



RADIOLOGIC TECHNOLOGY PROGRAM

APPLICATION PACKET

2020

As are you aware of the potential challenges during these rapidly changing circumstances have created for the Radiologic Technology Program and the entire academic community. We are experiencing clinical site restrictions. Therefore, pre-clinical meetings and clinical observations have suspended until further notice. HESI Testing has been delayed due to the University and Governor's mandate. The program is exploring ways to ensure that students complete the application process.

Southern University at Shreveport

Division of Allied Health Sciences & Nursing

Dear Applicant:

We certainly appreciate your interest in Southern University at Shreveport and the Radiologic Technology Program. Upon completion of 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 1 –May 1 for the fall admission. The number of students selected each year for admission is dependent upon the number of available openings at the program's local clinical, educational centers. **All completed application packets must be submitted on May 21, 2020, by 5:00 PM.** Only those students 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 Fax: (318) 670-6698
Toll- Free: 1-800-458-1472, Ext. 641-Website: www.susla.edu

Southern University at Shreveport does not discriminate on the basis of race, color, national origin, gender, age, disability or any other protected class. Title IX Coordinator: Dr. Tuesday W. Mahoney, Johnny L. Vance, Jr. Student Activity Center, Room 208, (318) 670-9201. Section 504 Coordinator: Ms. Jerushka Ellis, Health & Physical Education Complex, Room 314, (318) 670-9367.

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

Goal 4- Students to display professionalism in the workplace

Student Learning Outcomes

Upon completion of the Radiologic Technology Program, students will able to:

- Demonstrate effective patient care skills.
- Effectively demonstrate oral and written communication skills.
- Utilize critical thinking and problem-solving skills by formulating and applying correct technical factors to produce diagnostic images.
- Utilize critical thinking and problem solving to produce diagnostic images based on patient and equipment variables
- Demonstrate proficiency in radiographic positioning.
- Demonstrate knowledge of the importance of professional organizations.
- Display professional behavior in the clinical environment
- Act as ethical and responsible members of the healthcare team.

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 necessary for healthcare duties. Applicants must be able and willing to work with sick and/or disabled persons. They should also have the ability to critically think using sympathetic, congenial, 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 to both the State of Louisiana and the National Sexual Predator background checks. Convictions hindering your participation in clinical activities will prohibit your acceptance in this program. If you have specific questions relating to this requirement, please make an appointment with the program director to discuss the specifics of

your criminal history and be prepared to present documentation of any questionable criminal history to ARRT for 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 strong 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 responsibility of the student.)

- a. A completed physical examination form including verification of current vaccinations and titers (Hepatitis B, Rubella, Rubeola, Mumps, PPD, Diphtheria-Tetanus, Varicella).
- b. A copy of current certification from the American Heart Association 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 Science 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/or a criminal background check prior to allowing students into the clinical setting. The clinical facilities (hospitals, etc.) require criminal background checks prior to students' attendance at the clinical sites. In addition, SUSLA and the clinical sites may require random drug testing and/or drug testing for reasonable cause. Generally, the urine drug test screens for alcoholic beverages, illegal drugs, or drugs that impair judgment while in the clinical agency. Testing positive for the screening, or evidence of tampering with a specimen will disqualify a student from participation from the clinical assignment. In addition to drug screening, for the safety of patients and healthcare workers, 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. Certain criminal activities, as evidenced by a criminal background check may also disqualify a student from clinical participation. Students are advised that the inability to gain clinical education experiences can result in the inability to meet program objectives and outcomes. These circumstances may prevent final acceptance into and/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 accuracy of the background information within ten (10) working days. All requests must be made in writing to the Allied Health Sciences and Nursing Dean and must include relevant information and/or extenuating circumstances supporting the request. A designated committee will review the results and the request and will be responsible for making 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) prior to entering clinical setting, or more than six months prior to 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; and/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 **prior to entering into 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 before the start of the clinical rotation conditional acceptance will be withdrawn. Please visit www.arrt.org, regarding this Application. 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

Technical Requirements & Standards

Each student accepted into the clinical phase of the Radiologic Technology Program 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 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 prepare and maintain radiologic reports and records.
- Ability to respect the confidentiality of patients and demonstrate integrity, a motivation to serve, and 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. maybe required
5. Push/pull 1 to 20 lbs. force continuously, 20 to 50 lbs. force occasionally, 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
76-65	D
65-0	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, is 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

