

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 to have a complete application:

1. The Application of Admission with an essay of why you are interested.

2. The Technical Standards Survey signed.

3. Three (3) current letters of professional reference.

4. Official High School transcripts* and College transcripts*.

An Associate's degree in any area of study is required, and must be documented on transcript. Applicants may apply prior to completion of Associate's degree, but completion must be demonstrated by the start of the program in September.

5. A \$40 Application fee. (Check or money order payable to Ascension Providence Hospital)

6. MR Screening form, filled out and signed.

7. Current CPR/BLS certification.

* 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. An official transcript must come directly from the school itself; or through a transcript clearinghouse, such as Parchment, et. al. **Printed copies of transcripts are not official.**

All items should be mailed/mailed to the Radiography Program. **The deadline for consideration of your application is February 1, for any given year; with a September start date that same year.**

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 until all materials are received.

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 college courses in Algebra (Intermediate), English (Communications or Composition), Information Sciences, Medical Terminology, Anatomy and Physiology, Behavioral Science. Job shadowing is strongly encouraged. Courses must have been taken in college with a grade equivalent of a C or higher in each course. **Courses taken within the last seven years will be given more weight, and all classes 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 mathematics/ algebra test and personal interview (interview granted after passing math test). Personal impression, related customer service/ patient care 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. The top twelve- fifteen scoring candidates are accepted. We have currently added a new location for clinical training. We are able to accept three more candidates if people are willing to travel to the new location, which is Ascension Genesys Hospital. Students do not have to rotate to all of our locations, but they must choose upon accepting which rotation schedule they would like to follow.

Accepted students will be able to CHOOSE which locations they would like to travel to by choosing Option 1, OR Option 2 from below: (distances are from the new classroom at 28000 Dequindre Road, Warren, MI)

Option 1- clinical rotations:

Ascension Providence Hospital – Southfield campus (East and West) (17 miles)
16001 West Nine Mile Road
Southfield, MI 48037

Ascension Providence Hospital – Novi Campus (West-side) (31 miles)
47601 Grand River Ave.
Novi, MI 48374

Ascension Providence Hospital Health Center (West- side) (30 miles)
37595 W Seven Mile Rd
Livonia, MI 48152

OR

Option 2- clinical rotations:

Ascension Providence Hospital – Southfield campus (East and West)(17 miles)
16001 West Nine Mile Road
Southfield, MI 48037

Ascension Genesys Hospital (East-side only) (47 miles)
1 Genesys Pkwy.
Grand Blanc, MI 48439

Ascension Providence Medical Center (East-side) (15 miles)
30055 Northwestern Highway
Farmington Hills, MI 48334

If you have any questions or concerns, please feel free to contact the School of Radiologic Technology at **(248) 849-3293** or email: mary.kleven@ascension.org.

Thank you again for your interest in our program.

Sincerely,

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

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.3/13)

Information required:

- 1. The Application of Admission with an essay.**
- 2. The Technical Standards Survey signed.**
- 3. Three (3) current letters of professional reference (employer or educator).**
- 4. Official High School transcripts* and College transcripts*.**

An Associate's degree in any area of study is required, and must be documented on transcript. Applicants may apply prior to completion of Associate's degree, but completion must be demonstrated by the start of the program in September.

- 5. A \$40 Application fee. (Check or money order payable to St. John Providence Hospital)**
- 6. MR Screening form, filled out and signed.**
- 7. Proof CPR/BLS certification (must not be expired prior to starting)**

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. A minimum academic score of 40 is required to receive an interview. {7 classes x grade "C" (8 points)} = (7 X 8 =56) Courses that are less than 7 years are preferred, NOT REQUIRED; with a grade "C" or better.

Required courses (College level) minimum 15 credit hours total to include:

Algebra (**Intermediate**; not pre-, basic, or elementary)—3 credit hours
English (Communications/ Composition) – 3 credit hours
Behavioral Science (Psychology, sociology, etc.) —3 credit hours
Anatomy and Physiology (additional coursework in the Natural Science earns more points)3 c.h.
Information Sciences (Introduction to Computers) —3 credit hours
Medical Terminology, 1-2 credit hours
Job shadowing is strongly encouraged; contact Kenneth.budnick@ascension.org to schedule.

Mail information to:

Mary A. Kleven, MAOM, B.S.(R)(M)
Program Director
Ascension School of Radiologic Technology
% Ascension MI CSB
28000 Dequindre Road
Warren, MI 48092
(248) 849-3293
Mary.Kleven@ascension.org

*The cost of tuition is \$7,000 for two years. The cost of books is an additional \$1100.00.
We do not offer financial aid; but a payment plan is available to pay off tuition.

