



RADIOLOGIC TECHNOLOGY PROGRAM

APPLICATION PACKET **2026**

Pre-Application Meetings Are Mandatory
Students must attend one meeting

THERE ARE 2 SESSIONS SCHEDULED

Thursday, March 12– 11:00 AM

AND

Tuesday, APRIL 9 - 11:00 AM

Metro Center Room 311

Southern University at Shreveport

Division of Allied Health Sciences and Nursing

Dear Applicant,

Thank you for your interest in Southern University at Shreveport and the Radiologic Technology Program. Upon successful completion of the program, students earn an Associate of Applied Science Degree in Radiologic Technology. The program is accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT).

Admission to Southern University at Shreveport is open; however, acceptance into the Radiologic Technology Program is selective. Applicants must first meet the general university admission requirements as outlined in the University Catalog. Clinical admission is competitive, and students accepted into the program must commit to full-time enrollment, balancing both classroom and clinical instruction.

The American Registry of Radiologic Technologists (ARRT) reserves the right to deny individuals from taking the National Registry examination if they have been convicted of a felony or misdemeanor. Applicants who have been arrested, charged, pled guilty or no contest to, or been sentenced for any criminal offense must contact the ARRT at (651) 687-0048 to determine their eligibility or [Ethics-Review -Pre-Application.pdf](#). An ARRT clearance letter must be submitted to the Radiologic Technology Program Director before clinical orientation.

Application Process

Applications are available from March through June for fall admission. The number of students admitted each year is based on available clinical placements.

- **Deadline:** All completed application packets must be submitted in person **from 8-5:00 p.m. only on June 1, 2026, to 610 Texas Street, Suite 212.**
- **Mailed Applications:** Must be postmarked by **June 1, 2026.**

Only applicants who meet all academic requirements and submit a complete application packet will be considered for an interview. **Meeting the minimum requirements does not guarantee admission.** Applicants will receive written notification regarding their acceptance status.

Southern University at Shreveport provides equal opportunity for all qualified individuals, regardless of race, religion, sex, national origin, age, disability, marital status, or veteran status. Students needing reasonable accommodations should contact the Section 504 Coordinator.

For further information, please contact the Radiologic Technology Department at **(318) 670-9646 or (318)670-9649.**

Sincerely,

Shelia S. Swift
Program Director
Radiologic Technology Program
Southern University at Shreveport
Metro Center-610 Texas, Suite 212
Shreveport, LA 71101

In compliance with federal law and USDOE federal guidance, including provisions of Title VII of the Civil Rights Act of 1964 (Title VII), Title IX of the Education Amendments of 1972 (Title IX), Section 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, the Age Discrimination in Employment Act of 1967 (ADEA), Executive Order 11246, Executive Order 13988, the Vietnam Era Veterans Readjustment Assistance Act of 1974 as amended by the Jobs for Veterans Act, the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, an institution of the Southern University System shall not discriminate against individuals on the basis of their race, sex, sexual orientation, gender identity, gender expression, religion, color, nation or ethnic origin, age, disability, military service, covered veteran's status, or genetic information in its administration of education policies, programs, or activities; admission policies; scholarship and loan programs; athletic or other institution-administered programs; or employment.

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 deductive and conclusive 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 Registry of Sexual Predators. 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:

- **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:

Pre-Eligibility clearance maybe required 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.rrt.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

Radiologic Technology Program Technical Requirements & Standards

Each student accepted into the clinical phase of the Radiologic Technology Program must be able to meet the following **technical, physical, cognitive, and behavioral standards**, with or without reasonable accommodation, in order to safely and effectively perform essential program and clinical functions. These standards are required to ensure patient safety, student safety, and the integrity of the educational program.

