



RADIOLOGIC TECHNOLOGY PROGRAM

APPLICATION PACKET

2024

Pre-Application Meetings Are Mandatory
Students must attend one meeting

THERE ARE 2 SESSIONS SCHEDULED
TUESDAY, MARCH 19 - 11: 00 AM

AND

TUESDAY, APRIL 23 - 11:00 AM

Allen Building Room 112

Southern University at Shreveport

Division of Allied Health Sciences and Nursing

Dear Applicant:

We certainly appreciate your interest in Southern University at Shreveport and the Radiologic Technology Program. Upon completing the curriculum, the student will receive an Associate of Applied Science Degree in Radiologic Technology. The Joint Committee on Education in Radiologic Technology (JRCERT) accredits the program.

Applicants to the Radiologic Technology Program must meet general admission requirements to the University as outlined in the University Catalog. Southern University at Shreveport is an open admission institution; however, acceptance into the Radiologic Technology Program is done by a selection process. Applicants are selected for clinical admission on a competitive basis. Acceptance into the clinical portion of the program requires full-time commitment to combine both clinical and classroom instruction.

The American Registry of Radiologic Technologists reserves the right to deny individuals to take the National Registry if convicted of a felony or misdemeanor. Individuals who have been arrested, charged with, pled guilty, or no contest to, or been sentenced for any criminal offense or misdemeanor in any state must contact the American Registry of Radiologic Technologists regarding this offense ARRT (651) 687-0048. The final directive of the American Registry of Radiologic Technologists will determine the individual's eligibility for consideration for admission to the Radiology clinical setting. The ARRT clearance letter is to be submitted to the Radiologic Technology program director before clinical orientation.

American Registry of Radiologic Technologists
1255 Northland Drive, St. Paul, Minnesota 55120-1155

Applications are available March–June for the fall admission. The number of students selected each year for entry depends on the number of available openings at the program's local clinical, educational centers.

All completed application packets must be submitted on June 3, 2024 to 610 Texas, Suite 212, by 5:00 pm. Applications submitted by mail must be postmarked by June 3, 2024. Only those who have met the academic requirements and provided all the requested information will be considered for an interview. Meeting the **MINIMUM REQUIREMENTS DOES NOT GUARANTEE ADMISSION INTO THE PROGRAM.** Applicants will be notified by mail as to acceptance or non-acceptance into the program.

Southern University at Shreveport assures equal opportunity for all qualified persons without regard to race, religion, sex, national origin, age, handicap, marital status, or veteran's status in admissions, participation, or employment in the programs and activities of the college. Students needing reasonable accommodations are encouraged to contact the Section 504 Coordinator.

If you have any questions, please contact the Radiologic Technology telephone this department at (318) 670-9646.

Sincerely yours,

Shelia S. Swift, Director
Radiologic Technology Program
Southern University at Shreveport
Metro Center-610 Texas Street, Suite 212
Shreveport, LA 71101
Phone: (318) 670-9646
Toll- Free: 1-800-458-1472, Ext. 641-Website: www.susla.edu

Non-Discrimination Statement

In compliance with Title IX of the Education Amendments of 1972, Title VI and VII of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and other federal, state, and local laws, Southern University at Shreveport (SUSLA) forbids discriminating or harassing conduct that is based on an individual's race, color, religion, sex, ethnicity, national origin or ancestry, age, physical or mental disability, sexual orientation, gender identity, gender expression, genetic information, veteran or military status, membership in Uniformed Services, and all other categories protected by applicable state and federal laws.

The Mission of the Radiologic Technology Program

The Radiologic Technology Program of Southern University at Shreveport offers an Associate of Applied Science Degree, which prepares students for careers in Radiography. Dedicated to excellence in Radiography education, the program promotes an environment, which fosters the development of critical thinking, creativity, problem-solving, and cooperative learning through a wide range of instructional methods. The program's offerings include learning experiences from a variety of disciplines to provide a diverse foundation for science and radiography. Using the classroom and clinical setting as the main thrust for enhancing the learning process, students are prepared to function as qualified radiographers in hospitals, clinics, and physicians' offices.

Program Goals

Goal 1- Students will demonstrate clinical competence.

Goal 2- Students will develop critical thinking and problem-solving skills.

Goal 3- Students will demonstrate effective written and oral communication skills

QUALIFICATIONS

Personal

Applicants must be 18 years of age or older. Individuals must be in good physical and mental health. Good physical and mental health is necessary for students to meet physical performance standards and possess the clarity of mind needed for healthcare duties. Applicants must be able and willing to work with sick or disabled persons. They should also be able to think critically using sympathetic, pleasant, cordial, versatile, and ambitious reasoning. Applicants must also be dependable, responsible, and reliable. Students will be responsible for the rules and regulations in the University Student Handbook, the Program Student Handbook, and the ARRT Code of Ethics. Upon receipt of your application to the program, you will be required to submit your background checks to the State of Louisiana and the National Sexual Predator. Convictions hindering your participation in clinical activities will prohibit your acceptance into this program. If you have specific questions about this requirement, please make an appointment with the program director and prepare to present any questionable criminal history to ARRT for ethics review. **Applicants must be willing to work with low levels of radiation exposure.**

- **Possess a high school diploma or equivalent**
- **Have completed twelve (12) semester hours at Southern University at Shreveport by the application deadline.**
- **Score on the ACT or Southern University Placement Test sufficient to place the student in college- level courses; and possess a solid educational background in Biology/Science.**
- **Have acquired a cumulative GPA of at least 2.5 in all college courses**

Students are **conditionally accepted** into the program. **After conditional acceptance** to the radiography program, proof of the following additional requirements must be submitted to the radiography program by the required dates: (Please note any associated fees will be the student's responsibility.)

- a. A completed physical examination form includes verifying current vaccinations and titers (Hepatitis B, Rubella, Rubeola, Mumps, PPD, Diphtheria-Tetanus, Varicella and COVID status).
- b. A copy of the American Heart Association's current certification in "CPR for the Health Care Worker." before entering the clinic.
- c. Students are advised that influenza vaccinations are also a requirement each Fall semester as mandated by various clinical settings.
- d. Acceptable Drug Screening and Criminal Background Checks. All allied health students are required to submit a pre-clinical urine drug screen according to the policy of the Allied Health Sciences and Nursing Programs at SUSLA. The drug screen is completed at the student's expense. At their discretion, clinical sites may also require an additional drug screening and a criminal background check before allowing students into the clinical setting. The clinical facilities (hospitals, etc.) require criminal background checks before students attend the clinical sites. In addition, SUSLA and the clinical sites may require random drug testing or drug testing for reasonable cause. Generally, the urine drug test screens for alcoholic beverages, illegal drugs, or drug-impaired judgment while in the clinical setting. Testing positive for the screening or evidence of tampering with a specimen will disqualify students from participation in the clinical assignment.
- e. In addition to drug screening for patients' and healthcare workers' safety, allied health students must also undergo a background check performed by Southern Research at the student's expense. Your acceptance into the program at SUSLA will not be final until SUSLA has received your background check information from the reporting agencies and the background check is clear of disqualifying offenses. As evidenced by a criminal background check, certain criminal activities may disqualify students from clinical participation. Students are advised that the inability to gain clinical education experiences can result in failure to meet program objectives and outcomes. These circumstances may prevent final acceptance into or progression through the program and ultimately result in dismissal from the program.
 - In keeping with the program's due process policies, if a student disagrees with the accuracy of the information obtained, s/he may request a confirmatory test and or a review of the background information's accuracy. All requests must be made in writing to the Dean of Allied Health Sciences and Nursing and must include relevant information or extenuating circumstances supporting the request. A designated committee will review the results and the request and make the final decision regarding the student's request. The student will be notified in writing of the committee's decision within ten (10) working days

Note:

Certificate Eligibility Because the American Registry of Radiologic Technologists (ARRT) can deny certification, applicants with any of the listed violations below should complete an Ethics Pre-Application Review (available at www.arrt.org) before entering clinical setting, or more than six months before program completion. These violations include:

- Criminal proceedings including misdemeanor charges and convictions, felony charges and convictions, a military court-martial
- Disciplinary actions were taken by a state or federal regulatory authority or certification board; or
- Honor code violations.

