Thank you for your interest in the School of Radiologic Technology at Research Medical Center.

Enclosed is the application form, a professional reference form, and a job observation form. There is a $40.00 application fee (personal check, money order or cashier’s check only), which must be submitted with the completed application. This fee will be refunded if the applicant cancels the application within 3 working days of receipt of the fee by the school. Should your check be returned for non-payment your application will not be processed.

The program starts a new cohort of students every year in July. The application deadline is December 15 for the next year’s start date. The tuition fee for the program is $5,600.00. There is an additional $750.00 for the activity fee and an approximate fee of $60.00 for a background check. Books cost approximately $1,000.00 and students are responsible for providing their own uniforms, which cost about $400.00.

Applicants must have obtained an Associate Degree before the start of the Program or be enrolled in a 2+2 Program that articulates with the RMC School of Radiologic Technology. Please contact the Program for a list of articulated schools. Applicants must also meet the required post-secondary course requirements (see below), and post-secondary grades must be at least a 2.75 on a 4.0 scale. All required coursework must be completed with a grade of “C” or above. Interested individuals can apply to the program while enrolled in required course(s) upon proof of enrollment. All required courses must be completed by May of the application year. Applicants will be contacted to take the HESI entrance examination upon receipt of application. There is no additional cost to the applicant for this exam.

- Required post-secondary courses (no time limit):
  - Composition, Speech, Medical Terminology, and a minimum of an Introduction to Physics course.

- Required post-secondary courses within the last 5 years:
  - College Algebra (100 level course or above), Anatomy and Physiology with a lab

The American Registry of Radiologic Technologists (www.ARRT.org) requires program graduates taking the national registry examination to have earned at least an Associate Degree in any discipline. Contact the program for a list of colleges that are affiliated with the RMC School of Radiologic Technology to obtain an Associate or Bachelor’s degree.

Official transcripts from all high school and college(s) must be forwarded to the school before an application will be considered. Transcripts must come directly from the school to be considered official. Two professional reference forms must be completed and returned prior to December 15. Reference forms must be completed by a person that can professionally evaluate applicants. In addition, a minimum of 4 hours of observation/job shadowing must be performed at Research Medical Center prior to December 31. See the job shadow form below for more information and scheduling. Applicants are also required to submit with their application a two page, double-spaced essay addressing the role of the radiologic technologist in the health care profession and the attributes you possess that would make you an excellent candidate for the profession.

If you have any questions, please do not hesitate to contact us.

Sincerely,

Don Hessel, MBA, R.T.(R)
Program Director
School of Radiologic Technology
don.hessel@hcamidwest.com
Application for Program Admission

Date: ____________________  Application Fee - $40.00

Name: ________________________________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>MI (Other last name)</th>
</tr>
</thead>
</table>

Address: _____________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Cell Phone: (_____) ___________________  Home Phone: (_____) ______________

E-mail Address: ________________________________________________________

SSN ________________________________________________________________

Emergency Contact: ____________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
</table>

Address: _____________________________________________________________

Phone: __________________________

Are you at least 18 years old? ................................................................. Yes _____  No _____

Have you applied to this program in the last 3 years? ................................. Yes _____  No _____

Are you a citizen of the United States? ..................................................... Yes _____  No _____

List All Educational Institutions Attended (in chronological order from the most recent)

<table>
<thead>
<tr>
<th>College, University, Technical, High School</th>
<th>City</th>
<th>State</th>
<th>Attendance Dates</th>
<th>Credits Earned</th>
<th>G.P.A.</th>
<th>Degree or Certificate</th>
<th>Date Received or Expected</th>
</tr>
</thead>
</table>

Non US Citizens: Country of Citizenship: ________________________  Visa Classification: ________________________

Arrival Date in U.S. __________________________  Permanent Residents, Alien Card number: ________________________

Academic Courses Currently in Progress (must be completed by Dec. 31)

<table>
<thead>
<tr>
<th>Educational Institute</th>
<th>Name of Course</th>
<th>Credits</th>
<th>Expected Completion Date</th>
</tr>
</thead>
</table>

Employment History

Chronological record of part-time or full-time employment:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position</th>
<th>Dates of Employment</th>
</tr>
</thead>
</table>


Please describe any experience you have in health care occupations or volunteer positions in a hospital, clinic or extended care facility.