Essential Technical and Behavioral Standards

Students must demonstrate the ability to:

- Assist with all radiographic procedures, including those involving deceased patients.
- Communicate effectively and professionally with patients, families, faculty, clinical instructors, and members of the healthcare team, including the ability to perceive verbal and nonverbal communication and use appropriate medical terminology orally and in writing.
- Work assigned clinical schedules, including early morning, evening, and varied shifts as required by affiliate clinical sites.
- Travel independently and arrive on time to assigned clinical sites, educational facilities, professional meetings, and program-related activities.
- Function effectively as a team member and collaborate with individuals of diverse backgrounds and personalities.
- Demonstrate professionalism, adaptability, and respect in all professional interactions.
- Demonstrate cultural competence and sensitivity in patient care.
- Understand, follow, and apply verbal and written instructions from program faculty and affiliate site personnel.
- Apply critical thinking, sound judgment, and problem-solving skills in classroom and clinical settings.
- Perform effectively in high-stress, fast-paced, and emergency situations.
- Maintain patient confidentiality and demonstrate integrity, ethical behavior, motivation to serve, and concern for the welfare of others.

Technical and Clinical Performance Standards

Students must demonstrate the ability to:

- Safely and efficiently set up, manipulate, and operate radiographic equipment.
- Apply appropriate radiation protection principles and safety measures to protect patients, self, and others.
- Perceive spatial relationships among anatomical structures, the x-ray tube, and the image receptor to produce radiographic images of diagnostic quality.
- Adjust equipment controls and accurately position radiographic support devices.
- Handle radiographic cassettes and imaging plates; process film; and acquire, evaluate, and process digital radiographic images.
- Evaluate radiographic images for diagnostic acceptability.
- Recognize and respond appropriately to changes in patient condition, including those requiring emergency medical intervention.

Physical and Mental Requirements

Radiologic Technology is a physically and mentally demanding profession. Students are frequently in direct contact with patients who may require physical assistance. Physical stamina and emotional resilience are essential. Students must be able to perform the following tasks safely and effectively, with or without reasonable accommodation:

1. Hear faint sounds from a distance of approximately 15 feet.
2. Maintain visual acuity correctable to 20/20 in one eye and 20/40 in the other.
3. Lift a minimum of 20 pounds from the floor, carry it 10 feet, and place it on a surface 36 inches high.
4. Frequently lift and carry up to 50 pounds maybe required.
5. Push or pull 1–20 pounds continuously, 20–50 pounds occasionally, and 50–75 pounds rarely.
6. Work with arms overhead for periods of 15–20 minutes.
7. Safely maneuver and transport mobile radiographic equipment.
8. Tolerate exposure to and provide hands-on care for severely injured, critically ill, or traumatized patients.
9. Bend, stoop, and lift using proper body mechanics.
10. Demonstrate fine motor skills, manual dexterity, coordination, and speed to perform clinical tasks accurately and safely.
11. Stand and walk for prolonged periods of time during clinical and laboratory assignments, which may include continuous standing or walking for up to 8–10 hours per clinical shift.

Student Acknowledgement of Technical Standards

I have read and understand the **Technical Requirements and Standards** of the Radiologic Technology Program. I acknowledge that these standards describe the essential functions required for participation in the program and successful completion of clinical and academic requirements.

I understand that if I believe I may need a reasonable accommodation to meet these standards, it is my responsibility to contact the University's designated office for disability or accessibility services in a timely manner.

By signing the statement below, I affirm that I am able to meet these Technical Standards, with or without reasonable accommodation, and agree to comply with all program and clinical requirements.

Radiologic Technology Program
Technical Standards & Student Acknowledgement

Radiologic Technology Program
Technical Requirements & Standards

Each student accepted into the clinical phase of the Radiologic Technology Program must be able to meet the following technical, physical, cognitive, and behavioral standards, with or without reasonable accommodation, to ensure patient safety and program integrity.

STUDENT ACKNOWLEDGEMENT OF TECHNICAL STANDARDS

I have read and understand the Technical Requirements and Standards of the Radiologic Technology Program. I acknowledge that these standards describe the essential functions required for participation in the program and successful completion of academic and clinical requirements.

I understand that if I believe I may need a reasonable accommodation to meet these standards, it is my responsibility to contact Southern University at Shreveport – Accessibility Services in a timely manner.

By signing below, I affirm that I am able to meet these Technical Standards, with or without reasonable accommodation, and agree to comply with all program and clinical requirements.