The Louisiana State Board of Radiologic Technologists Examiners can also deny licensure if the board feels that such denial is in the public's interest.

Applicants who have prior arrest or convictions for a felony or misdemeanor other than a traffic citation are advised to seek clarification of eligibility to sit for the ARRT Registry examination **before entering the clinical program.** The ARRT does maintain the standards of conduct, and a felony may exclude an applicant. **Applicants should inform the Program Director and complete the ARRT Pre-Application Review of Eligibility for Certification when accepted into the program. Your clinical acceptance is conditional. Applicants that are not cleared by the ARRT conditional acceptance will be withdrawn. Please visit www.arrt.org, request for ethics review. The fee associated with this Application is \$100.00 and should be mailed directly to the ARRT.**

Revised: 01/2017; 02/2018; 02/2019; 02/2020/2021/2022

Technical Requirements & Standards

Each student accepted into the Radiologic Technology Program's clinical phase must have the ability to adhere to the following technical, physical, and mental standards.

- Assist with radiography of a corpse
- Communicate effectively with patients and various members of the healthcare team, including the ability to perceive nonverbal communication and use appropriate medical terminology both orally and in writing
- Ability to work various shifts including early am and evening rotation
- Ability to travel and attend professional meetings and competitions
- Ability to travel and arrive on time to area clinical, educational facilities
- Ability to act as a team player
- Ability to work well with others, including those with difficult personalities
- Ability to practice cultural diversity
- Ability to understand and apply instructions given by SUSLA faculty and affiliate site personnel
- Ability to think critically
- Ability to work in stressful situations
- Ability to set up and manipulate x-ray equipment in a safe, reliable, and efficient manner
- Ability to practice and apply appropriate radiation protection and safety measures
- Ability to perceive the relationships of internal organs, the x-ray tube, and the image receptor in order to obtain radiographic images of diagnostic value;
- Ability to adjust machine controls and arrange and adjust various radiographic support devices;
- Ability to handle radiographic cassettes and imaging plates, develop radiographic film, and process digital radiographic images;
- Ability to perform reaching, lifting, and bending in order to assist or move patients and equipment in a safe, reliable, and efficient manner, with or without assistance;
- Ability to recognize and respond to adverse changes in patient condition, including those requiring emergency medical intervention;
- Ability to evaluate radiographs to determine their acceptability for diagnostic purposes;
- Ability to respect patients' confidentiality and demonstrate integrity, a motivation to serve, and have concern for others.

Physical & Mental Requirements

Physical stamina is essential in this occupation because technologists are on their feet for long periods and may lift or turn disabled patients. Technologists work at diagnostic machines but also may perform some procedures at patients' bedsides. Technologists and students must be able to perform the following tasks that include numerous physical and mental skills. Students are continuously in contact with patients who need physical assistance. Therefore, students must be able to:

1. Hear faint sounds from a distance of 15 ft.
2. Far vision correctable in one eye to 20/20 and 20/40 in the other eye
3. Lift 20 pounds from the floor; carry 10 ft. and place on a surface 36 inches high
4. Frequent lifting and carry up to 50 lbs. may be required
5. Push/pull 1 to 20 lbs. force continuously, 20 to 50 lbs. occasionally force, 50 to 75 lbs. force rarely
6. Work with arms overhead for 15 to 20 minutes at a time
7. Safely and successfully manipulate and transport mobile radiographic equipment
8. Endure observing and working, hands-on, with severely injured trauma patients or critically ill patients
9. Ability to bend forward when lifting using proper body mechanic
10. Ability to use manual dexterity quickly and accurately

For those applicants selected for admission, a physical is required. The applicant must submit a program-approved health form completed and signed by a physician of the applicant's choice confirming that the applicant is in good physical and mental health and possess the required physical and mental abilities to function satisfactorily within the program and the occupation.

Admissions and Progression Policies

Dismissal

A student found guilty by the Southern University Disciplinary Committee of any of the following violations will be dismissed from the Radiologic Technology Program and may be subject to University sanctions:

- Academic cheating
- Plagiarism
- Unauthorized possession of an examination
- Falsification of Southern University documents
- Illegal possession, sale, use, or distribution of drugs
- Illegal possession of weapons
- Theft
- Any other activity that is incompatible with professional behavior as delineated in the American Registry of Radiologic Technology Code of Ethics, Southern University Student Handbook, or Southern University Radiology Program Student Handbook.
- Earning grades of "W," "D," or "F" in required professional coursework

Grading Scale

100-93	A
92-85	B
84-77	C

Health Insurance

All students should have an insurance plan. The premium coverage is the students' responsibility. Students are responsible for all related medical billing.

Liability Insurance

Students in the Radiologic Technology Program, being a division of Southern University at Shreveport, and thereby an agency of the State of Louisiana. Is afforded professional liability protection under Act 660, Senate Bill # 467, which amend and reenacts Section 66 of the 1976 Session of the Louisiana Legislature relative to medical malpractice, which provides for the payment of malpractice claims against State healthcare providers.

Drug Policy

As part of the physical exam, students are required to undergo a pre-clinical Drug Screen. The drug policy of the Radiologic Technology Program is consistent with that of Southern University. (See Program Student Handbook) Students who demonstrate a reasonable suspicion based on objective and documented facts sufficient to lead to a prudent University authorized person to suspect that a student is using alcohol or drugs shall submit to an "on-the-spot" search and inspection of personal effects and drug testing as outlined in the Student Handbook.

Academic Admissions

To meet the academic qualifications for the Radiologic Technology Program, the applicant must:

1. Meet the general admissions criteria of the University
2. Have completed (12) semester credit hours at Southern University at Shreveport
3. Submit a completed application packet for admission to the Radiologic Technology Program
4. Score on the ACT or University Placement Test sufficient to place in college-level courses
5. Possess a GPA of 2.5 or better in all college coursework
6. Take the HESI Health Sciences pre-admission exam.
7. Complete the interview process upon receipt of a letter from the program
8. Complete 24 hours of Observation

Rev. 2014/2016

General Education Courses:

College Success	120S
Physical Science	102S
Freshman English	101S
Intro to Computer Concepts	101S
Pre-Calculus	121S
Social or Behavioral Science Elective	_____
Anatomy and Physiology + Lab	221S
Anatomy and Physiology + Lab	222S
Humanities Elective	_____
Intro to Radiologic Technology	103S

Radiologic Technology Clinical Courses:

Clinical Radiography	107S
Radiographic Procedures/Positioning I	112S
Radiographic Procedure/Positioning I Lab	113S
Radiographic Exposure	118S

Radiographic Exposure	119S
Clinical Radiography II	117S
Radiographic Procedures/Positioning II	122S
Radiographic Procedures/Positioning II Lab	123S
Clinical Radiography III	135S
Level I Review	265S
Radiographic Procedures/Positioning III	232S
Radiographic Procedures/Positioning III Lab	233S
Radiology Physics	200S
Clinical Radiography IV	207S
Exposure II	215S
Radiation Biology and Protection	220S
Clinical Radiography V	237S
Equipment Operation and Maintenance	235S
Radiographic Pathology/ Film Critique	244S
Clinical Radiography VI	257S
Radiography Seminar	255S
Radiography Seminar	260S

72 Total Credit hours are listed

Rev; 01/2018;01/2019;02/2020

Selection Criteria:

An applicant for admission to the Clinical Program is expected to demonstrate capacities for academic achievement, problem-solving, and competence in oral and written expression. Qualities such as responsibility, dependability, compassion for patients and their relatives, courtesy, consideration, honesty, and motivation must also be evident.

