

HEALTH SCIENCES // APPLICATION 2018-2019

APPLICATION FOR PROGRAM _____

DATE _____

NAME _____

SSU ID _____

ADDRESS STREET _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NO _____ CELL PHONE NO _____

PREFERRED EMAIL ADDRESS _____

HEALTH SCIENCES ADMISSIONS COORDINATOR

BOBBI MASSIE

Health Sciences Building Room 126

740.351.3209 or 740.370.9776 texting // healthsciencesadmissions@shawnee.edu



MINIMUM CRITERIA FOR ADMISSION CONSIDERATION Radiologic Technology Program

To be considered for admission to the Radiologic Technology Program, the following items must be received in the Admissions Office by **February 1**:

- Application to Shawnee State University
- Radiologic Technology Application/Autobiography form and \$30 fee
- Official High School Transcript
- Official College Transcripts
- Proof of Algebra and Biology with "C" or above
- ACT Score with "18" in Science Reasoning
- Minimum GPA of 2.5

Please note that meeting the minimum criteria for admission consideration does not guarantee admittance into the Radiologic Technology Program. All candidates meeting the minimum criteria for admission are subsequently ranked and only a selected number are admitted due to clinical site limitations. In most years the number of applicants meeting the minimum criteria far exceeds the number of seats available. As a result, the qualifications of those students admitted are much higher than the minimum requirements for admission consideration.

Please read the following information completely. If you have questions regarding these requirements, please contact the Health Sciences Representative at (740) 351-3209.

1. You must first be a Shawnee State University student or submit an application.
2. Then submit the Radiologic Technology application/autobiography form with the \$30 fee to the Admissions Office by **February 1**.
3. Students should request official copies of high school and college transcripts be sent to the Admissions Office at Shawnee State. Transcripts should be sent after application to Shawnee State has been made, to avoid confusion. If any of your transcripts are under a different name, please request that your current name and/or social security number be included. Transcripts sent under other names may not be traceable and may not be credited to your file.
 - a. **Previous College/University Transcripts:** Official transcripts must be mailed directly from the college/university. Hand-carried or faxed copies will not be accepted as official transcripts. The University reserves the right to verify the final, official authenticity of any student's transcript. Any transcript document found to be fraudulent becomes the student's responsibility and the University reserves the right to withdraw admission acknowledgment and/or approval of acceptance.
 - b. ALL applicants to the Radiologic Technology Program must have completed high school or college level **Algebra and Biology** with a grade of "C" or above by **February 1** to be considered for admission. (NOTE: A "C-" is not accepted and Pre-Algebra is not accepted.) The only exception to this is if you are a senior in high school and are currently enrolled in one of these classes, then you must have your counselor send us a transcript at the end of the first semester showing your current grade average in the course.
 - c. All applicants must have completed the ACT test with a minimum score of "18" in the Science Reasoning area.

- d. Applicants must be eligible to enter MATH 1200/STAT 1150 and ENGL 1101 as the program curriculum describes. Therefore, if you do not have qualifying ACT results, students should take Shawnee State's Mathematics and English placement tests as early as possible.
- e. Job shadowing in the Radiologic Technology field is required before admittance to the program. Job shadowing should include **General X-Ray** and may also include: Computed Tomography (CT), Magnetic Resonance Imaging (MRI), Ultrasound, Radiation Therapy, Mammography, Nuclear Medicine, and the Cardiovascular laboratory or Interventional laboratory. It is up to the student to set up job shadowing and show documentation of completion (form located within packet).
- f. All applicants will be notified in writing or by email when the files are reviewed, indicating completion of application or if documents are missing. It is the responsibility of the student to make sure all requirements are submitted before the deadline. If an email or notification in the mail has not been received after the February 1 deadline, you should contact the Health Sciences Representative at (740) 351-3209.

All applicants that have complete files by the deadline are ranked using the same selection criteria. **The program does not use a waiting list.** The selection criteria may include ACT composite score, grades in math and science classes, high school grade point average, college grade point average, grades in the required general education courses of the curriculum and job shadowing performed within last two years.

Additional criteria may be used in cases where some of the applicant's scores are very close together. These criteria may include work experience, knowledge of the profession, location of residence and improvement in grades from high school to college. Some of this information may be taken from the **Application/Autobiography Form.**

The selection process tries to be as fair and as objective as possible. The criterion is evaluated yearly. If you have any questions or concerns, please contact the Director of the Radiologic Technology Program at (740) 351-3247.