Student Name (Print): _____

Student Signature: _____

Date: _____

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
76-69	D
68- 0	F

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

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) credit hours of 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 1, 2026, from **9:00 a.m. to 4:00 p.m. ONLY or postmarked by the June 1, 2026.**

_____ 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 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. [DegreePlan23-24RadiologicTechnology.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 #,)

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

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.

Applicant's Signature _____

Date _____

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 1, 2026. Packets or information presented after the date as mentioned above **WILL NOT BE ACCEPTED.**

Applicants not accepted into the program in the fall of 2025 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 completed 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

In compliance with federal law and USDOE federal guidance, including provisions of Title VII of the Civil Rights Act of 1964 (Title VII), Title IX of the Education Amendments of 1972 (Title IX), Section 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, the ADA Amendments Act of 2008, the Age Discrimination in Employment Act of 1967 (ADEA), Executive Order 11246, Executive Order 13988, the Vietnam Era Veterans Readjustment Assistance Act of 1974 as amended by the Jobs for Veterans Act, the Uniformed Services Employment and Reemployment Rights Act, as amended, and the Genetic Information Nondiscrimination Act of 2008, an institution of the Southern University System shall not discriminate against individuals on the basis of their race, sex, sexual orientation, gender identity, gender expression, religion, color, nation or ethnic origin, age, disability, military service, covered veteran's status, or genetic information in its administration of education policies, programs, or activities; admission policies; scholarship and loan programs; athletic or other institution-administered programs; or employment.

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 informatio11 requested below and signing this Disclosure Authorization, I authorize the Institution named above to request and obtain a consumer report and/or investigate a cons u mer 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, 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 Radiologic Technology Program

Rotational Site and Time Agreement

The Southern University at Shreveport Radiologic Technology Program requires clinical students to participate in various clinical shift assignments. Possible shifts include, but are not limited to: 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–7:00 PM; and 3:00 PM–11:00 PM. Rotational assignments are determined by the Clinical Coordinator.

I, _____, understand that if accepted into the clinical component of the Southern University at Shreveport Radiologic Technology Program, I must adhere to all assigned clinical rotations. I understand that I may be required to attend clinical assignments at various healthcare and educational facilities that may extend beyond the Shreveport–Bossier City area. I agree to make all necessary arrangements to report to my assigned clinical site at the time specified by the Clinical Coordinator.

I understand that failure to comply with assigned clinical rotational requirements may result in a failing grade in the clinical course. I further understand that if I withdraw from the program’s clinical phase for any reason and later reapply to the Southern University at Shreveport Radiologic Technology Program, my application will be considered along with all other applicants.

By signing below, I acknowledge and agree to comply with all clinical rotational shift assignments.

Student Name (Print): _____

Student 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				Grade	Term	Substitute (S) or Transfer (T)	Transfer Institution
Course Prefix	Course Number	Course Title	Credit Hour				
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

Date

Advisor's Signature

Date

Division Head's Signature

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:

We appreciate your evaluation of this applicant's qualifications and potential for success in the Radiologic Technology Program. Please assess the applicant's intellectual ability, motivation, and capacity to acquire technical skills. Additionally, we welcome your insights regarding the applicant's character and personality.

Kindly indicate your assessment by marking an "X" in the appropriate box.

	Superior 4	Above Average 3	Average 2	Below Average 1	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:

We appreciate your evaluation of this applicant's qualifications and potential for success in the Radiologic Technology Program. Please assess the applicant's intellectual ability, motivation, and capacity to acquire technical skills. Additionally, we welcome your insights regarding the applicant's character and personality.

Kindly indicate your assessment by marking an "X" in the appropriate box.

	Superior 4	Above Average 3	Average 2	Below Average 1	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 _____

Revised: 02/2019; 02/2020; 2022; 2025;2026



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:

We appreciate your evaluation of this applicant's qualifications and potential for success in the Radiologic Technology Program. Please assess the applicant's intellectual ability, motivation, and capacity to acquire technical skills. Additionally, we welcome your insights regarding the applicant's character and personality.

Kindly indicate your assessment by marking an "X" in the appropriate box.

	Superior 4	Above Average 3	Average 2	Below Average 1	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-Knight on (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 12 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>.

