

Podiatric Module

HSC 925 070

Description This module is presented in an online format and can be accessed from a computer with Internet capability. A CD with an accompanying workbook will be provided. The module includes basic information needed to perform limited podiatric radiographic procedures. Topics include positioning terminology, positioning anatomy and pathology of the foot. **Course must be completed within a maximum of 12 weeks.**

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Credit This module is approved by SCRQSA for 6 hours.
Upon Completion, the participant will be awarded a Certificate from York Technical College for 0.6 CEUs.

Tuition \$95for the Module

Salary Range \$10 - \$20

Career Opportunities Continuing Educational requirements met for Hospitals, clinics, Physician offices, other healthcare facilities

Computer Requirements

- CD-ROM drive with speakers
- Internet access

General Information If you have any questions please contact:
Continuing Education/ Health and Human Services
C building, Room 103
Fax: (803) 981- 7327

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| Linda Bolick Program Manager (803) 981-7194 bolick@yorktech.com | Robert Hamilton Program Coordinator (803) 981-7348 rhamilton@yorktech.com |
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How to Enroll

Mail-In

York Technical College
452 S. Anderson Rd
Rock Hill, SC 29730
Attn: Continuing Education
Send registration form and payment

Fax

Companies may FAX letters of authorization or purchase requisitions for registration.
Fax: 803-325-2869
Attention: Continuing Education

In Person

Continuing Education Center
Building C
Monday – Thursday 8:00 A.M. - 8:00 P.M.
Friday 8:00 A.M. - 3:00 P.M.

Phone-In

Have Charge Card & Schedule Handy For Charge Card Registration
CALL: (803) 325-2888
Mon. – Thurs 8:00 A.M. - 8:00 P.M.
Friday 8:00 A.M. - 3:00 P.M.

To ensure participation, students should register five business days prior to the start of class. Refunds will not be given to persons cancelling less than two business days prior to the start of class. If we are forced to cancel a class due to low enrollment, full refunds will be made.

Mail in registration form for
Radiography Upper Limb Module
HSC 1074 070

Name _____ SSN _____ DOB _____

Address _____ City _____ State _____ Zip _____

Email address (PLEASE PRINT CLEARLY) _____

Daytime phone _____ Evening phone _____

**Mail payment (payable to York Technical College) to: York Technical College, CE
Registration, 452 South Anderson Road, Rock Hill, SC 29730**

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