

ASCENSION PROVIDENCE HOSPITAL

COMPUTED TOMOGRAPHY (CT) TRAINING PROGRAM rev. 3/23

GENERAL INFORMATION

Ascension Providence Hospital is a part of the Ascension Health System. Ascension Providence Hospital is located in Southfield, MI. We are dedicated to making a positive difference in the lives and health status of individuals and communities, especially the poor.

Ascension Providence Hospital is a full-service, acute care, teaching hospital with 459 beds and more than 900 physicians practicing in over 50 specialties.

The Diagnostic Imaging Department of Ascension Providence Hospital is a modern multiple modality imaging facility. This includes diagnostic radiography, mammography, ultrasonography, nuclear medicine, computerized tomography, magnetic resonance imaging, angiography, cardiac catheterization, and radiation oncology. Constantly striving to be a technological leader, the Diagnostic Imaging Department employs many new innovations including 2- 128-Slice images in CT scan.

MISSION STATEMENT

Our mission is to provide each student with an educational opportunity that will improve their technical skills. Through goal-setting and achievement, the students will challenge themselves toward excellence in patient care with the radiological sciences.

PROGRAM GOALS

To produce didactically and clinically competent entry-level CT technologists. Graduates who are considered employable in the field of CT.

EQUAL OPPORTUNITY STATEMENT

Qualified applicants are considered for admission to the Ascension Providence Hospital School of Computed Tomography without regard to race, color, religion, sex, heights, weight, national origin, age, sexual preference, arrest record, marital or veteran status, or the presence of 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.

CAREER DESCRIPTION

Computed Tomography (CT) or sometimes referred to as CAT scan, is a medical imaging method employing tomography where digital processing is used to generate a three-dimensional image of the internals of an object from a large series of two-dimensional X-ray images taken around a single axis of rotation. It is primarily used to demonstrate pathological or other physiological alterations of living tissues and is a commonly used form of medical imaging. Those in the profession apply their knowledge of cross-sectional anatomy, physiology, imaging, and physics while performing their duties. They must be able to communicate effectively with patients, other health care professionals and the public. Additional duties may include screening patients prior to exams to maintain a safe environment for all, and education of the public regarding specific

imaging procedures. The technologist displays personal attributes of compassion, competence and concern in meeting the special needs of the patient. Cat Scan technologists are employed by hospitals, specialized imaging centers, private physician's offices, industry, and as educators.

COURSE OF STUDY

The post-graduate CT Scan program is a 6-month course consisting of competency-based clinical education. The curriculum is approved by the American Society of Radiologic Technologists. The course is a 40-hour school week, 4 - 10 hour days, Monday-Thursday, 7:00 am to 5:00 pm to allow for maximum opportunity for viewing different exams.

During the program, you will be able to utilize a variety of equipment including: 2- 128 slice scanners, a scanner that does 3D reconstruction, and a 64-slice CT scanner. You will be able to participate in a wide variety of clinical situations from post-trauma patients, biopsy patients, in- and out-patients.

One class is enrolled every six months, starting in October and April. Cost for the program is \$2,500 which does not include books required for the program.

CANDIDATE QUALIFICATIONS

Individuals who have graduated from an accredited radiologic technology program, and who are in good standing with the ARRT with proper R(T) certification may apply for possible entry in the program. Registry eligible students may apply, but must pass the registry prior to starting the program. An interview is required, during which candidates are evaluated on:

- Personal impression
- Work Experience
- Interpersonal Skills
- Educational Background*

Educational background will allow for those applicants whom have taken advance levels of Physics, Chemistry, Anatomy and Physiology, and Mathematics to increase their academic score. These values will be determined by reviewing college and/or high school transcripts. A grade of C or better is required to receive credit for the class with classes having been taken in the previous 7 years preferred.

WHAT ASCENSION PROVIDENCE EXPECTS OF YOU

- Regular attendance and completion of all clinical competencies.
- Maintenance of a minimum clinical grade point average of 90% per twelve-week semester.
- Agreement to abide by the policies and procedures of the Computed Tomography training program.

WHAT YOU CAN EXPECT FROM ASCENSION PROVIDENCE

Upon successful completion of all course requirements, you will receive a certificate of graduation for the Ascension Providence Hospital Computed Tomography training program. You will be clinically prepared and able to challenge the national certification examination given by the ARRT.

WHAT YOUR FUTURE HOLDS

Certification as a Registered CT technologist, with successful completion of the ARRT, you will be authorized to use the title RT(R)(CT) after your name.

PROSPECTIVE APPLICANT PROCEDURE:

Submit the completed application and technical standard survey, along with a \$40 application fee. Deadline is June 1st of each year. Two consecutive sessions are filled per year; one session begins in October, and the other in April.

Have your learning institutions submit official transcripts of all your college, radiologic technology school grades.

Have **three** letters of professional recommendation sent to the program; one from a CT technologist.

Address all communications to:

**Ascension Providence Hospital
Mary A. Kleven, MAOM, B.S.(R)(M)
Program Director
School of Radiologic Technology- CT Program
Ascension Providence Hospital
16001 W. Nine Mile Road
Southfield, MI 48037**

**Phone 248-849-3293 Fax 248-849-5395
E-mail: Mary.Kleven@ascension.org**

ASCENSION 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 Computed Tomography technologist must have sufficient strength and motor coordination required to perform the following physical activities:

- Standing/walking or sitting 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

Ascension Providence Hospital

Student MRI screening form

Rev. 3/23

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. All individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is

ALWAYS on.

- | | | |
|--|-----|----|
| 1) Do you have a cardiac pacemaker? | Yes | No |
| 2) Do you have any aneurysm clips? (year, make & model) | Yes | No |
| 3) Do you have any intravascular stents, filters, or coils? | Yes | No |
| 4) Do you have any orthopedic implants or hardware? | Yes | No |
| 5) Do you have any hearing aids or cochlear implants? | Yes | No |
| 6) Do you have any metal in/on your body other than dental work? (body piercing, etc.) | Yes | No |
| 7) Have you had any shrapnel/ BB or gunshot wound? | Yes | No |
| 8) Have you had any metallic slivers in your eye? | Yes | No |
| 9) Are you pregnant? | Yes | No |
| 10) Have you had any surgery?
If yes, what kind & when? | Yes | No |
| 11) Do you have any permanent makeup or tattoos? | Yes | No |

WARNING: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.

I declare that my answers to the above are all true to the best of my knowledge.

Signature

Date

**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? Yes No
If yes, explain:

	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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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 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

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