Revised 02/017; 02/2018; 02/2019; 02/2020; 2021; 2022, 2023, 2024, 2024,2026

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 Thursday, March 12 at 11:00 am or Tuesday, April 9 at 11:00 am. (Metro Room 311).

- ***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.

Rev. 02/2019; 02/2020; 2021; 2022, 2023

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.

1. Click on the link to apply for shadowing: [Shadowing \(ochsner.org\)](#)

Additionally, effective 2/5/25 Ready Set has been discontinued. Our Volunteer Services website is in the process of being updated to reflect the below information: Please proceed with the following directives.....

2. **Shreveport-AMC, Shreveport-SMMC:**

Thank you for completing the Volunteer On-boarding Packet. The next step is to participate in a new volunteer health screening.

To start, please schedule your appointment through this link: [MyOchsner - Appointment Center](#)

(if link doesn't work, right click on link and select "Open Hyperlink")

The step by step instructions are attached. For troubleshooting assistance, please contact me directly or Employee Health at 318-626-0661.

Please let us know your appointment date and time – or contact us after your appointment, so that we can follow up for clearance.

3. ***See attached instructions***

Please direct any questions or concerns to email: volunteerservicesnla@ochsnerlsuhs.org

Attn: Terri Davis, Volunteer Coordinator

Office: 318-626-2313

Email: Terri.Davis@Ochsnerlsuhs.org

SCHEDULING YOUR VIRTUAL EMPLOYEE HEALTH APPOINTMENT

Schedule your appointment through this link: [MyOchsner - Appointment Center](#) (if link doesn't work, please right click on link and select "Open Hyperlink")

- After selecting the date and time of your appointment, type **VOLUNTEER ONBOARDING** in the "What is the most important thing you want addressed during this visit?" question box, and select Continue.

Does everything look correct?

This appointment time is reserved for you until 2:50 PM.

 Onboarding with Employee Health Nurse-Northshore

 Monday February 10, 2025
9:00 AM (1 hour) [Edit](#)

 Ochsner Employee Health Services - Northshore [Edit](#)
105 MEDICAL CENTER DRIVE
SLIDELL LA 70461
985-898-7048

*What is the most important thing you want addressed during this visit?

Comments
VOLUNTEER ONBOARDING

[Continue](#)

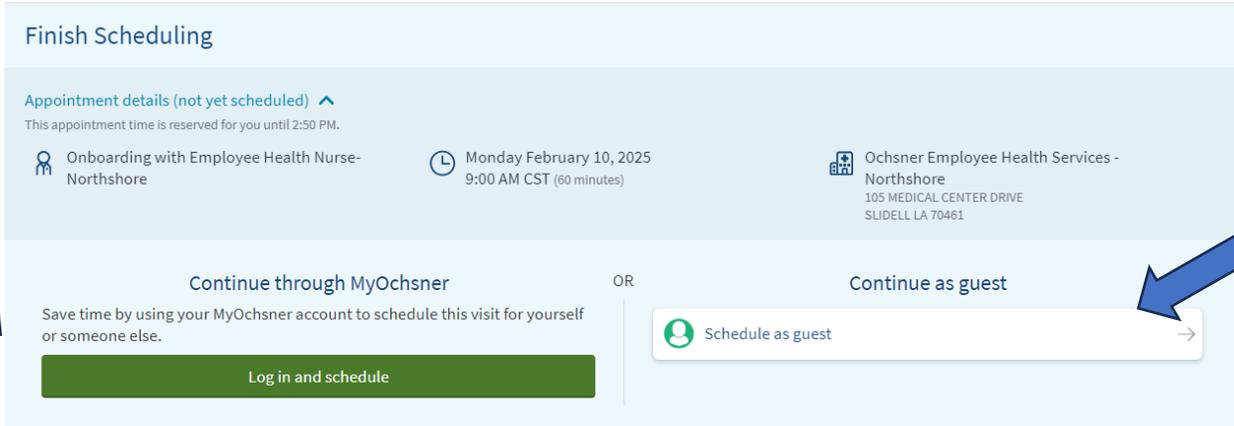


Visit Instructions

You do not need to come to the clinic for this appointment. This is an audio visit you can take at your home. We will call you at the number listed on your account. Please be in an area that is quiet, and you can talk confidentially.