- g. If selected, the student must participate in an interview/information session with program faculty. Notification of date and time will be arranged by program secretary.

RADIOLOGIC TECHNOLOGY PROGRAM

Application for Admission and Autobiography Form

Name: _____ SSU ID: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: Day (____) _____ Evening (____) _____

Cell (____) _____ Email Address _____

Year applying to enter program: Summer _____
Year

ATUOBIOGRAPHICAL INFORMATION

In the space below (use another sheet if additional space is needed), please type an account of:

1. Your non-working experiences and activities (include community service)
2. Work experiences including dates (starting with most recent employment)
3. Work or voluntary experiences you have had in a healthcare setting that you have not listed above (include job shadowing)
4. Reasons for selecting the Radiologic Technology Program as a career at Shawnee State University

-- Continues on next page --

ACCEPTANCE OF RESPONSIBILITIES

I understand that if admitted to the program I will be responsible for:

1. **Traveling** to a clinical site 50-60 miles away and arriving by 7:00 a.m.
2. **Securing** a reliable source of transportation.
3. **Devoting** up to 12 hours a day to my education, including reading, group study, and clinical preparation.
4. **Spending** up to 25-40 hours a week in the classroom, lab, or hospital setting.
5. **Dealing** with patients of all ages, ethnic, and social backgrounds.
6. **Obtaining and documenting** completion of Hepatitis vaccinations.
7. **Obtaining** background checks and drug screening as requested.
8. **Keeping** program officials updated with current telephone number and address.

Certifying Exam Eligibility

The **American Registry of Radiologic Technologist** is the organization that administers the national certifying examination to our graduates. Their standards require them **to investigate** all cases where candidates have been convicted of either a **felony** or a **misdemeanor**, the only exceptions being speeding and parking violation. The ARRT allows individuals to request a **pre-application** to obtain a ruling on their eligibility for the ARRT exam. Contact the Program Director for more information on this topic at (740) 351-3247.

I understand that by signing this I am noting that I have been informed of the above requirements and agree to abide by them if admitted to the Radiologic Technology Program.

Applicant Signature

Date

**Return this application form with your \$30 application fee to:
Shawnee State University, Office of Admissions
940 Second Street, Portsmouth, OH 45662**

Shawnee State University does not discriminate in admission, access, or treatment in programs and activities or employment policies or practices on the basis of race, creed, sex, color, national or ethnic origin, religion, marital status, age, sexual orientation, veteran status or qualified handicap.

Radiologic Technology Applicant's Checklist (Do Not Submit)

Program Pre-Requisites:

High school:

___ Algebra with a C or higher

___ Biology with a C or higher

___ ACT Score with "18" in Science Reasoning

___ Completed Radiologic technology Program Autobiography Form

___ Eligible to begin MATH 1200/STAT 1150 and ENGL 1101/1102

Non-RDLT courses required in the RDLT curriculum (these courses can be taken before entering the program or along with RDLT program classes)

___ ENGL 1101/1102

___ ENGL 1105

___ MATH 1200*

___ PSYC 1101

___ BIOL 1130*

___ BIOL 1131*

___ BIOL 3635*

___ COMM 1103

___ BUIS 1010

*These are not pre-requisites to apply but help increase the applicant's chance of being accepted if they are completed before the February 1st application deadline.

**Radiologic Technology Program
Job Shadowing Form**

Student applicant is required to perform a minimum of 10, no more than 32 observation hours in a Radiology department. It is recommended, but not required that the student observe as many modalities as possible (General X-Ray; Computed Tomography, CT; Magnetic Resonance Imaging, MRI; Ultrasound; Nuclear Medicine; Radiation Therapy; or Interventional Procedures). Students must follow the facility's requirements regarding HIPAA confidentiality and any other requirements deemed necessary by the facility.

Please attach this completed form with the health science application or mail to: Shawnee State University, Attention: Bobbi Massie, 940 2nd Street, Portsmouth, OH 45662.

Student Name (print): _____

Student SSU I.D. # (if applicable): _____

Facility where observation hours were completed: _____

Date	Hours observed	Modality observed	Name of Supervising Technologist

Total Number of Hours: _____

Student signature: _____