

MEDICAL RADIOGRAPHY PROGRAM

APPLICATION CHECKLIST

Revised 9/11

This checklist has been provided to guide you through the application process.

Do **NOT** submit this with your application.

If you have any questions please contact the Program Director at (435) 879-4840

	REQUIREMENTS	DATE DONE
1	Complete the Dixie State College of Utah admissions process. Official transcript needs to be submitted.	
2	Complete all the prerequisite courses (see application)	
3	Pay \$25.00 non-refundable application fee to the Dixie State College cashier's office by March 1st for fall admission. (Submit a copy of receipt with application.)	
4	Take the PSB Health Occupations Aptitude Exam at the Testing Center. There is a fee of \$40.00.	
5	Completed application form (due by 2:00 pm March 1st for Fall admission.)	
6	Submit three recommendations SEALED in envelopes according to instructions. These should be completed by individuals who have worked with you in a professional or academic capacity. These are NOT personal references.	
7	All students must submit current transcripts with application. Transfer students must also submit an official transcript to the records office.	
Once you have been accepted into the program the following will be required. You will be required to keep these current during the entire program.		
1	CPR Certification Health Care Provider Status (NOT Heartsaver) (American Red Cross expires every year, American Heart Association expires every 2 years.)	
2	Verification of 2 MMR (Measles, Mumps, Rubella) immunizations or Titer showing immunity.	
3	Hepatitis B series (3 required) At least 2 must be completed before the start first semester. Allow 4 weeks the first two inoculations.	
4	2 Dose Chicken Pox vaccination or Letter verifying you had Chicken Pox or titer showing immunity	
5	Influenza Vaccine	
6	Tdap (diphtheria, tetanus, pertussis) Note: Individuals should not receive this immunization if they have had a tetanus shot within two years. In this case, a waiver must be signed and the student must have a current diphtheria immunization or titer showing immunity.	
7	2 Step Negative Tuberculosis Skin Test (TB Skin Test), Chest X-ray or verification of prior treatment for TB. Must be good through program completion (1 year)	
8	Mandatory Student Fees to include a non-refundable fee required for graduation/pinning, and lab supply fee. These fees are paid with each semester's tuition.	
9	Request criminal background check from www.CertifiedBackground.com . The code for Dixie State College of Utah – Medical Radiography is ix71 . Payment may be made with a Visa or MasterCard or money order. Notice: Background results may preclude you from attending some clinical sites and/or make you ineligible to sit for the ARRT. Contact the Program Director for further information. <u>MUST BE COMPLETED BETWEEN ACCEPTANCE AND START DATE.</u>	

APPLICATION INFORMATION

Medical Radiography Program

School of Nursing and Allied Health

Dixie State College of Utah

Thank you for your interest in the Medical Radiography program. Here is an application packet which includes 1) an application, 2) instructions for completing it, 3) acknowledgement of program requirements, 4) a checklist, and 5) a copy of the recommendation form (3 copies needed). Please follow the instructions carefully.

Students are admitted into the program without discrimination in regards to gender, age, creed, ethnic origin, or marital status. Space in the program is limited: therefore, admission will be competitive, based on an objective point procedure that has been strategically set up to predict student success. Points will be calculated and weighted from the admission criteria including: prerequisite grades, overall college GPA, work experience or volunteer hours in the health care setting, clinical observation and PSB Health Occupations Aptitude Exam. **Prior to applying to the program, individuals should give careful consideration to the mental and physical demands of the program and the pressures involved in undertaking the responsibilities of being a full-time Medical Radiography student.**

- There is a \$25 non-refundable application fee. Please enclose a copy of your receipt with your application.
- The PSB Health Occupations Aptitude Exam is administered at the testing center on Dixie State College campus. A \$40 fee needs to be paid to the Cashier's office or the Testing Center. It is your responsibility to make arrangements for this test and submit a copy of your scores with your application.
 - Please check with the Testing Center for available hours (435) 652-7696.
- Applications are due prior to 2 p.m. March 1st for Fall admission. Only complete applications will be accepted.
NOTE: All students must submit a current college/university transcript with application.
- Written notification of acceptance status will be mailed to you in April for the Fall semester.
- A mandatory orientation for students accepted into the program will be held prior to the end of the Spring semester.