- To finish scheduling, you will either log in with your existing MyOchsner username/password OR activate your new account from the account link sent to your email.

- If you have an existing MyOchsner account, log in and you will be routed to select the ePre-Check option to complete required health screening steps.
- If you DO NOT have a MyOchsner account, please select the “Schedule as Guest” option and complete required information. Once you schedule the appointment, you will receive an activation code via email and you will follow steps 2-5 on the attached *EH MyOchsner Activation Instructions*.
 - o For minors, your parent or legal guardian will need to have an active MyOch account or activate a MyOchsner account and proxy access to you.



NOTE: You must complete ePre-Check to answer health assessments, sign all required documents and upload additional required information prior to your Onboarding appointment.



EH MyOchsner
Activation Instructio

Required Documents for Virtual Appointment:

- Form of picture ID

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

CHRISTUS Highland Medical Center

Observation Instructions for Southern University Radiologic Technology Students

Purpose: The purpose of clinical observation is to provide students with firsthand experience in a radiologic setting, allowing them to become familiar with professional responsibilities, patient interactions, and imaging procedures.

General Guidelines:

1. **Attendance & Punctuality:** Arrive at the assigned clinical site on time. Notify your instructor and the clinical site if you are unable to attend.
2. **Dress Code:** Wear the appropriate clinical attire, including your SUSLA name badge. Follow all dress code requirements as outlined in the orientation.
3. **Professional Conduct:** Maintain a professional demeanor at all times. Be respectful to patients, technologists, and other healthcare staff.
4. **Confidentiality:** Adhere to HIPAA regulations. Do not discuss patient information outside of the clinical setting.
5. **Observation Role:** Observe procedures quietly and attentively. Do not interfere unless instructed by the technologist.
6. **Asking Questions:** Questions are encouraged but should be asked at appropriate times when they do not disrupt patient care.
7. **Documentation:** Bring any required observation logs or forms and submit them on arrival.

Observation Process:

1. **Contact Ms. Paige Cox:** Office number is 1-318-681-7675 or via email at paige.cox@christushealth.org.
2. **Provide Information:** Include your name, the school you attend, and a schedule of the days you would like to observe.



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.



Division of Allied Health Sciences & Nursing

**Radiologic Technology Program
Radiology Department Observation Form**
(One visit per page — please print clearly)

Student Applicant Name: _____ **Date of Visit:** _____

Radiology Facility Name: _____

Date and Time of Scheduled Observation: _____

Facility Type (check one): Hospital Clinic

Observation Start Time: _____ **End Time:** _____

Radiologic Technologist: Check the appropriate areas observed

Procedure Area	Not Available	Observed
Chest	<input type="checkbox"/>	<input type="checkbox"/>
Fluoroscopy	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Area	<input type="checkbox"/>	<input type="checkbox"/>
Extremities	<input type="checkbox"/>	<input type="checkbox"/>
Portables	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>

Other areas observed (please list):

Professional Behavior	Yes	No
Arrived on time	<input type="checkbox"/>	<input type="checkbox"/>
Stayed required time	<input type="checkbox"/>	<input type="checkbox"/>
Dressed appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated good hygiene	<input type="checkbox"/>	<input type="checkbox"/>

Radiologic Technologist Signature: _____

Chief Technologist (Print/Sign): _____

Contact Number: _____

Technologist Comments

Please summarize your observations of this student applicant.

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:** _____

Submission Instructions:

After completing and signing this form, please email form to sswit@susla.edu or submit the original document to program faculty.

Please treat the information on this form as confidential.