An applicant for admission to the Clinical Program in Radiologic Technology must have at least twelve (12) hours of college from Southern University at Shreveport. **If applicable, the student must have earned at least a 2.5 GPA in all previous coursework from other higher education institutions**

A rating scale point system is used to determine the selection of students. An initial screening process will utilize academic achievement as the primary assessment. Also, all Radiologic Technology majors are required to take a pre-admission exam. **The tentative cost of the exam is \$65.00. Please contact the Testing Administrator, Ms. Precious Phillips, precious.phillips@sus.edu.**

Coursework completed in mathematics and the sciences will be given special consideration. Applicants will also be evaluated using non-academic criteria, including personal interviews, reference forms, observational evaluations, and an evaluation of writing and critical thinking skills. The final screening will be based on the total points awarded for both academic and non-academic criteria. **Applicants receiving the highest total points will be admitted based on the availability of spaces in the clinical, educational centers.**

APPLICATION CHECKLIST

TO APPLY TO THE RADIOLOGY TECHNOLOGY PROGRAM, THE STUDENT MUST:

- _____ Application packet should be turned into Suite 212 at the Metro Campus on Monday, June 3, 2024, from **8:00 a.m. to 5:00 p.m. ONLY** or postmarked by the **June 3, 2024**.
- _____ Complete an application and be accepted by the University.
- _____ Complete an application for the Clinical Radiologic Technology Program and submit a non-refundable fee of **\$100.00 in the form of a money order**, made payable to Southern University at Shreveport (SUSLA) **Rad Tech Club** and paid at the cashier's window. **Receipt of payment must be included with the application packet.**
- _____ **Complete a Disclosure Form.** This form is for background checks.
- _____ Complete HESI pre-admission exam through the Allied Health Sciences & Nursing Academic Advisor. Contact Testing Administrator, Ms. Precious Phillips at precious.phillips@sus.edu.
- _____ Submit an official high school transcript or General Education Development (GED) test scores.
- _____ Submit an official transcript (s) from ALL colleges attended with the application packet.
- _____ Submit a degree plan with all course information and attach an unofficial copy of your transcript (s) to include spring semester grades and summer registration if applicable.
https://www.susla.edu/assets/susla/Academic_Affairs/AcademicDegreePlans2023-2024/RadiologicTechnologyDegreePlan20232024.pdf
- _____ Submit an official copy of ACT scores with the application packet.
- _____ Submit the three (3) personal recommendation forms which are provided in your Application packet.
Applicants are responsible for ensuring that the forms are completed and returned, (Individuals completing the recommendation letters/forms must provide a signature across the sealed envelope)
- _____ Review and study information related to a career in Radiologic Technology on the American Society of Radiologic Technology website at (www.asrt.org).
- _____ Construct an essay that discusses your career choice. Please include research regarding the field of Radiologic Imaging. <https://www.asrt.org/main/career-center/careers-in-radiologic-technology>.
 - **The research essay must be completed in APA format. Include an abstract, a minimum of (2) typed pages to include 1" margins, 12 font size, and 1 ½ line spacing. (THE ESSAYS WILL BE REVIEWED AND SCORED)**
- _____ Include two (2) stamped, self-addressed envelopes (include complete mailing address (i.e. P. O. Box, Apt #, etc.)

Please sign and submit the Application Checklist & this page with your Application Packet.

Applicant's Signature _____

Date _____

I have reviewed the Application Checklist. I understand it is the applicant's responsibility to ensure that all materials have been included in this packet.

Upon completing the admissions procedure, qualified applicants are scheduled for an interview. The interview committee chair sends a notification of the interview schedule.

*******In an effort to ensure successful completion of the program, the HESI Exam has been incorporated as an assessment tool.**

Applications and all related documents must be submitted to the Radiologic Technology Program at the following address: 610 Texas Street, Suite 212, Shreveport, LA. 71101. Applications must have all information submitted by June 3, 2024. Packets or information presented after the date as mentioned above **WILL NOT BE ACCEPTED.**

Applicants not accepted into the program in the fall of 2024 and are planning to reapply must follow the current curriculum. Please make an appointment with your advisor or program director for an updated degree plan.

*****NOTE*****

Please group and arrange all documentation in the following order:

- 1st Application, a copy of cashier receipt, and complete disclosure form
- 2nd Essay
- 3rd All academic information (Transcripts, ACT scores, Degree Plan)
- 4th Reference forms
- 5th All signed forms (Confidentiality forms, Rotational Agreement) (Morality/Standards) along with a written statement regarding the future need for an ARRT Pre-Eligibility Clearance letter or documentation
- 6th (2) self-addressed/stamped envelopes
- 7th Pre-examination exam scores

Revised: 02/ 2015;02/ 2016;02/2017;02/2019;02/20;2021;2022, 2023

Financial Application and Admissions Requirement

(Upon acceptance into the program, some out-of-pocket expenses are assessed on a semester-by-semester basis as a course fee and are a part of the student's tuition.

1. A **\$100.00 non-refundable** application fee is made payable to SUSLA Rad Tech Club and paid at the cashier's window on the MLK campus. This fee includes background checks/interviews. The receipt must be included in the admission packet.
2. HESI - Health Sciences Pre-admission Exam fee is **\$65.00**. **This fee is** paid at the cashier's window on the MLK campus and a copy of the paid receipt must be presented to the Allied Health Sciences and Nursing Testing Administrator.
3. Students **accepted** into the program **MUST** purchase required uniforms and shoes.
4. Due to the potential for exposure to a communicable disease, students accepted into the clinical program are required to submit a current immunization record, TB skin test(or results), physical exam, and drug screen. The student will incur the cost of medical expenses. **Only students selected to enter the clinical phase of the program are required to complete the above tests.**
5. Students accepted into the program must have transportation to the various clinical, educational centers, including travel to clinical sites outside of the Shreveport-Bossier area.
6. Students are required to become members of the Louisiana Society of Radiologic Technology at the cost of **\$20.00 per year**. This will require travel to state meetings, which may require an overnight stay. Students are responsible for the cost incurred for membership and travel.
7. Accepted applicants with a felony and/or misdemeanors **MUST** seek clearance by completing the ARRT Pre-Application Review of Eligibility for Certification. Visit the website at <http://www.arrt.org> for additional information. The ARRT requires a fee of **\$100.00**. Applicants should send the \$100.00 application fee and other required documentation to the ARRT, 1255 Northland Drive-St. Paul, MN. 55120-115. **Applicants who do not receive a clearance letter WILL NOT progress into the clinical program.**
 - a. **Students are advised that the inability to gain clinical education experiences can prohibit the ability to meet program objectives and outcomes. These circumstances may prevent final acceptance into or progression through the program and ultimately result in dismissal from the program.**
8. Applicants are advised that clinical rotation times and sites vary throughout the semester. The shifts are as early as 5 a.m. – 1 p.m. or as late as 3 p.m.-11 p.m. Clinical site location may include locations outside of the Shreveport-Bossier area. It is strongly recommended that students have the available support for such shifts in that each student will be scheduled for the rotations as mentioned earlier during his/her clinical experience.
9. Applicants **must have completed twenty-four (24) observation hours as a part of the** eligibility to submit an application process. All students that use a Willis Knighton site for observation are required to; attend the WK orientation meeting, complete Observational Paperwork, and complete a TB skin test.
10. The **estimated** cost of this program is \$17,500. The clinical fees and course fees may not be inclusive of all out-of-pocket expenses.

