

Dear Applicant,

Thank you for considering our Hospital and School of Radiologic Technology for your studies. Enclosed you will find the literature and application that you have requested. You are required to submit the following items:

- 1. The Application of Admission**
- 2. The Technical Standards Survey**
- 3. Three (3) current letters of professional reference.**
- 4. Official High School transcripts.***
- 5. Official College transcripts.***
- 6. A \$20 Application fee.**

* An official copy of your transcript is required. Student copies or unofficial copies will not be accepted. If you attended high school or college in a foreign country, you must submit an evaluation report stating the educational credential received and its U.S. equivalent. Classes must have been completed within the previous seven years.

All items should be mailed to the Radiography Program. **The deadline for consideration of your application is February 1, 2006.*(see interview criteria)**

It is the candidate's responsibility to ensure the submission of all necessary materials by the deadline. The school will not contact applicants in regard to the status of their file.

Once your file is complete, the program director will review all items in your file to determine if the requirements are met for an interview. The requirements include the applicant having taken courses in Algebra, English, Medical Terminology and Computer literacy. Courses may have been taken in high school or college with a grade equivalent to a C or higher in each course. **Courses must have been taken within the last seven years and must be completed by the February 1 deadline for consideration.**

If these requirements are met, you will be asked to come to the school for a personal interview. The interview will start at 8:00am and will take approximately three hours. You will be taken on a tour of our facilities. The interview process will take place with two to four members of our clinical team. Personal impression, related work experience, and interest in the radiologic technology field are assessed during the interview.

Our goal is to complete all interviews by the end of March. We will then inform chosen applicants of their acceptance into the program.

Applicants will be evaluated on their academic performance in the didactic requirements and the personal interview.

If you have any questions or concerns, please feel free to contact the School of Radiologic Technology at **(248) 849-3293.**

Thank you again for your interest in our program.

Sincerely,

Mary A. Kleven, MAOM, BS, RT(R)(M)
Program Director
Providence Hospital

rev.2/05

School of Radiologic Technology
CRITERION FOR INTERVIEW

All information must be submitted (postmarked) by February 1 of each year.

New class begins every September rev. 1/05

Information required:

- 1. Application with essay portion completed.**
- 2. Technical Standards survey completed (included with application)**
- 3. Three letters of recommendation.**
- 4. Official transcripts (high school and college). Transcripts must be from the last seven years, with a grade C or better in all required classes. Classes be completed by the February 1 deadline for consideration.**
- 5. \$20 Application fee.**

Interviews are scheduled after the deadline, February 1, and only if application is complete.

Admission requirements and opportunities will be discussed during the interview. Prospective applicants are evaluated on both the interview and their academic record.

Required courses:

Introduction to Computers (100)
Algebra I or basic Algebra (100)
English (100)
Medical Terminology

Recommended courses:

Anatomy
Biology
Chemistry
Physics

Mail information to:

Mary A. Kleven, MAOM, B.S.(R)(M)
Program Director
Providence Hospital
School of Radiologic Technology
16001 W. Nine Mile Road
P.O. Box 2043
Southfield, MI 48037
(248) 849-3293
Mary.Kleven@stjohn.org

*The total program cost is \$1,750.00 The cost includes tuition (\$500/year) and books (\$750).

PROVIDENCE HOSPITAL
SCHOOL OF RADIOLOGIC TECHNOLOGY

TECHNICAL STANDARDS SURVEY rev. 1/05

All applicants to the School of Radiologic Technology are notified of the minimum physical requirements appropriate to radiologic technology. The inability to perform any of the listed activities indicates a reduced chance of successful completion of the program, or employment in this profession. In such a case, it is recommended that the student not enter the radiography program.

Please read the following statements identifying the technical standards and answer the question provided below. This form is to be returned by the candidate along with the completed application.

The radiologic technologist must have sufficient strength and motor coordination required to perform the following physical activities:

- Standing or walking during most of the clinical training.
- Frequent reaching and manual dexterity in handling accessory equipment for diagnostic purposes. (lift a minimum of 30 pounds)
- Frequently transporting, moving, lifting and transferring patients from a wheelchair or stretcher to and from a radiographic table.
- Possess normal visual and audio acuity. This is necessary to report visual observations of patients and read written orders. Hearing must be adequate to assess patient needs and communicate verbally with other health care providers.
- Possess sufficient verbal and written skills to communicate needs promptly and effectively in English.

Are you able to perform all of the technical standards identified above with or without reasonable accommodations?

YES _____

NO _____

Signature of Applicant

Date

SCHOOL OF RADIOLOGIC TECHNOLOGY

Providence Hospital

COURSE IN RADIOLOGIC TECHNOLOGY(Rev. 1/05)

The Program of Radiologic Technology consists of formal classroom presentations and departmental clinical rotations. The Joint Review Committee on Education in Radiologic Technology sanctions the curriculum approval and program accreditation.