Revised: 02/2019; 02/2020;02/2026



Division of Allied Health Sciences & Nursing

**Radiologic Technology Program
Radiology Department Observation Form**
(One visit per page — please print front and back)

Student Applicant Name: _____ **Date of Visit:** _____

Radiology Facility Name: _____

Date and Time of Scheduled Observation: _____

Facility Type (check one): Hospital Clinic

Observation Start Time: _____ **End Time:** _____

Radiologic Technologist: Check the appropriate areas observed

Procedure Area	Not Available	Observed
Chest	<input type="checkbox"/>	<input type="checkbox"/>
Fluoroscopy	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Area	<input type="checkbox"/>	<input type="checkbox"/>
Extremities	<input type="checkbox"/>	<input type="checkbox"/>
Portables	<input type="checkbox"/>	<input type="checkbox"/>
CT	<input type="checkbox"/>	<input type="checkbox"/>

Other areas observed (please list):

Professional Behavior	Yes	No
Arrived on time	<input type="checkbox"/>	<input type="checkbox"/>
Stayed required time	<input type="checkbox"/>	<input type="checkbox"/>
Dressed appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated good hygiene	<input type="checkbox"/>	<input type="checkbox"/>

Radiologic Technologist Signature: _____

Chief Technologist (Print/Sign): _____

Contact Number: _____

Technologist Comments

Please summarize your observations of this student applicant.

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.

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Revised: 02/2019; 02/2020;02/2026



Division of Allied Health Sciences & Nursing

**Radiologic Technology Program
Radiology Department Observation Form**
(One visit per page — please print clearly)

Student Applicant Name: _____ **Date of Visit:** _____

Radiology Facility Name: _____

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CT	<input type="checkbox"/>	<input type="checkbox"/>

Other areas observed (please list):

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Stayed required time	<input type="checkbox"/>	<input type="checkbox"/>
Dressed appropriately	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated good hygiene	<input type="checkbox"/>	<input type="checkbox"/>

Radiologic Technologist Signature: _____

Chief Technologist (Print/Sign): _____

Contact Number: _____

Technologist Comments

Please summarize your observations of this student applicant.

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Student Signature: _____ **Date:** _____

Submission Instructions:

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Please treat the information on this form as confidential.

Revised: 02/2019; 02/2020;02/2026

Radiologic Technology Observation Student Evaluation Rubric

Student Name _____ Date _____ Site _____

Category	Excellent (4 pts)	Proficient (3 pts)	Basic (2 pts)	Needs Improvement (1 pt.)	Score
Timeliness	Arrives early or on time, ready to observe.	Arrives on time but not always prepared.	Occasionally late or unprepared.	Frequently late or unprepared.	
Communication Skills	Communicates clearly, respectfully, and professionally with staff and patients.	Communicates well but lacks confidence or clarity at times.	Struggles with professional communication.	Fails to communicate professionally or appropriately.	
Active Engagement	Fully attentive, actively observes, and takes notes.	Generally attentive but occasionally distracted.	Somewhat engaged but loses focus at times.	Appears disinterested or distracted.	
Following Rules & Policies	Follows all clinical policies and guidelines without reminders.	Follows rules but requires occasional guidance.	Needs frequent reminders about rules.	Disregards rules or policies.	
Electronic Device Usage	Does not use a phone or electronic device unless instructed.	Occasionally checks device but does not disrupt observation.	Uses a device more than necessary.	Frequently distracted by devices.	
Professionalism	Maintains professional demeanor at all times.	Mostly professional but has minor lapses.	Occasionally unprofessional in behavior or attitude.	Lacks professionalism.	
Interaction with Staff	Engages respectfully and appropriately with all staff members.	Generally respectful but does not initiate interaction.	Minimal interaction with staff.	Avoids interaction or is disrespectful.	
Shows Interest	Actively shows curiosity and enthusiasm for learning.	Interested but not consistently engaged.	Occasionally disengaged or indifferent.	Shows little to no interest.	
Proper Attire	Wears appropriate attire and follows dress code completely.	Mostly follows dress code with minor issues.	Somewhat follows dress code but needs reminders.	Does not follow dress code.	
Asking Relevant Questions	Asks insightful and appropriate questions.	Asks questions but not consistently relevant.	Rarely asks questions or asks unrelated ones.	Does not ask questions.	

Total Score: ____ / 40

Signature of Radiologic Technologist _____
 Chief Technologist _____
 Contact number _____

Comments/Feedback: _____