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. **The student must have earned at least a 2.5 GPA in all previous coursework from other higher education institutions, if applicable.**

Selection of students is determined by a rating scale point system. An initial screening process will utilize academic achievement as the primary assessment. In addition, all Allied Health Sciences majors are required to take a pre-admission exam. **The cost of the exam is \$50.00. Please contact LaShonda Wiggins, Allied Health Sciences Tutorial Coordinator at 318.670-9627 or lwiggins@susla.edu.**

Coursework 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 evaluation of writing and critical thinking skills. 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 RADIOLOGIC TECHNOLOGY PROGRAM, THE STUDENT MUST:

- _____ Application packets should be turned into Suite 212 at the Metro Campus on Monday, **May 21st from 8:00 AM to 5:00 PM ONLY.**
- _____ 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 **\$75.00 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 submitted along with application packet.**
- _____ **Complete a** Disclosure Form. This form is for Background checks
- _____ Complete HESI pre-admission exam through the Allied Health Sciences & Nursing Tutorial Services.
 - Contact: LaShonda Wiggins @ 318-670-9627**
 - Place: Metro Center, 610 Texas Street Room 105**
 - Cost of Exam: \$50.00 Test fees are non-refundable
- _____ 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.
- _____ 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 and feel free to share your observational experiences.

- **The essay must be completed in APA format. Include an abstract, a minimum of (2) typed page 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 responsibility of the applicant to assure that all materials have been included in this packet.

Upon completion of the admissions procedure, qualified applicants with the highest potential for success will be scheduled for an interview. Notification of the interview schedule will be made by the Program Director.

*******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 May 21, 2020. Packets or information presented after the aforementioned date **WILL NOT BE ACCEPTED.**

Applicants not accepted into the program in the fall of 2020 and are planning to reapply must follow the current curriculum. Please make an appointment with your advisor or program director for 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

Financial Application and Admissions Requirement

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

1. There is a **\$75.00 non-refundable** application fee 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's packet.
2. Health Sciences Pre-admission Exam fee of **\$50.00** paid at the cashier's window on the MLK campus and presented to the Director of Allied Health Sciences and Nursing Tutorial Services.
3. All students accepted into the program **MUST** purchase required uniforms and shoes.
4. Due to the potential for exposure to 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 the aforementioned tests. **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, which may include travel to clinical, educational centers outside of the Shreveport-Bossier area.
6. Students are required to become members of the Louisiana Society of Radiology Technologist 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 fee, application 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 result in the inability to meet program objectives and outcomes. These circumstances may prevent final acceptance into and/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 am – 1 pm or as late as 3 pm-11 pm. 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 aforementioned rotations during his/her clinical experience.
9. Applicants **must have completed twenty-four (24) observations hours** eligible to submit an application packet. All students that use a Willis Knighton site for observation are required to; attend the orientation meeting, complete Observational Paperwork, and complete a TB skin test.
10. The **estimated** cost of this program is \$16,500. 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-IMPORTANT******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 ever been convicted of a felony you must complete ARRT Pre eligible Board of Ethic Clearance. Students are advised that the inability to gain clinical education experiences can result in the inability to meet program objectives and outcomes. These circumstances may prevent final acceptance into and/or progression through the program, and ultimately result in dismissal from the program.

PLEASE READ CAREFULLY BEFORE SIGNING

I UNDERSTAND FULLY that all of the information provided in this Application is pertinent to the determination of 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 courses with a C or better. The applicant must have the ability to perform certain essential technical standards in a satisfactory manner. If the applicant is unable to perform any designated tasks, upon request, SUSLA will make reasonable accommodations if these accommodations do not constitute an undue hardship on SUSLA and if those accommodations do not interfere with the performance of any essential functions of a radiographer's 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

Southern University at Shreveport does not discriminate on the basis of race, color, national origin, gender, age, disability or any other protected class. Title IX Coordinator: Dr. Tuesday W. Mahoney, Johnny L. Vance, Jr. Student Activity Center, Room 208, (318) 670-9201. Section 504 Coordinator: Ms. Jerushka Ellis, Health & Physical Education Complex, Room 314, (318) 670-9367.

Observation Information

Students **must** complete observation hours at one (1) of the following clinical, educational centers.