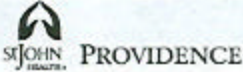
Certified radiologic technologists, radiologists, nurses, and other health care professionals present lectures in the following:

- Introduction to Radiography
- Radiographic Technique
- Medical Terminology
- Patient Care for Radiological Sciences
- Radiographic Procedures
- Human Structure and Function
- Radiographic Pathology
- Medical Imaging and Processing
- Radiographic Quality
- Radiographic Principles
- Radiation Protection
- Cross-Sectional anatomy
- Introduction to Quality Improvement
- Radiation Biology
- Venipuncture
- Computer Literacy
- Human Diversity
- Ethics & Law
- Critical Thinking and Interpersonal Concepts
- Mammography

The didactic material, course objectives, goals, competencies and criteria are all specifically structured and presented to the student radiographer for successful completion of the Radiologic Technology program.

Rotations are offered in Nuclear Medicine, MRI, Ultrasound, Special Procedures, CT scan, Quality Assurance, Heart Catheterization Bone Densitometry, and Radiation Therapy to expose students to other areas within the field of Diagnostic Radiology.

The forty- hour school week is coordinated with all department schedules and procedures to ensure the fullest educational experience to enrolled students. One class is enrolled each year, starting in September.



PROVIDENCE HOSPITAL AND MEDICAL CENTERS
 16001 West Nine Mile Road • Southfield, Michigan 48075
 Phone: (248) 424-3000

SCHOOL of RADIOLOGIC TECHNOLOGY

APPLICATION FOR ADMISSION

Qualified applicants are considered for admission to the Providence Hospital School of Radiologic Technology without regard to race, color, religion, national origin, age, marital or veteran status, or disability. It is the applicant's responsibility to notify the hospital of any reasonable accommodation necessary to perform the essential duties of the position for which the applicant has applied.

IMPORTANT - PLEASE TYPE OR PRINT CLEARLY IN INK

PERSONAL DATA

Date		Social Security Number	
Last Name	First	Middle	
Address	City	State	Zip Code
Telephone Number (Home)		Telephone Number (Alternate)	
Person to Notify in Case of Emergency Name		Telephone Number	
Address	City	State	Zip Code
Are you age 18 or older: Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you a U.S. citizen or otherwise authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a crime other than a minor traffic violation? If yes, explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION AND TRAINING

	School Name and Location	Major	Graduated	Degree / Diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yrs. Completed _____	
Undergraduate College/ University			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yrs. Completed _____	
Technical / Vocational			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yrs. Completed _____	

EMPLOYMENT HISTORY

Beginning with your **CURRENT** or most **RECENT** employer, list last four positions held including Military Service in date order

Name of Employer	Position Held	From	To
Address	Name and Title of Supervisor	Hours Per Week	
City State Zip	Reason For Leaving	Base Hourly Rate/Salary	
Telephone Number	Type of Business or Institution		

Duties

Name of Employer	Position Held	From	To
Address	Name and Title of Supervisor	Hours Per Week	
City State Zip	Reason For Leaving	Base Hourly Rate/Salary	
Telephone Number	Type of Business or Institution		

Duties

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Duties

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Address	Name and Title of Supervisor	Hours Per Week	
City State Zip	Reason For Leaving	Base Hourly Rate/Salary	
Telephone Number	Type of Business or Institution		

Duties

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN WHERE INDICATED BELOW:

I hereby certify that the information given by me in this application is true and correct in all respects, and I understand that any misrepresentation, omission or falsification of information is grounds for immediate dismissal.

I understand the information on this application is subject to check and verification by Providence Hospital School of Radiologic Technology and that my previous employers may be asked for information regarding my employment with them. I hereby authorize all schools that I have attended, my former employers, my military service branch and any others having information concerning me or my past employment to release in confidence all information regarding me. I hereby release from liability each and all of those who provide such information. I understand that my acceptance into the School of Radiological Technology is dependent upon my successful completion of a physical examination to be conducted at the hospital.

I understand that this hospital operates on a twenty-four hour per day, seven days per week basis. Because of this, I understand that it may be necessary for any student to rotate shifts, and I agree to do so.

Signature of Applicant _____ Date _____



PROVIDENCE

School of Radiologic Technology

PROVIDENCE HOSPITAL
AND MEDICAL CENTER

16001 West Nine Mile Road
P.O. BOX 204
Southfield, Michigan 4807
(248) 424-3000

INFORMATION RELEASE

DATE: _____

To Whom It may Concern:

I have applied to Providence Hospital's School of Radiologic Technology. In order that the School may properly evaluate my qualifications, it is my desire that it be fully advised of my employment relationship with you:

I herewith request and authorize you without qualification or limitation to release and furnish to Providence any and all information in your records, files or in your possession, concerning or relating to my present and/or past employment by you.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

Named One of America's Top 100 Hospitals
Member of Daughters of Charity National Health System, Inc.