Please sign and submit this page with your Application Packet.

Applicant's Signature _____

Date



Radiologic Technology Program Application

*610 Texas Street, Suite 212
Shreveport, Louisiana 71101*

Today's Date _____

Application for Fall _____

Year

Name (Last)

(First)

(Middle)

Student ID Number

Street Address

City

State

ZIP

Contract Number

Email Address

Are you 18 yrs. of age or older? _____

EDUCATION

HIGH SCHOOL	# of Years Attended	Did you Graduate	Year Graduated	College Degree	Major/ Minor Subject
List all Colleges Attended					

ACT Yes _____ No _____ **Score** _____ **Did you take the HESI Entrance Exam?** Yes _____ No _____ **Score** _____

Did you complete the Observation hour requirement? Yes _____ No _____ *Observation hours are a requirement.
List dates and location below;*

Dates _____

Location of Observation: _____

EMPLOYMENT HISTORY-**LIST LAST THREE EMPLOYERS OR PAST (10) YEARS OF EMPLOYMENT (INCLUDING MILITARY SERVICE)**

EMPLOYER'S NAME AND ADDRESS	DATES	SUPERVISOR'S NAME	JOB TITLE	REASON FOR LEAVING
	From: To: No. of Yrs.			
	From: To: No. of Yrs.			
	From: To: No. of Yrs.			

LIST REFERENCES FROM RECOMMENDATION FORMS (Excluding Relatives)

NAME	ADDRESS	PHONE	OCCUPATION

After conditional acceptance to the program, our clinical, educational partners may require an additional background check. If you have ever been convicted of a felony, you must complete ARRT Pre eligible Board of Ethics Clearance. Students are advised that the inability to gain clinical education experiences can result in the failure to meet program objectives and outcomes. These circumstances may prevent final acceptance into or progression through the program and ultimately result in dismissal from the program.

PLEASE READ CAREFULLY BEFORE SIGNING

I UNDERSTAND that all of the information provided in this Application is pertinent to determining my eligibility for admission into the Radiologic Technology Program of Southern University at Shreveport and **EXPRESSLY AUTHORIZE** the program personnel to conduct a reasonable investigation to verify said information.

I FURTHER UNDERSTAND that acceptance in the program is conditional. Applicants must complete a physical examination, drug screen, background check, and a C or better in coursework. The applicant must have the ability to perform specific essential technical standards adequately. Applicants unable to perform any designated tasks may request SUSLA to make reasonable accommodations if these accommodations do not constitute an undue hardship and if those accommodations do not interfere with the performance of a radiographer's essential functions' duties and educational requirements.

I MOREOVER UNDERSTAND that any false or misleading information contained in this Application may subject me to sanctions including, but not limited to, rejection of my Application or immediate disqualification from the Radiologic Technology Program.

IF ACCEPTED into the Radiologic Technology Program, I agree to abide by all program and affiliate hospital rules and regulations.

THIS APPLICATION IS FOR ADMISSION INTO THE PROGRAM IN RADIOLOGIC TECHNOLOGY ONLY. IF I AM TO ENTER SOUTHERN UNIVERSITY AT SHREVEPORT, I MUST FILL OUT AND SUBMIT AN APPLICATION FOR ADMISSION TO SOUTHERN UNIVERSITY.

****COMPLETION OF THIS FORM DOES NOT INDICATE THAT YOU ARE ACCEPTED INTO THE PROGRAM****

SIGNATURE OF APPLICANT

DATE

Disclosure Forms

**Please submit
complete these forms
when submitting your
Application Packet.**

**Please print the disclosure form as a single page.
No front and back copies.**

20990-(SUSLA) Radiologic Technology Program

RELEASE FOR BACKGROUND INVESTIGATION FOR SOUTHERN RESEARCH COMPANY, INC.

By my signature below, I hereby authorize **SOUTHERN RESEARCH COMPANY, INC.**, to procure a consumer report and/or an investigative consumer report, including but not limited to: my consumer criminal history, driving record, education, employment, professional licenses verification, credit history, personal interviews with neighbors, friends, or associates of my character, general reputation, personal characteristics, mode of living and other public records, which may confirm or deny my eligibility for employment, with the Facility named above. I authorize without reservation, any party, including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by **SOUTHERN RESEARCH COMPANY, INC.** to furnish any or all of the above-listed information in order to successfully complete a background investigation. I waive such legal rights and release all persons from any liabilities and damages in connection with furnishing such information to the Facility named above.

1. APPLICANT OR SUBJECT OF INVESTIGATION – PLEASE PRINT OR TYPE					
Last Name		First Name		Middle Name	Social Security Number - -
List AKA, Maiden, and/or previous married name(s) to be searched (<i>there is an additional charge for each name</i>)					
aka/maiden name		aka/maiden name		aka/maiden name	aka/maiden name
Address					
City			State	Zip Code	
Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race		Drivers License Number	State

☞ Applicant's signature: _____ Date: ____/____/____

2. SCOPE OF INVESTIGATION – PLEASE CHECK RECORDS TO BE SEARCHED

_____ Social Security Number Trace

_____ E-Verify

Criminal Court Records–Computer Name Index Search

_____ **5-Local Search** (Caddo & Bossier Parish, Western District of LA, Shreveport & Bossier City Courts)

_____ County/Parish Search: (List County/Parish): _____

_____ Statewide Search: (List State Name): _____

_____ International Search: (List Country Name): _____

Civil Court Records–Computer Name Index Search

_____ Caddo Parish, Bossier Parish, and Western District of LA

_____ County/Parish Search (List County/Parish): _____

U. S. District Court Records - _____ Search

Type: _____ Bankruptcy; _____ Criminal; _____ Civil

_____ Official Driving Record: Louisiana (three-year covering period)

_____ Official Driving Record: Out-of-State Record (List State): _____

_____ **National Sex Offender Registry**

_____ **OIG Exclusion**

_____ **RapidCrim**

_____ **GAPSA**

_____ **Employment Verification**

_____ **Education/Professional Credential Verification**

For Official Use ONLY (Please do not write below this line)

Client Information: Phone Number: (318) 670-9646 Fax Number: (318) 670-6698

Date of Request: _____ Total Cost of Request: \$ _____

Receipt #: _____ Paid by (Circle one): Check Cash Credit Card Money Order

SRC Specialist Signature: _____ PAYG (Employment/Student) – rev: 12/2013

20990 _ SUSLA Radiologic Technology Program

In connection with my application for **the School Program**, I understand that a consumer report and/or an investigative consumer report may be requested and obtained for **school** purposes on behalf of **the institution named above**. I also understand that, if I am **elected for the program**, a consumer report and/or an investigative consumer report may be requested and obtained during the course of **the Program**.

