Radiologic Technology Exam Ticket
PSB Health Occupations Aptitude Examination
Exam Available: 7/16/12 – 10/01/12

Print This Exam Ticket

- Make payment of \($20.00\) in the Lone Star College-Montgomery Business Office, E-101A
  Please check [http://www.lonestar.edu/lsc-business-offices.htm](http://www.lonestar.edu/lsc-business-offices.htm) for Business Office hours. The Business Office can be reached at 936.273.7214.
- The Business Office will stamp **PAID** on your Ticket.
- Take Paid stamped Testing Ticket to the Testing Center, C-208, to take your test.
  Please check [http://www.lonestar.edu/testing-montgomery.htm](http://www.lonestar.edu/testing-montgomery.htm) for Testing Center hours. The Testing Center can be reached at 936.273.7377.

- Admission requires **photo ID** and **Paid Stamped Testing Ticket**.
- Only a calculator, pencil, and blank scratch paper will be allowed during the test.
- Each subsection of the exam has a time limit (please allow at least 2 ½ hours to complete the test):

<table>
<thead>
<tr>
<th>PART</th>
<th>Description</th>
<th>Time Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Academic Aptitude</td>
<td>45 minutes</td>
</tr>
<tr>
<td>II</td>
<td>Spelling</td>
<td>15 minutes</td>
</tr>
<tr>
<td>III</td>
<td>Reading Comprehension</td>
<td>30 minutes</td>
</tr>
<tr>
<td>IV</td>
<td>Information in the Natural Sciences</td>
<td>35 minutes</td>
</tr>
<tr>
<td>V</td>
<td>Vocational Adjustment Index</td>
<td>15 minutes</td>
</tr>
</tbody>
</table>

- The testing proctor will print two copies of your scores. Keep one for your records and leave the other with the proctor (this copy will be forwarded to the Rad Tech Department).
- **The PSB test may only be taken ONCE in each calendar year. If you test more than one time (but during different years), the program will use the most recent scores in the calculation of your application score.**
- **NO REFUNDS AVAILABLE**

Office Use Only:
Student: ___________________________________________ Student ID# ______________________________
$20.00 Paid:  Check____ Cash____ Credit Card____
Budget Code: 10 0400 1 0400150603 5117
Date Paid: ___________________ Received from: _________________________________________________
Receipt Number: ______________________________
Business Office Stamp ______________________________