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

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. Students re-applying **must** complete without clinical experience must complete 24 **hours**.
3. Students re-applying **must** complete without clinical experience must complete 24 **hours**
4. Students **must** submit your observation forms to the Chief Technologist or Designee
5. Observational visits **must** be completed at one (1) of the aforementioned hospitals.
6. Students **must** schedule observation hours between **March 11th through June 5th**
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 at the same location.
11. Students **must** adhere to all hospital rules and regulations.
12. Students cell phones and electronic devices are **prohibited** during observation.
13. Students **must** review interview asrt.org website in order to prepare for the interview process.

Ochsner LSU Health Science Center

Observation Requirements

Student Observers (Pre-Radiology Technology)

Purpose:

To assist pre-radiology technology students in accomplishing the observation requirements of the Radiology Technology Programs for which University Health serves as a clinical site.

Policy:

1. Observation hours are to be scheduled by the prospective student by contacting the Education Coordinator in the Department of Radiology at University Health. Office hours are 7:30am until 4:00pm Monday thru Friday. The number is (318) 626-0646 or (318)626-1334
2. If you are observing during hours that a Clinical Instructor is on-sight at this facility, you are not required to inform the Education Coordinator.
3. Observation hours are limited to the standard day shift hours.
4. 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.
5. Student observers are not allowed to participate in Radiology procedures in any way. They are here to observe only.
6. Confidential patient information is not to be shared with student observers.
7. Student observers are required to comply with all of the medical center's confidentiality policies.
8. 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

Revised: 5/15/06

Revised: 12/11/06

Reviewed: 01/09/15

Reviewed: 02/12/18

Reviewed:02/18/19

Willis-Knighton Observation Requirements

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

- *The students must attend an Orientation meeting on March 11th at 11:30 or April 8th at 11:30 AM in room 431 at the Metro Campus. You will receive instructions regarding Observation requirements, background checks, and scheduling your observation hours with the Operation Managers.*
- Students must complete Level I Student/ Observer Registration Forms (please return to suite 212 on completion. WK must complete a background check prior to scheduling your observation.

Upon completion of all Observation Paperwork:

- Observation must be scheduled after paperwork returned and background check is completed
- Students may schedule observation 5 **days** a week between the hours of 8am-4pm.
- Students must wear scrubs that are clean and neatly pressed
- Students must keep visitors' pass visible at all times during the observation
- Students must complete Level I Student Observer informational packet



Division of 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 and/ 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 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, sex, 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 give a summary of 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 form to program faculty.***Please treat the information on this form in a confidential manner****

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 _____

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 give a summary of 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

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Revised 02/2019; 02/2020



Division of Allied Health Sciences and Nursing

Radiology Department Observation Form

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 (One visit per page)

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Extremities	_____	_____
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<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 give a summary of this observation student.

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 Student Signature

 Date

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

Revised 02/2019; 02/2020

Attention:
All students will need
to complete a
Disclosure Form

You must complete
this form when
submitting your
Application Packet

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 kind work involved in the profession. 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 to one's self.
2. Position the patient for various radiographic examinations without injury to the patient.
3. Check patient identification, positioning, imaging field placement, and alignment, as well as 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 and related collimators, control consoles, computer console, x-ray processor, surgical c-arm, ultrasound equipment, and mobile x-ray equipment.
5. Respond instantly to emergency situations 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 cassettes, imaging plates, image mechanisms, cassette holders, 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 medical history of patients and communicate this information to the Radiologists when applicable.
11. Evaluate the quality of radiographic images in regards to the exposure factors, image quality and proper positioning of anatomical parts.
12. Transport mobile equipment to assigned area 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

It is the policy of the Southern University at Shreveport Radiologic Technology Program that all entering clinical students may rotate in the following shift assignments. 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 to adhere to all rotational assignments. I understand that I will work at various clinical, educational centers **that may not be exclusively in the Shreveport-Bossier City area**, and 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, that I may earn a failing grade in the clinical course. I further understand that if I choose to withdraw from the clinical phase of the program 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 Fax: (318) 670-6698
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 Fax: (318) 670-6698
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 so that I will not matriculate through SUSLA for twenty-four (24) months, only to find that I am unable to practice in the Radiologic Technology profession.

Student's Signature

Date

Print Name

Please Include

2019-2020

Degree Plan

From

SUSLA Website



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

Application of Applicant _____ Student ID# _____ Semester _____

I hereby 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

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

Signature of Applicant

Date

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	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

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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,)