The report may include information regarding my character, general reputation, personal characteristics mode of living, and credit standing which may confirm or deny my eligibility for the program with **the Institution named above**. The information contained in the report will be obtained from private and public record sources, including, as may be appropriate, personal interviews with sources such as neighbors, friends and associates.

By providing the information requested below and signing this Disclosure Authorization, I authorize the Institution named above to request and obtain a consumer report and/or investigate a consumer report regarding me. I also acknowledge that a facsimile or photographic copy of this signed Disclosure Authorization will be as valid as the original.

Applicant's Full Name (Please Print): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth (MM/DD/YY): _____ SS # _____

Driver's License: State _____ Number: _____

Applicant's Signature: _____ Date: ____/____/____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590

Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

Securities and Exchange Commission
100 F St NE
Washington, DC 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

CLINICAL PERFORMANCE STANDARDS FOR ADMISSIONS

Radiologic Technology is a health care profession that may require very strenuous physical activity. Applicants must be physically capable of successfully performing procedures both safely and expeditiously. The twelve (12) activities listed below are examples of the profession's kind of work. Using these standards, please assess your ability to perform these tasks.

1. Lift, move and transport a patient from bed to wheelchair/stretchers or from wheelchair/stretchers to radiographic table without causing undue pain or discomfort to the patient or oneself.
2. Position the patient for various radiographic examinations without injury to the patient.
3. Check patient identification, positioning, imaging field placement, and alignment and work with and assist the patient with being positioned on a standard radiologic exam table that has a height of 36" above the floor level.
4. Reach and manipulate the x-ray equipment into proper positions, including imaging and treatment of tables, x-ray tubes, nuclear detectors, radiotherapy equipment, related collimators, control consoles, computer console, x-ray processor, surgical c-arm, ultrasound equipment, and mobile x-ray equipment.
5. Respond instantly to emergencies that may otherwise jeopardize a patient's physical state if speedy care is not administered.
6. Handle and utilize materials needed in various radiologic procedures, including pharmaceuticals, vials, syringes, sterile linens and instruments, catheters, intravenous systems, dressings, and other patient care items.
7. Handle and use imaging detectors, imaging plates, image mechanisms, imaging detectors, pass boxes, and immobilization devices.
8. Evaluate written requisitions for radiographic procedures.
9. Effectively communicate the explanation of the procedure to the patient and give proper instructions.
10. Obtain the medical history of patients and communicate this information to the Radiologists when applicable.
11. Evaluate the quality of radiographic images regarding the exposure factors, image quality, and proper positioning of anatomical parts.
12. Transport mobile equipment to assigned areas of the hospital in a timely and cautious manner.
13. Perform venipuncture procedures without assistance.

*****PLEASE NOTE*****

SUSLA reserves the right to verify the students' performance level related to the aforementioned technical standards.



Division of Allied Health Sciences and Nursing

Rotational Site and Time Agreement

The Southern University at Shreveport Radiologic Technology Program require clinical students various clinical shift assignments such as 5:00 AM-1:00 PM; 6:00 AM-2:00 PM; 7:00 AM-3:00 PM; 8:00 AM-4:00 PM; 8:00 AM-5:00 PM; 11:00 AM to 7:00 PM, and 3:00 PM-11:00 PM. Rotational assignments are to be determined by the Clinical Coordinator.

I, _____, understand that if accepted into the clinical aspect of the Radiologic Technology Program of Southern University at Shreveport I must adhere to all rotational assignments. I understand that I will work at various clinical, educational centers **that may not be limited to the Shreveport-Bossier City area**. I will make all necessary arrangements to report to my assigned clinical site at the time specified by the Clinical Coordinator.

I understand that if I fail to comply with my assigned clinical rotational assignment, I may earn a failing grade in the clinical course. I further understand that if I choose to withdraw from the program's clinical phase for any reason and reapply to the Southern University at Shreveport Radiologic Technology Program, that my Application will be considered with all other applicants. Students must sign below indicating acknowledgment and agreement to all clinical rotational shift assignments.

Signature

Date

Metro Center - 610 Texas Street, Suite 212
Shreveport, LA 71101
Phone: (318) 670-9646
Toll- Free: 1-800-458-1472 - Website: www.susla.edu



Division of Allied Health Sciences and Nursing

STUDENT STATEMENT OF CONFIDENTIALITY

I, _____, will not reveal any information concerning patients or clients to anyone not authorized to discuss the individual's physical and/ or psychological condition. I agree not to discuss or seek information concerning patients, fellow students, instructors or personal acquaintances (i.e. grades, attendance records or medical history), to which I have no authorization nor legitimate interest. If I commit either of the aforementioned violations, I understand that I am subject to non-acceptance/dismissal from the Radiologic Technology Program of Southern University at Shreveport.

Student signature

Date

Print Name

Metro Center-610 Texas Street, Suite 212
Shreveport, LA 71101
Phone: (318) 670-9646
Toll- Free: 1-800-458-1472 - Website: www.susla.edu



Division of Allied Health Sciences and Nursing

MORALITY STANDARDS

ELIGIBILITY TO SIT FOR ARRT EXAMINATION

I, _____, understand that eligibility to sit for the ARRT Examination in Radiography requires that I submit for review any conviction for misdemeanors (other than minor traffic citations that do not involve the use of alcohol), and felonies, even if I plead nolo contendere. I further understand that it is my responsibility to seek eligibility from the ARRT clearance early to ensure I am eligible to practice in the Radiologic Technology profession.

Student's Signature

Date

Print Name

RADIOLOGIC TECHNOLOGY
Associate of Applied Science Degree

Student's Name:

Banner ID Number:

PRE-REQUISITES							
Course Prefix	Course Number	Course Title	Credit Hour	Grade	Term	Substitute (S) or Transfer (T)	Transfer Institution
SENL	101S	Freshman English I	3				
CMPS	101S	Introduction to Computer Concepts	3				
SBIO	221S	Human Anatomy and Physiology Lecture I	3				
SBIO	221LS	Human Anatomy and Physiology Lab I	1				
SMAT	121S	Pre-Calculus Algebra	3				
		*Social or Behavioral Science Elective	3				
FROR	120S	College Success	1				
		*Humanities Elective	3				
		1 st :					
PHYS	102S	Physical Science I	3				
RADT	103S	Intro to Radiologic Tech I	2				
SBIO	222S	Human Anatomy and Physiology Lecture II	3				
SBIO	222LS	Human Anatomy and Physiology Lab II	1				
FRESHMAN YEAR							
RADT	107S	Clinical Radiography I	3				
RADT	112S	Radiographic Procedures and Positioning I	2				
RADT	113S	Radiographic Procedures and Positioning I Lab	1				
RADT	117S	Clinical Radiography II	3				
RADT	118S	Radiographic Exposure Lecture I	2				
RADT	119S	Radiographic Exposure Lab I	1				
RADT	122S	Radiographic Procedures and Positioning Lecture II	2				
RADT	123S	Radiographic Procedures and Positioning II	1				
RADT	135S	Clinical Radiography III	2				
MLTC	100S	Phlebotomy Workshop	1				
RADT	265S	Level I Review	1				

