial meningitis, Varicella, TB Screening (Q gold), Flu (administered in August-September)
  - At this time, the COVID vaccine is not required but highly recommended. However, if a clinical site makes it mandatory, then all students will be required to have it.

I understand the requirements with regard to clinic, transportation, and the overall schedule of the Program. I also realize that any fees or costs given to me are only estimates and may change before and during the upcoming year. I have been notified in advance of the extensive class/clinic schedule and realize it is my responsibility to adjust my personal schedule accordingly. I understand a mandatory background check and drug screening must be completed upon acceptance before matriculation. I was informed that expenses such as scrubs, CPR Certification, etc. are my responsibility. I am also aware that completion of the Program does not guarantee I will obtain full-time employment within my field.

I am aware of the technology requirements, the online component of the Program and the amount of independent study involved in the Radiography Program.

Applicant Name (Please Print): \_\_\_\_\_

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