PROVIDENCE HOSPITAL
SCHOOL OF RADIOLOGIC TECHNOLOGY

TECHNICAL STANDARDS SURVEY rev. 3/23

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

Magnetic Resonance Screening Form for Students

Magnetic resonance (MR) is a medical imaging system in the radiology department that uses a magnetic field and radio waves.

This magnetic field could potentially be hazardous to students entering the environment if they have specific metallic, electronic, magnetic, and/or mechanical devices. Because of this, students must be screened to identify any potential hazards of entering the magnetic resonance environment before beginning clinical rotations.

Pregnancy Notice: The declared pregnant student who continues to work in and around the MR environment should not remain within the MR scanner room or Zone IV during actual data acquisition or scanning.

Name: _____ Date: _____

		Circle Yes or No	
1. Have you had prior surgery or an operation of any kind?	Yes	No	
If yes to question 1, please indicate the date and type of surgery: Date: _____ Surgery Type: _____			
2. Have you had an injury to the eye involving a metallic object (e.g. metallic slivers, foreign body)?	Yes	No	
If yes to question 2, please describe: _____			
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)?	Yes	No	
If yes to question 3, please describe: _____			
Please indicate if you have any of the following:			
Aneurysm clip(s)	Yes	No	
Cardiac pacemaker	Yes	No	
Implanted cardioverter defibrillator (ICD)	Yes	No	
Electronic implant or device	Yes	No	
Magnetically-activated implant or device	Yes	No	
Neurostimulator system	Yes	No	
Spinal cord stimulator	Yes	No	
Cochlear implant or implanted hearing aid	Yes	No	
Insulin or infusion pump	Yes	No	
Implanted drug infusion device	Yes	No	
Any type of prosthesis or implant	Yes	No	
Artificial or prosthetic limb	Yes	No	
Any metallic fragment or foreign body	Yes	No	
Any external or internal metallic object	Yes	No	
Hearing aid	Yes	No	
Other device: _____	Yes	No	

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form. Should any of this information change, I will inform my program director.

Signature of Person Completing Form: _____ Date: ____/____/____

The student has not identified any contraindications to entering MR Zone III or IV.

The student has identified contraindications to entering MR Zones III and IV. The student has been advised not to progress past MR Zone II unless screened by an MR Level II Technologist onsite at each clinical setting.

Form Information Reviewed By: _____
Print name
Signature
Title

This form is provided by the JRCERT as a resource for programs. Programs are encouraged to personalize the form prior to use.

Remember: The magnet is always on!

SCHOOL OF RADIOLOGIC TECHNOLOGY

Ascension Providence Hospital

COURSE IN RADIOLOGIC TECHNOLOGY (Rev. 3/23)

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 Radiologic Science and Healthcare
- Patient Care for Radiological Sciences
- Radiographic Procedures
- Clinical Practice
- Human Anatomy and Physiology
- Radiographic Pathology
- Digital Image Acquisition and Display
- Image Analysis
- Imaging Equipment
- Principles of Exposure and Image Production
- Radiation Production and Characteristics
- Radiation Protection
- Radiation Biology
- Pharmacology and Venipuncture
- Ethics & Law in the Radiologic Sciences
- Additional Modalities and Radiation Therapy
- Introduction to Computed Tomography
- Sectional Anatomy

Medical Terminology and Computer Literacy are reviewed, not taught.

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, Interventional Radiology, 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. Students rotate to Ascension Providence Hospital in Novi, APH Medical Center, Farmington Hills, APH Medical Center -Livonia, and Ascension Genesys Hospital in Grand Blanc. All students do **NOT** travel to all locations. Students are able to choose which secondary hospital they would prefer: APH Novi **OR** Ascension Genesys- Grand Blanc.

**Ascension Providence Hospital
Southfield Campus**

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 Ascension Providence Hospital School of Radiologic Technology without regard to race, color, religion, sex, height, weight, national origin, age, sexual orientation, arrest record, marital or veteran status, or the presence of a non-job related medical condition or disability. It is the applicant’s responsibility to notify us 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)	Email Address	
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"/>	

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

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	
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Name of Employer	Position Held	From	To
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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 Ascension 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 _____

Ascension Providence Hospital
Southfield Campus

School of Radiologic Technology

16001 West Nine Mile Road
P.O. BOX 2043
Southfield, Michigan 48075
(248) 424-3000

INFORMATION RELEASE

DATE: _____

To Whom It may Concern:

I have applied to Ascension 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