RADIOLOGIC TECHNOLOGY
Associate of Applied Science Degree

Student's Name:

Banner ID Number:

SOPHOMORE YEAR							
Course Prefix	Course Number	Course Title	Credit Hour	Grade	Term	Substitute (S) or Transfer (T)	Transfer Institution
RADT	200S	Radiologic Physics	2				
RADT	215S	Exposure II	2				
RADT	232S	Radiographic Procedures and Positioning III	2				
RADT	233S	Radiographic Procedures and Positioning Lab III	1				
RADT	207S	Clinical Radiography IV	3				
RADT	220S	Radiation Biology and Protection	2				
RADT	235S	Equipment Operations and Maintenance	2				
RADT	237S	Clinical Radiography V	3				
RADT	244S	Radiographic Pathology Image Critique	2				
RADT	255S	Radiologic Seminar	2				
RADT	260S	Radiologic Seminar II	2				
RADT	257S	Clinical Radiography VI	1				
TOTAL CREDIT HOURS:			72				

*Approved Humanities electives: (MUSC 200S (Only); SHIS courses; SENL (Literature only 200 or above); SFIA 101S (only); SCOM 101S (only)

NOTE: Students must secure the list of approved Humanities electives from his/her advisor.

Approved by:

Student's Signature

Advisor's Signature

Division Head's Signature

Date

Date

Date



RADIOLOGIC TECHNOLOGY PROGRAM

Application for Admission Request for Reference

Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted/enrolled) will have access to the information provided below unless he/she waives such access.

Name of Applicant _____ Semester _____

I now waive my right to access the material recorded below. (Optional)

Signature of Applicant

Date

To the Respondent:

May we have your judgment of this applicant's qualifications and promise, of this applicant's intellectual ability, motivation, and capacity for acquiring technical skills in Radiologic Technology. Please include information regarding his/her character and personality by marking an "X" in the appropriate box.

	Superior	Above Average	Average	Below Average	No Information
Intellectual Ability					
Critical Thinking Ability					
Problem Solving Ability					
Ethical Behavior					
Interpersonal Skills					
Motivation					
Perseverance					
Receptivity to New Ideas					

I have known the applicant for approximately _____ years.

Identify one character strength _____

Identify an area of improvement _____

Please check one of the following:

_____ Highly recommend _____ Recommend _____ Recommend with Reservation

Respondent's Signature: _____ Title: _____

Name Printed or Typed _____

Address and Contact Number _____



RADIOLOGIC TECHNOLOGY PROGRAM

Application for Admission Request for Reference

Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted/enrolled) will have access to the information provided below unless he/she waives such access.

Name of Applicant _____ Semester _____

I now waive my right to access the material recorded below. (Optional)

Signature of Applicant

Date

To the Respondent:

May we have your judgment of this applicant's qualifications and promise, of this applicant's intellectual ability, motivation, and capacity for acquiring technical skills in Radiologic Technology. Please include information regarding his/her character and personality by marking an "X" in the appropriate box.

	Superior	Above Average	Average	Below Average	No Information
Intellectual Ability					
Critical Thinking Ability					
Problem Solving Ability					
Ethical Behavior					
Interpersonal Skills					
Motivation					
Perseverance					
Receptivity to New Ideas					

I have known the applicant for approximately _____ years.

Identify one-character strength _____

Identify an area of improvement _____

Please check one of the following:

_____ Highly recommend _____ Recommend _____ Recommend with Reservation

Respondent's Signature: _____ Title: _____

Name Printed or Typed _____

Address and Contact Number _____



RADIOLOGIC TECHNOLOGY PROGRAM

Application for Admission Request for Reference

Under the provisions of the Family Education Rights and Privacy Act of 1974, this applicant (if admitted/enrolled) will have access to the information provided below unless he/she waives such access.

Name of Applicant _____ Semester _____

I, with this, waive my right to access the material recorded below. (Optional)

Signature of Applicant

Date

To the Respondent:

May we have your judgment of this applicant's qualifications and promise, of this applicant's intellectual ability, motivation, and capacity for acquiring technical skills in Radiologic Technology. Please include information regarding his/her character and personality by marking an "X" in the appropriate box.

	Superior	Above Average	Average	Below Average	No Information
Intellectual Ability					
Critical Thinking Ability					
Problem Solving Ability					
Ethical Behavior					
Interpersonal Skills					
Motivation					
Perseverance					
Receptivity to New Ideas					

I have known the applicant for approximately _____ years.

Identify one character strength _____

Identify one character weakness _____

Please check one of the following:

_____ Highly recommend _____ Recommend _____ Recommend with Reservation

Respondent's Signature: _____ Title: _____

Name Printed or Typed _____

Address and Contact Number _____

Please include the following information/ forms in your application packet:

1. ☐ Application for admission
2. ☐ Student Confidentiality forms
3. ☐ Morality Standard Form
4. ☐ Rotational Site and Time Agreement
5. ☐ Request for Reference Forms(Signature across the seal of the envelope)
6. ☐ Observation Form Time Sheet(s)
7. ☐ Financial Application and Admissions Requirement
8. ☐ Application Checklist
9. ☐ Career Choice Essay
10. ☐ ACT Scores
11. ☐ HESI Exam scores
12. ☐ Transcripts
 - ☐ High School (Official)
 - ☐ Degree Plan w/ Banner Transcript
 - ☐ Official transcripts from all universities and colleges attended
(In sealed envelopes)
13. ☐ Disclosure Authorization Form
14. ☐ Application Fee Receipt
15. ☐ (2) Self-addressed, stamped envelopes

*****Note*****

Please group and arrange all documentation in the following order:

1st –Checklist, Application, a copy of cashier receipt, and Background Check Disclosure Form

2nd-Essay

3rd-All academic information (Transcripts, ACT scores, Degree Plan, and HESI Results)

4th-Reference forms and (2) self-addressed/stamped envelopes

5th-All signed forms (Confidentiality forms, Morality/Standards, Rotational Agreement, Financial Application, and Admissions Requirement)

Observation Information

Students **must** complete 24 observational hours is currently available at one of the following locations:

- Willis-Knighton (Bossier, North, Pierremont, South)
- Ochsner Louisiana State University Health Science Center—Approval Pending
- Christus Shumpert Highland - Approval Pending

OBSERVATION

1. Students **must** follow observation guidelines and policies as delineated by the medical facility that you elect to utilize.
2. Each applicant **must** complete a total of 24 observational hours in the Radiology department of a hospital or clinic.
3. Students reapplying **must** without clinical experience must complete 24 **hours**.
4. Students **must** submit their observation forms to the Chief Technologist or Designee.
5. Observational hours **must** be completed at one (1) of the hospitals, as mentioned earlier.
6. Students **must** schedule observation hours between **March 19 through May 31**
7. Students **must** wear scrubs during observation hours. (Please Do not wear Royal Blue, Navy, Black, or Gray as these colors reflect current clinical students. Printed tops and solid bottoms are appropriate)
8. Students **must** observe as many procedures as available during observation hours.
9. Students **must not** congregate or sit in work areas.
10. Students **must** complete all observation hours as scheduled.
11. Students **must** adhere to all hospital rules and regulations.
12. Student's cell phones and electronic devices are **prohibited** during the observation.
13. Students are encouraged to review the asrt.org website to gain knowledge regarding careers in Radiology <https://www.asrt.org/main/career-center/careers-in-radiologic-technology>.