________________________________________________________________________________
________________________________________________________________________________

How did you hear about the Radiology Program at Research Medical Center? ____________________________________________________________________________

Criminal Procedures and Ethics Requirements for ARRT Certification

According to https://www.arrt.org/Certification, every candidate for ARRT certification must "be a person of good moral character and must not have engaged in conduct that is inconsistent with the ARRT Rules of Ethics," and they must "agree to comply with the ARRT Rules and Regulations and the ARRT Standards of Ethics." ARRT investigates all potential violations in order to determine eligibility. Issues addressed by the Rules of Ethics include convictions, criminal procedures, or military court martials, felonies, misdemeanors, and/or criminal procedures resulting in a plea of guilty or nolo contendere (no contest), a verdict of guilty, withheld or deferred adjudication, suspended or stay of sentence, or pre-trial diversion. Juvenile convictions processed in juvenile court and minor traffic citations not involving drugs or alcohol do not need to be reported. Additionally, candidates for certification are required to disclose whether they have ever had any license, registration, or certification subjected to discipline by a regulatory authority or certification board (other than ARRT). Applicants may complete a pre-application (https://www.arrt.org/pdfs/Ethics/Ethics-Review-Pre-Application.pdf ) to determine their ethics eligibility prior to enrolling in or during their educational program.

- I have read the above paragraph and agree to inform the program of any situation which may require an Ethics Review Pre-Application from the ARRT.

The final selection of applicants is contingent upon passing a physical examination administered by Research Medical Center and testing negative for illegal drugs in a urinalysis test.

Before your application can be processed the School of Radiologic Technology must receive:

- Completed and signed application form before December 15.
- Copies of all official transcripts submitted directly from high school and colleges.
- Two (2) completed and signed reference forms.
- Verification of a job shadow observation.
- Two-page essay on how you became interested in radiology, why you want to be a radiographer, and the role of a radiologic technologist in the imaging profession.
- Application fee of $40.00 (check, money order, or cashier’s check) made payable to Research Medical Center.
- Fee will be refunded if the applicant cancels the application within 3 working days of receipt of the fee by the school.

It is the applicant’s responsibility to confirm all required information has been received by the program by December 15.

I certify that the information provided on this application is true to the best of my knowledge. I realize falsification of this application is grounds for denial or expulsion from the program.

___________________________________  ________________________________
Applicant Signature                  Date

Mail the Completed Application to:

Research Medical Center
School of Radiologic Technology
2316 E. Meyer Blvd.
Kansas City, Missouri  64132
816.276.3390

08.27.15/skff
Equal Opportunity Programs are required by the Federal Government to provide statistical information about applicants to demonstrate that the program meets equal opportunity requirements.

Your completion of this form is voluntary and would be greatly appreciated. This information will be kept separate and confidential from the applicant’s file and will not be considered in any way to determine eligibility/acceptance to the program.

☐ Male
☐ Female
☐ American Indian or Alaskan Native
   All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.
☐ Asian or Pacific Islander
   All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This includes for example: China, Japan, Korea, the Philippine Islands and Samoa. Also, persons from Bangladesh, Bhutan, India, Nepal, Pakistan, Sukkim and Sri Lanka.
☐ Black (not of Hispanic Origin)
   All persons having origins in any of the Black racial groups of Africa.
☐ Hispanic
   All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture, regardless of race.
☐ White (not of Hispanic origin)
   All persons having origins in any of the people of Europe, North Africa and the Middle East.
☐ Do not wish to answer

Are you a Vietnam Era Veteran? ___ Yes ___ No

A person who served on active duty in Vietnam between 02-28-61 and 05-07-75 for a period of 180 days or who was on active duty between 08-05-64 and 05-07-75 but not in Vietnam, and was discharged or released with other than a dishonorable discharge or for a service connected disability.

Are you a Disabled Veteran? ___ Yes ___ No

A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
A person considering a career in the radiologic sciences can make a better-informed career decision if it is based on some personal experiences or observations. The School recommends a minimum of 4 hours observation/job shadowing in a diagnostic radiology department. All applicants to the Research Medical Center’s program must perform a job shadow at Research Medical Center. Please call 816.276.3296 to schedule a job shadow.

Professional dress is required when observing at clinical sites. Jeans, t-shirts, sweatshirts, and open-toed shoes are not allowed. No pierced jewelry should be worn with the exception of one or two earrings per earlobe. Overall appearance should be professional, clean, and neat.

Please take this form with you when you observe a department. Ask the technologist you observed to complete this form and place it in a sealed envelope. Return this form in the sealed envelope to RMC School of Radiologic Technology to be added to your application packet.