Any questions can be directed to Sherry Floerchinger, Program Director, (435) 879-4840 or Joni Hale, Health Science Advisor, (435) 879-4809.

Good luck and thanks for your interest in Dixie State College and the Medical Radiography Program!

Send certified mail or deliver pages 2-5 of this application with **all** requested official documents/materials to:

Dixie State College of Utah
Attn: Joni Hale, Health Science Advisor
Russell Taylor Health Science Center
225 South 700 East
St. George, UT 84770



DIXIE STATE COLLEGE OF UTAH
MEDICAL RADIOGRAPHY PROGRAM
APPLICATION FOR ADMISSION

DUE DATES: Fall Admission – March 1st

Actual date submitted: _____

A NON-REFUNDABLE \$25.00 APPLICATION FEE RECEIPT FROM DIXIE STATE COLLEGE CASHIER MUST BE ATTACHED TO THIS APPLICATION.

DIRECTIONS: Please type or print and complete ALL of the information requested. Initial all items that apply to you. **Incomplete applications will not be processed.**

1. Last Name _____ First _____ Middle Initial _____
Student ID Number _____ Home Phone: (_____) _____
Home Address _____ Work Phone: (_____) _____
City _____ State ___ Zip _____ Other Phone: (_____) _____
E-mail Address _____

Please list the name, address and phone number of a person to be notified in case of an emergency.

Last Name _____ First _____ Middle Initial _____
Home Address _____ Home Phone: (_____) _____
City _____ State ___ Zip _____ Other Phone: (_____) _____

Relationship to the student: _____

2. DIXIE STATE COLLEGE OF UTAH ADMISSION PROCESS

_____ I have submitted an application for admission to: Dixie State College of Utah Registrar's Office 225 South 700 East, St. George, UT 84770, along with previous College, University and/or High School transcripts, or GED Test Scores, and any other required documentation.

OR

_____ I am currently a student in good standing at Dixie State College of Utah.

3. PRE-REQUISITE COURSE COMPLETION

- _____ I have completed all of the required prerequisite courses with the specified minimum requirement of “C” (2.0) GPA and have a total cumulative average of “B-” (2.7) GPA on the courses listed below -OR-
- _____ I am currently taking the required prerequisite courses and will have them completed by the end of the Spring semester **prior to starting the Medical Radiography program.**

Required Course	School College or University	Location City, State	Date Completed	Grade	Anticipated Completion
Intro to Radiography (RADT 1010 2 Cr)					
Human Physiology (BIOL 2420 3 Cr)					
Human Physiology Lab (BIOL 2425 1 Cr)					
Human Anatomy (BIOL 2320 3 Cr)					
Human Anatomy Lab (BIOL 2325 2 Cr)					
Precal I/College Algebra (MATH 1050 4 Cr)					
General Psychology (PSYCH 1010 3 Cr)					
Interpersonal Comm or Public Speaking (COMM 2110 or 1020 3 Cr)					
Intro to Writing (ENGL 1010 3 Cr)					
Intermediate Writing (ENGL 2010 3 Cr)					

4. FINAL GRADES

_____ I understand that for all pre-requisite courses not yet completed, I must receive a final grade consistent with the outlined admission criteria. *Unofficial transcripts will be accepted with application. Students **accepted** into the program must submit sealed official transcripts to Joni Hale, Health Science Advisor, showing completed grades. (and to the records office for transfer students.)*

5. PSB EXAM

_____ I have completed the PSB Aptitude Test. I am enclosing a copy of my results.

Date Completed: _____

6. WORK HISTORY

Provide your work history and any health care employment experience and/or a volunteer for a health care facility, starting with your most recent position:

(Check if Applies)

Name of Employer	Location City, State	Position Held	Length of Employment	Full Time	Part Time	Volunteer

7. Clinical Observation

_____ Clinical observation is not mandatory but highly recommended (minimum of 8 hours).

8. REFERENCES

_____ I have obtained three professional or educational recommendations. I was not present when these recommendation forms were completed nor sealed, nor have I seen the evaluator's comments about me.

