



2010 ADMISSION GUIDELINES

The Radiology Allied Health School (RAHS) is pleased to offer two accredited educational programs: **Radiologic Sciences** and **Nuclear Medicine Technology**. Both programs are sponsored by and located on the Baylor University Medical Center (BUMC) Dallas campus. Clinical education rotations are obtained throughout the Baylor Health Care System (Dallas/Ft. Worth metroplex). Please visit our website at www.BaylorHealth.edu/RAHS for more information regarding the RAHS and admission requirements.

GENERAL ADMISSION REQUIREMENTS APPLICANTS MUST:

- Be 18 years of age or older
- Have completed all pre-requisite courses (see admission packet on website)
- Attend one orientation session
- Submit a completed application packet & fee (\$75.00)
- Be USA citizen or have legal INS status (foreign born applicants must submit a passport, permanent resident card or visa with the application)
- Pass Investigative Consumer Report (conducted by BUMC through Hire Rite.)
- Pass a Health screen administered by BUMC upon acceptance to RAHS
- Pass a drug screen administered by Quest Laboratories upon acceptance to RAHS
- Participate in a personal interview conducted by the RAHS. The RAHS will schedule applicant interviews in April and May.

2010 Application Dates

Mandatory Applicant Orientation

January 19, 2010 4:00 pm-6:30pm

February 20, 2010 9:00 am – 11:30 am

March 24, 2010 4:00 pm – 6:30 pm

Space is limited. Please make a reservation by emailing RadEdu@BaylorHealth.edu. Please indicate what date you will be attending and what program you are interested in. Orientations will be held in the:

*Cree Auditorium, Ground Floor
Baylor Jack and Jane Hamilton Heart and Vascular Hospital
621 North Hall St. Dallas, TX 75226*

Parking is available at parking meters on Hall Street or commercial parking lots adjacent to the hospital.

Application Deadline: Applications must be postmarked Monday, March 29, 2010

The class selection committees will begin reviewing completed application packets immediately upon receipt. The School will adhere to the Baylor Health Care System (BHCS) process for consumer reporting as each application is received. HireRight, the consumer reporting company, will notify any applicants that are disqualified during this process.

Final transcripts with pre-requisite courses are due Friday, June 4, 2010

Class Selection Completed by Friday, June 18, 2010

Students are selected on a point system. Each applicant will receive points for their pre-requisite course grades, healthcare related employment, statements of recommendation, personal narrative and interview.



APPLICATION PACKET INSTRUCTION AND CHECKLIST

Each of these items must be included in your application packet and returned to the Radiology Allied Health School for consideration. **Your application packet must be postmarked by Monday March 29, 2010.**

- ✓ Application: Completed, including a 2x3 passport size headshot photo and required signatures
If the application is not complete, it will not be considered. Copies of all registrations, certifications, and licenses must be included.
- ✓ Investigative Consumer Report Authorization
- ✓ Transcripts of all relevant post-secondary education, i.e., those that document the program prerequisites.
The School only accepts official transcripts.
- ✓ Documentation of any Health Care Related Experience, 6 months or greater cumulative.
- ✓ Major Physical Tasks and Requirements for Clinical Education applicant signature
- ✓ Three completed Statement of Recommendation forms. *All recommendations must be from professional or educational acquaintances. Please provide a stamped envelope pre-addressed to RAHS, to each person making a recommendation on your behalf.*
- ✓ A typed, one page, double-spaced narrative describing the reasons you have chosen this field and why you would be a good candidate for the BUMC Radiology Allied Health School.
- ✓ A check or money order in the amount of \$75.00 made payable to BUMC for the **non-refundable** application fee.

**Mail all required information to:
Radiology Allied Health School
3616 Worth Street
Dallas, TX 75246**

Attach a 2 x 3
passport photo
here

Directions: Complete all areas of this application (2 pages) sign, and date these forms including the Investigative Consumer Report consent form, and return this form with payment of a \$75.00 non-refundable application fee. Make your check or money order payable to BUMC. *No cash please.* Print or type the information below.

You must be 18 years of age by September 1 of the year of desired entry into the program.

1. Name:

Last First middle other names used in school

2. SSN: _____ - _____ - _____ 3. DOB: * ____/____/____ 4. Country of Birth: _____

* For consumer reporting purposes only

5. Current Address: _____

Street City State Zip

6. List all residence information within the last 7 years

City/County	State/Zip Code

7. Home Telephone: _____ - _____ - _____ 8. Work Telephone: _____ - _____ - _____

9. Cell Phone: _____ - _____ - _____ 10. E-Mail: _____

11. Check the Program to which the application is being made: **Radiologic Sciences** **Nuclear Medicine Technology**

12. Year of desired entry: _____

13. Have you previously applied to any Baylor University Medical Center Radiology Allied Health School program?

_____ No _____ Yes If Yes, Which One? _____ When? _____

14. Have you previously attended any Baylor University Medical Center Radiology Allied Health School program?

_____ No _____ Yes If Yes, Which One? _____ When? _____

15. Are you currently a citizen of the United States of America? _____ Yes _____ No If No, what is your current alien status in the United States?

16. Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing or pled no contest for any offense other than a minor traffic violation? _____ No _____ Yes If yes, please explain fully:

17. Do you have any unresolved criminal charges pending against you? (Have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?) _____ No _____ Yes If yes, please explain fully:

18. Professional Licenses, Certifications or Registrations you currently possess (Please attach copies of all certifications and/or licenses)

Name of License / Certification / Registration	Number	Year Issued	Exp. Date

19. Have you ever had any license, certification or registration revoked or suspended or subject to disciplinary action? Do you have any pending disciplinary action with regard to license, certification or registration?

_____ No _____ Yes If Yes, Which One? _____ When? _____

If yes, please explain fully:

20. List any degrees or certificates previously earned:

Name of institution	City	State	Dates Attended		Degree / Certificate
			From	To	

21. List the college level prerequisite courses that you have completed or currently enrolled in.

Course Title	Name of Institution	Credit Hours	Completion Date/ In Progress
Anatomy & Physiology 1			
Anatomy & Physiology 2			
General Physics			
College Algebra			
English Composition			

22. I agree that the information contained on this form is true and correct. I understand that omission, misrepresentation, or falsification is grounds for the withdrawal, at any time, of any educational opportunity offered to me by BUMC.

I also understand that the RAHS will conduct a criminal background check which must meet the BHCS standards in order to proceed in the application process. If I am accepted into the RAHS, I must pass a health screen administered by BUMC and a drug screen administered by Quest Diagnostics. If the test results come back positive, I will not be accepted into the RAHS.

I have read the above information and understand what it means.

Signature: _____

Date: _____

Investigative Consumer Report

DISCLOSURE AND AUTHORIZATION FORM

Baylor University Medical Center Radiology Allied Health School (Program) may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

HireRight, Inc., or another consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, Maine, New York or Washington applicant, please also note:

<p>CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.</p>
<p>MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.</p>
<p>NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.</p>
<p>WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.</p>

California, Minnesota or Oklahoma applicants only – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout the Program.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

By signing below, you consent to the procurement of a *consumer report** in connection with your application for acceptance. A *consumer report* may consist of employment records, educational verification, professional license verification, driving history, previous addresses, and other public records relative to criminal charges. **A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.**

**for consumer report purposes only*

Applicant Last Name: _____ First: _____ Middle: _____
(Please Print)

Applicant Signature: _____ Date: _____

HEALTH CARE RELATED EXPERIENCE

1. Are you currently employed? Yes No

2. Please list the types of related health care work that you have experienced.

For example: registered nurse, medical technologist, radiologic technologist, nurse assistant, patient transporter, etc.

_____ From: _____ To: _____
Job Title

Job Responsibilities

Supervisor's Name and Phone Number

_____ From: _____ To: _____
Job Title

Job Responsibilities

Supervisor's Name and Phone Number

_____ From: _____ To: _____
Job Title

Job Responsibilities

Supervisor's Name and Phone Number

Your signature below indicates that the information provided on this form is true and correct to the best of your knowledge, and that you grant permission to contact the supervisor listed for verification of job responsibilities.

Print Applicant's Name

Applicant's Signature

MAJOR PHYSICAL TASKS AND REQUIREMENTS FOR CLINICAL EDUCATION

The RAHS student will:

1. Provide for the patient's physical safety and well-being while in the student's care.
2. Transport patients within the department and throughout the hospital.
3. Assist with patient movement to and from wheelchairs and stretchers.
4. Ensure proper patient positioning which may necessitate lifting, turning, sitting, standing and supporting for a prolonged period of time.
5. Retrieve, manipulate, and operate heavy equipment and adjust instruments for patient imaging.
6. Move and operate portable imaging equipment.
7. Work with radioactive materials and/or be exposed to ionizing radiation.
8. Perform venipuncture, and inject contrast or radioactive materials intravenously into patients.
9. Provide basic life support services as needed.

The RAHS student will have:

1. Sufficient eyesight to observe patients, read charts, computer screens and equipment instructions.
2. Sufficient hearing to maintain effective communication with members of the health care team and patients.
3. Sufficient gross and fine motor coordination to manipulate equipment and accessories, and respond to a patient's needs.
4. The ability to lift a minimum of forty (40) pounds to a height of four to five feet.
5. The ability to reach an overhead distance of six feet.
6. The necessary verbal and written skills to effectively and properly communicate in English.
7. The necessary intellectual and emotional function to ensure patient safety and to exercise independent judgment and discretion in the performance of assigned responsibilities.
8. Good health to maintain the demands of the program in attendance, punctuality, and progress.

I have read and understand the above listed major tasks and requirements for clinical education. I understand that this list is not all-inclusive of every clinical task. I believe that I have the necessary physical ability and mental capacity to perform these tasks throughout enrollment in the program.

Print Applicant's Name

Applicant's Signature

Date

5. Applicant's communication skills:

Oral	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
Written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accurate and Appropriate Poor Expression

Comments: _____

6. Applicant's work habits:

Excellent	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
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Poor

Comments: _____

7. Applicant's interpersonal relations with peers:

Appropriate	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
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Inappropriate

Comments: _____

8. Applicant's motivation for program completion:

Exceptionally Good	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
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Poor

Comments: _____

9. Applicant's intellectual capability:

Exceptionally Good	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
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Poor

Comments: _____

10. In addition to the preceding responses, please give your personal evaluation of and your reaction to the applicant.
(You may wish to elaborate on your previous comments.)

11. My recommendation is:

Very Enthusiastic	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>
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Strong Neutral Uncertain Negative

Please print your name: _____ Phone Number: _____

Signature: _____ Date: _____