---

**Applicant Name (printed) and signature**

**Radiology Department/Address**

**Technologist Name (printed) and signature**

**Date of Observation**

**Time of Observation**

**Exams Observed:**

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

**Comments from applicant and/or technologist:**

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Please copy this form as needed for more than 1 observation.
Research Medical Center School of Radiologic Technology
Reference Form

Applicant: It is mandatory that you check one of the choices below and sign/date this form before sending it to your reference. Any unsigned referenced forms will not be considered.

☐ I waive my right to read this reference form once it is included in my application file.
☐ I reserve my right to read this reference form once it is included in my application file.

____________________________________________________
Applicant's Name (Print)

____________________________________________________    ______________________
Applicant's Signature    Date

Do not use relatives or friends as a reference. Appropriate references would include your minister, instructor/teacher, school official, employer, or a health care professional. Please indicate the ‘Return by’ date on the last page.

To be Completed by Reference:

Relationship to Applicant: _____ Advisor     _____ Teacher     _____Supervisor     _____ Other (Specify _______

Following is a list of characteristics that we feel are required for a student to successfully complete the educational program at Research Medical Center School of Radiologic Technology. We would appreciate your cooperation in completing this form and returning it to the applicant in a sealed envelope to the school.

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>DESCRIPTION</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONSIBILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dependable and accountable for one’s actions</td>
<td></td>
</tr>
<tr>
<td>LEADERSHIP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Demonstrates the ability to direct the activity of others</td>
<td></td>
</tr>
<tr>
<td>INITIATIVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Motivated to pursue actions independently; self-starter</td>
<td></td>
</tr>
<tr>
<td>FLEXIBILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Capable of responding or conforming to changes or new situations</td>
<td></td>
</tr>
<tr>
<td>ORGANIZATIONAL SKILLS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Systematically plans for optimal efficiency</td>
<td></td>
</tr>
<tr>
<td>SELF-CONFIDENCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Assured in one’s ability and skills</td>
<td></td>
</tr>
<tr>
<td>INDEPENDENT WORKER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Completes tasks with minimal supervision</td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION Verbal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Contributes knowledge and opinions in an articulate, understanding and non-threatening manner</td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION Written</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Expresses self clearly in writing</td>
<td></td>
</tr>
<tr>
<td>RESPONSE TO STRESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Maintains composure and ability to listen</td>
<td></td>
</tr>
<tr>
<td>POSITIVE ATTITUDE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Maintains optimistic approach to people and the task at hand</td>
<td></td>
</tr>
<tr>
<td>MANUAL DEXTERITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ability to perform psychomotor skills</td>
<td></td>
</tr>
<tr>
<td>INTERPERSONAL SKILLS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ability to work and get along with others</td>
<td></td>
</tr>
<tr>
<td>JUDGMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Demonstrates a constructive approach to problem solving and decision making</td>
<td></td>
</tr>
<tr>
<td>MATURITY &amp; PROFESSIONALISM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Demonstrates common sense, tact and appropriate behavior</td>
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<tr>
<td>KNOWLEDGE BASE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Good foundation of academic theory</td>
<td></td>
</tr>
<tr>
<td>DEPENDABILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Follows through on assignments; meets deadlines</td>
<td></td>
</tr>
<tr>
<td>PUNCTUALITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Prompt, arrives at the proper time</td>
<td></td>
</tr>
<tr>
<td>ATTENDANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Has a record of good attendance</td>
<td></td>
</tr>
<tr>
<td>MULTI-TASKING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ability to manage numerous tasks effectively and efficiently</td>
<td></td>
</tr>
<tr>
<td>CRITICISM &amp; CONFLICT RESOLUTION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Accepts criticism readily and is able to work through conflicts to a positive end</td>
<td></td>
</tr>
</tbody>
</table>
How long have you known this applicant? _________________________

Would you recommend this applicant for the School of Radiologic Technology? _____ Yes _____ No

Additional Information:

Please evaluate the quality of work performed by this applicant and indicate their strengths and those qualities that require further development.

Strengths: ______________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Areas for Development: __________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

_____________________________________________  __________________________

Signature                                           Date

Name: __________________________________________________________________________________________

Title: __________________________________________________________________________________________

Institution: ____________________________________________________________________________________

Phone Number: __________________________________________________________________________________

To assist the applicant in complying with our application procedure, please seal this completed form in an envelope and sign your name over the flap before returning it to the applicant. Please return this evaluation to the applicant before ______________.

Or

Mail this referral form before December 15 to:

Research Medical Center
School of Radiologic Technology
2316 East Meyer Blvd.
Kansas City, MO  64132

Please copy this form for second reference.