I do hereby certify that the statements in this application are true and complete to the best of my knowledge.

Applicant Signature

Date

Note: Before sending this application, it is recommended that you keep copies of all of the items you are submitting.

Acknowledgement of Program Requirements for Personal Effort and Commitment

The nature of the Dixie State College of Utah Medical Radiography program, as with most college/university programs, requires a substantial time commitment to fulfill the intensive requirements of the program in the classroom, laboratory, and clinical settings. Student success in the program is dependent upon the creation and maintenance of a collaborative, working partnership between students and faculty. The program faculty recognizes its responsibility as facilitators of your learning and is committed to helping you succeed in the program.

However, it is important that you are aware of the responsibilities you will hold for your own learning while in this program. As part of your application to the program, please read the following and sign below. Your signature is an acknowledgement of your understanding of the expectations of the program.

1. There is a minimal study expectation of two hours of study per week for each credit enrolled. Most students spend more time than the minimal study expectation.
2. Although we hold an appreciation for your possible need to work to support yourself and/or a family, most students find it extremely difficult to work and still achieve the grades they may have received in non-radiographic courses.
3. In general and given the same amount of student effort, medical radiography students may not achieve the grades they have received in non-radiographic courses. You will be learning a “new language” in the first year of your program. As well, you will be exposed to in-depth, comprehensive radiography concepts and principles that may require more effort on your part to learn and understand.
4. You are expected to be prepared for class, lab, and clinical. This may include extensive reading and completion of care plans or other assignments prior to your attendance.
5. Most exams given in the medical radiography courses are structured similarly to the ARRT exam. This means that most of the items on the exams are application, analysis, and synthesis-type questions rather than simple knowledge and recall. We provide you with learning strategies and test-taking strategies that help you take the national registry.
6. You will find the program very different and much more difficult than your past educational experiences. The program is designed this way to facilitate the quality of the program, prepare you to pass your certification exam, and ensure you become a safe and competent Radiologic Technologist.

I certify that all of the statements in this application and all of the documents submitted with this application are true and accurate to the best of my knowledge. I acknowledge that I have read and understand the above statements and if I am accepted into Dixie State College of Utah’s Medical Radiography program, I agree to organize my time and personal affairs in order to meet the commitment necessary to succeed.

Print name of Applicant

Signature of Applicant

Date



225 South 700 East
St George, UT 84770

Name of Applicant: _____

Medical Radiography Clinical Observation Procedures and Report Form (Optional)

The purpose of clinical observation is to give the prospective Medical Radiography student an introduction to clinical education and the profession.

1. Determine the site you would like to observe at.
2. Call the site of your choice and speak to the person in Radiology and/or volunteer office who is in charge of scheduling observations.
3. Get the name of the person that you are to report to.
4. Dress appropriately for your observation. Your attire should be clean, neat and professional. No blue jeans, open-toed shoes, halter tops or excessive fragrances.
5. Arrive on time.
6. Remember that you are in a medical facility. Patient confidentiality and privacy must be adhered to at all times. Do not discuss patient related issues outside of the facility.
7. Adhere to infection control techniques. Do not be in contact with patient body fluids during your observation. If contact does occur, please notify the person to whom you are assigned.
8. At the end of the observation session, have the appropriate person sign your observation report form.
9. When the form is complete, submit it to Joni Hale, Health Science Advisor at (435) 879-4809.

Name of Facility: _____

Date of Observation: _____

Time of Observation: _____

Total Number of Hours Observed: _____

Technologist's Signature Verifying Hours: _____



**DIXIE STATE COLLEGE OF UTAH
MEDICAL RADIOGRAPHY PROGRAM**

VOLUNTEER HOUR VERIFICATION

225 South 700 East
St George, UT 84770

Name of Applicant: _____

*****TO BE COMPLETED BY VOLUNTEER SUPERVISOR*****

Name of Facility: _____

Start Date: _____ End Date: _____

Total Volunteer Hours: _____

Volunteer Duties/Comments: _____

Volunteer Supervisor: _____ Supervisor Title: _____

Supervisor Signature: _____