Willis-Knighton Observation Requirements

All students interested in completing observation at any Willis-Knighton facility must follow the outlined procedures.

The students must attend one of two scheduled Orientation meetings on Tuesday, March 19 at 11:00 am or Tuesday, April 23 at 11:00 am. (Allen Building, Room 112).

- *Students must complete Level I Student/ Observer Registration Forms (please return to Suite 212 on completion).*
- Return within 1-Week of receiving with/TB Skin Test Results

Upon completion of all Observation Paperwork:

- Observation must be scheduled after paperwork returned and background check is completed
- Students may schedule observation **five days** a week between the hours of 8 am-4
- Students must wear scrubs that are clean and neatly pressed.
- Students must keep the observation badge visible at all times during the observation.
- Students must complete the Level I Student Observer informational packet.

Ochsner LSU Health Science Center

Observation Requirements

Student Observers (Pre-Radiology Technology)

Purpose:

Job shadowing is an educational experience option in which participants learn about a job by walking through the work day as a shadow to an employee. The job shadowing education experience is temporary, unpaid exposure to the workplace in an occupational area of interest to the participant. Participants witness firsthand the work environment, employability and occupational skills in practice, the value of professional training, and potential career options. Job shadowing is designed to increase career awareness, help model Participant behavior through examples, and reinforce in the Participant the link between classroom learning and work requirements.

Policy:

1. Observation hours are to be scheduled by the prospective student by completing the Job Shadowing. Application form and returning it to Zelda.timmonsosley@ochsnerlsuhs.org
2. After the application is approved, Contact the Education Coordinator in the Department of Radiology at Ochsner LSU Health. Office hours are 7:30 am until 4:00 pm, Monday through Friday. The number Is (318) 626-0646 or email Lauren.kerns@ochsnerlsuhs.org for St. Mary's Medical Center location.
3. You are not required to inform the Education Coordinator when observing during hours with a Clinical Instructor on-site at this facility.
4. Observation hours are limited to the standard day shift hours.
5. Student observers must comply with the following dress code
 - a. Scrubs are recommended and the preferred attire.
 - i. **Please Do Not Wear** the following colors; Royal Blue, Black, Navy, or Gray, as these colors reflect current clinical students.
 - ii. Printed tops and solid bottoms are appropriate)
 - b. If scrubs are not worn, dress pants and shirts may be allowed. A white lab coat **MUST** be worn over this attire.
 - c. Clothing must be clean and neat.
 - d. No holes or cut-outs are allowed.
 - e. For safety reasons, sandals and open-toed shoes are not allowed.
 - f. Comfortable shoes such as athletic shoes are recommended for safety and comfort.
 - g. See-through, low-cut or revealing clothing is not allowed.
 - h. No shorts or miniskirts.
 - i. No headwear such as scarves, caps, hats, etc., is allowed.
 - j. No denim is allowed.
 - k. Sagging pants are not allowed.
 - l. Excessive perfumes, colognes, or lotions may cause reactions in compromised patients and are not allowed.
 - m. Overall appearance is to be neat, clean, and professional.
2. Student observers are not allowed to participate in Radiology procedures in any way. They are here to observe only.
3. Confidential patient information is not to be shared with student observers.
4. Student observers are required to comply with all of the medical center's confidentiality policies.
5. Students **MUST** have a confidentiality agreement and a HIPPA form signed and in their folder from the program in which they are enrolled.

Written:

4/2/2003

Revised: 2/4/2004;2018,
2019, and 2024

Ochsner LSU Health – Shreveport

Adult Job Shadow

Job Shadow Description:

At Ochsner LSU Health Shreveport, we have a structured job shadowing program that allows individuals an opportunity to shadow a physician, advanced practice provider, or other healthcare professional for no more than 3 days in a year. (Shadowing days are usually a half day and cannot exceed 8 hours.) If you would like to have a more extended experience, we encourage you to apply for the volunteer program.

Any adult who currently desires to seek further insight into a particular department in order to gain personal understanding and general knowledge related to job function and environment is invited to apply for a job shadow experience. Participants must be at least 18 years of age and fully vaccinated for COVID-19 to participate

Purpose:

Job shadowing is an educational experience option in which participants learn about a job by walking through the work day as a shadow to an employee. The job shadowing education experience is temporary, unpaid exposure to the workplace in an occupational area of interest to the participant. Participants witness firsthand the work environment, employability and occupational skills in practice, the value of professional training, and potential career options. Job shadowing is designed to increase career awareness, help model Participant behavior through examples, and reinforce in the Participant the link between classroom learning and work requirements.

Behavioral Standards:

- Participants will be respectful and courteous to patients, family members, and staff at all times.
- Participants will not touch patients. If participants are allowed to observe a patient during a procedure, the director or manager must obtain the patient's consent first, or if the patient does not have capacity, the director or manager must obtain the consent of the patient's legal representative
- Participants will not make any decisions regarding or render any advice or recommendations as to the treatment or care of patients.
- Participants will not touch medical equipment.
- Participants will not have medical record, chart, or computer access.
- Participants will not assist in feeding a patient but may assist in food delivery.
- Participants will not approach physicians about personal illness or medications.
- Participants will dress professionally. NO jeans or shorts; scrubs or lab coats; sandals or flip-flops; dangling jewelry.
- Participants will not be permitted to wear scrubs or lab coats, as they are reserved for the care provider team.
- Participants will not perform personal care in the clinical setting (i.e. eating or drinking, brushing hair, etc.)
- Participants will not be permitted in areas of contamination, such as isolation rooms, soiled linen areas, labs, and autopsy rooms.
- Participants cannot participate in the program on days they are ill, including but not limited to, Cold/Cough, Fever (must be fever-free for 24 hours), Chicken Pox, Pertussis (Whooping Cough), Influenza (Respiratory Flu), Stomach/Gastrointestinal Flu, Tuberculosis, MRSA.
- Participants will not need a purse, cell phone, or backpack; no storage will be available on-site for personal items.
- Cell phone use is not permitted.
- Ochsner is not liable for any theft of or damage to personal property while you are on campus for your job shadow. It is best to leave important personal items at home.

If interested in a Job Shadow experience at **Ochsner LSU Health Shreveport**, please review the educational PowerPoint available online, then complete and submit the following forms to:

zelda.timmonsmosley@ochsnerlsuhs.org

1. Job Shadow Application
2. Participant Agreement/Release
3. Copy of COVID Vaccination Card

You will be contacted as soon as a mentor is identified to discuss your schedule availability.

For any questions, please call 318-626-1202 or email zelda.timmonsmosley@ochsnerlsuhs.org.

Adult Job Shadow Application

Participant Contact Information

Name _____
Last First Middle

Home Address _____
Street Number Street Name Apt City State Zip

E-Mail Address _____@_____._____

Birth Date ____/____/____ Phone Number (____) ____-____
Month Day Year

Emergency Contact Information

Name _____ Relationship _____

Primary Phone (____) ____-____ Secondary Phone (____) ____-____

Placement Information

Classification: ☐ College Student ☐ Post-Graduate/Professional

In what field of study/department/career are you looking to complete your job shadow?

Do you already have a mentor confirmed? ☐ YES ☐ NO

(If yes) Mentor's Name: _____ Department: _____

Job shadow opportunities are provided without regard to religion, creed, race, national origin, age or sex. This application is submitted with understanding that approval from the authorized Ochsner designee must be in place prior to commencing the shadow as a condition to begin. I certify that the answers given to the foregoing statements are correct and without omission. I authorize the company to investigate the foregoing; and my former employers from any liability for damage, which may result from any such investigation. If upon investigation, anything contained in this application is found to be untrue, I understand I will be subject to dismissal at any time during the period of shadowing. Ochsner is not obligated to provide a placement, nor am I obligated to accept the placement offered. I understand that if accepted, I will schedule my placement in a timely manner. I also understand that I will not be paid for this experience.

Participant Signature

Participant Printed Name

Date

Ochsner LSU Health – Shreveport

Health Career Exploration/Job Shadow

Participant Agreement

I, _____, have been selected to participate in a job shadow to
(*Print Participant Name*)

seek further insight into a particular department in order to gain personal understanding and general knowledge related to job function and environment.

Consent: I give permission to have myself photographed and/or videotaped while participating in any Program by Ochsner Clinic Foundation and all its affiliates (together “Ochsner”) for use by Ochsner in all public relations activities, including use by or for news media, and further authorize the use of my name with said photos, film, print or tape in all advertising activities, including television commercials, print ads, brochures, web sites, and outside billboards.

Release. In consideration of being allowed to participate in the Volunteer Program, I hereby release Ochsner Clinic Foundation, as well as its subsidiaries, affiliates, representatives, agents, physicians, employees, servants, officers, directors, insureds, insurers, successors, and assigns (collectively “Ochsner”) from any and all liability for any injury or damage which may occur as a result of my participation in the Program including all risk connected therewith, whether foreseen or unforeseen; and further, agree to save and hold harmless Ochsner from any claim by myself individually or on behalf myself, family, estate, heirs or assigns arising out of my participation in the Program. In the event of an injury requiring medical attention, I hereby grant permission to Ochsner to provide initial medical services to me. If the injury warrants further medical attention, and my specific authorization is unable to be obtained before action is taken, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising instructor(s) or Ochsner staff (including medical staff) to take me to the appropriate medical department for treatment within the hospital or, if a physician, to administer treatment if an accident or serious illness occurs. Under all circumstances, I agree to accept full responsibility for and to pay for the cost of any medical care, transportation and other incidental expenses for any medical treatment or services I receive at Ochsner.

HIPAA Acknowledgement: My signature below indicates I have read and understand information related to HIPAA and my responsibilities while shadowing at Ochsner. I acknowledge that there are civil and criminal penalties for the unauthorized access and/or use of confidential patient information. I will adhere to the guidelines as outlines in the training provided.

Participant Signature

Date



Division of Allied Health Sciences & Nursing

OBSERVATION CONFIDENTIALITY STATEMENT

I understand and agree that in the performance of my Radiologic Technology observation as a student at (fill in name of medical center) _____, I must hold all medical information in confidence. I understand that any violation of this policy will result in legal action or removal from the facility. I will not reveal any information concerning patients or clients to anyone not authorized to discuss the individual's physical or psychological condition.

DATE

SIGNATURE OF STUDENT

NON-DISCRIMINATION STATEMENT

I understand and agree that in the performance of my Radiologic Technology observation as a student at (fill in the name of medical center) _____, I will not harass the employees or visitors nor discriminate against any patient while serving as an observer because of race, color, national origin, gender, age, marital status, religion, veteran's status, financial status, or mental or physical handicap. I understand that any violation of this policy will result in legal action or removal from the facility.

DATE

SIGNATURE OF STUDENT

This form should be submitted to designated personnel.

@

Ochsner LSU Health Science Center



Division of Allied Health Sciences and Nursing

Radiology Department Observation Form

Student Applicant Name _____ Date of Visit: _____
 (One visit per page)

Radiology Facility Name _____

Date and time of scheduled observation: _____

(Please check one) _____ Hospital _____ Clinic

Observation Start time _____ End time _____

Radiologic Technologist: Please check the appropriate blanks listed below.

	Observed	Not Available
Chest	_____	_____
Fluoroscopy	_____	_____
IVP	_____	_____
Extremities	_____	_____
Portables	_____	_____
CT	_____	_____
Other areas observed (please list):		

To be completed by the Technologist:

	Yes	No
<i>Arrived on time</i>	_____	_____
<i>Stayed required time</i>	_____	_____
<i>Dressed appropriately</i>	_____	_____
<i>Good hygiene</i>	_____	_____
<i>Showed interest</i>	_____	_____
<i>Asked appropriate questions</i>	_____	_____
<i>Followed directions</i>	_____	_____
<i>Demonstrated interpersonal skills</i>	_____	_____
<i>Followed rules</i>	_____	_____

Signature of Radiologic Technologist _____

Chief Technologist _____

Contact number _____

To the Technologist: In the space provided below, you may summarize this observation student.

I permit to be evaluated as an observation student at this facility. I understand that this information may or may not be disclosed to me.

 Student Signature

 Date

*Sign form and then either fax to the Department of Radiologic Sciences at (318) 670-6698 or submit the original document to program faculty. ***Please treat the information on this form confidentially *** Revised 02/2019; 02/2020*



Division of Allied Health Sciences and Nursing

Radiology Department Observation Form

Student Applicant Name _____ Date of Visit: _____
(One visit per page)

Radiology Facility Name _____

Date and time of scheduled observation: _____

(Please check one) ☐ Hospital ☐ Clinic

Observation Start time _____ End time _____

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IVP	_____	_____
Extremities	_____	_____
Portables	_____	_____
CT	_____	_____
Other areas observed (please list):	_____	

To be completed by the Technologist:		
	Yes	No
<i>Arrived on time</i>	_____	_____
<i>Stayed required time</i>	_____	_____
<i>Dressed appropriately</i>	_____	_____
<i>Good hygiene</i>	_____	_____
<i>Showed interest</i>	_____	_____
<i>Asked appropriate questions</i>	_____	_____
<i>Followed directions</i>	_____	_____
<i>Demonstrated interpersonal skills</i>	_____	_____
<i>Followed rules</i>	_____	_____

Signature of Radiologic Technologist _____
 Chief Technologist _____
 Contact number _____

To the Technologist: In the space provided below, you may summarize this observation student.

I give permission to be evaluated as an observation student at this facility. I understand that this information may or may not be disclosed to me.

 Student Signature

 Date

Sign form and then either fax to the Department of Radiologic Sciences at (318) 670-6698 or submit the original document to program faculty. ***Please treat the information on this form confidentially ***

Revised 02/2019; 02/2020



Division of Allied Health Sciences and Nursing

Radiology Department Observation Form

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CT	_____	_____
Other areas observed (please list):		

To be completed by the Technologist:

	Yes	No
<i>Arrived on time</i>	_____	_____
<i>Stayed required time</i>	_____	_____
<i>Dressed appropriately</i>	_____	_____
<i>Good hygiene</i>	_____	_____
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<i>Asked appropriate questions</i>	_____	_____
<i>Followed directions</i>	_____	_____
<i>Demonstrated interpersonal skills</i>	_____	_____
<i>Followed rules</i>	_____	_____

Signature of Radiologic Technologist _____

Chief Technologist _____

Contact number _____

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