

DMC
Sinai-Grace
Hospital

SCHOOL OF RADIOLOGIC TECHNOLOGY
6071 W. Outer Dr.
Detroit, MI 48235
313-966-6866

Dear Applicant:

Thank you for considering Sinai-Grace Hospital School of Radiologic Technology for your studies. The following must be returned no later than **December 31, 2010:**

- Application Form**
- Signed Technical Performance Standards**
- Typed statement regarding your interests and career goals**
- Completed education, work-related, and personal reference forms**

In addition to the above, please have **all transcripts from colleges** mailed to the school. We will only accept official transcripts.

The school requires all applicants to take the ACT exam. Please check the ACT web page at www.act.org for information, test dates and test sites. The test results must be received no later than **January 31, 2011.**

The Admission Committee will review all applications. Applicants will be contacted regarding an interview; however, not all applicants are interviewed.

Interviews will be scheduled and completed by the end of March. Applicants will be informed regarding the decision of the Admissions Committee.

Thank you again for your interest in the School of Radiologic Technology.

Sincerely,

M. Elizabeth Oras, MS, RT (R)
School Program Director



SCHOOL OF RADIOLOGIC TECHNOLOGY
6071 W. Outer Drive
Detroit, MI 48235
(313) 966-6866

APPLICATION FOR ADMISSION

Qualified, applicants are considered for admission to the Sinai-Grace Hospital School of Radiologic Technology without regard to race, color, religion, national origin, age, marital or veteran status, or disability, provided the physical requirements of the program are met.

IMPORTANT --- PLEASE TYPE OR PRINT CLEARLY IN INK

Date	Social Security #			
Last Name	First	Middle		
Address	City	State	Zip Code	
Telephone # (cell)	E-mail address			
Person to Notify in Case of Emergency Name	Telephone Number			
Address	City	State	Zip Code	
Are you age 18 or older? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a U.S. citizen or otherwise authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been convicted of a crime other than a minor traffic violation? If yes Please explain. Yes <input type="checkbox"/> No <input type="checkbox"/>				
	School Name and Location	Major	Graduated	Degree/Diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yrs Completed	
Undergraduate			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University			Yrs Completed	
Technical/Vocational			Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Yrs Completed	



EMPLOYMENT HISTORY

Beginning with your current or most recent employer, list the last three positions held, including military service, in consecutive of order.

Name of Employer:	Position Held:	From: To:
Address:	Name and Title of Supervisor:	Hours per Week:
City, State, Zip:	Reason for Leaving:	Base Hourly Rate:
Telephone Number:	Type of Business:	
Duties:		
Name of Employer:	Position Held:	From: To:
Address:	Name and Title of Supervisor:	Hours per Week:
City, State, Zip:	Reason for Leaving:	Base Hourly Rate:
Telephone Number:	Type of Business:	
Duties:		
Name of Employer:	Position Held:	From: To:
Address:	Name and Title of Supervisor:	Hours per Week:
City, State, Zip:	Reason for Leaving:	Base Hourly Rate:
Telephone Number:	Type of Business:	
Duties:		

Please read carefully and sign where indicated below

I hereby certify that the information given by me in this application is true and correct in all respect and I understand that any misrepresentations, omission, or falsification of information is grounds for immediate dismissal.

I understand that the information on this application is subject to employment verification by the Sinai-Grace Hospital School of Radiologic Technology. My previous employers may be asked for information regarding my employment. I hereby authorize my former schools, my former employers, my military service branch and any others having information concerning me to release in confidence all information. I hereby release from liability each and all of those who provide such information.

I understand that my acceptance into the School of Radiological Technology is dependent upon my passing a criminal background check at my expense and the successful completion of a physical examination to be conducted by the Hospital.

Signature of Applicant: _____

Date: _____

Printed Name: _____

Date: _____



SINAI-GRACE SCHOOL OF RADIOLOGIC TECHNOLOGY TECHNICAL PERFORMANCE STANDARDS

Individuals participating in the Radiography Program must be able to:

1. Use manual dexterity to manipulate radiographic equipment, venipuncture equipment and other patient care equipment.
2. Ability to frequently stand (40-75% of the time), walk, reach (up to 72 inches) while performing radiographic procedures, and lift a minimum of 60 pounds.
3. Assist non-ambulatory or semi-ambulatory patient in transferring from wheelchair or stretcher to radiographic table and then back to the wheelchair or stretcher.
4. Maneuver the wheelchair or stretcher in and out of radiographic room.
5. Push mobile radiographic unit from department to patient room/surgery/etc.
6. Possess normal visual and audio acuity to observe any situation which may prove potentially hazardous to patients or other personnel. Possess listening skills needed to be able to recognize indicative signs of a medical emergency (choking, shortness of breath, patient complaints of pain, etc).
7. Mentally assess medical emergencies and respond quickly to summon qualified medical personnel.
8. Position patient on radiographic table in required positions for all procedures using tactile sense while palpating appropriate anatomic structures.
9. Visually differentiate shades of black, gray and white on radiographic images.
10. Possess sufficient verbal and written skills to communicate in English with patients and staff to provide procedure information and patient instructions.

The program reserves the right to require the individual to physically demonstrate any of the above skills.

I have read the technical standards for this profession, I will be able comply with these standards.

Date

Signature



SCHOOL OF RADIOLOGIC TECHNOLOGY

REQUEST FOR EDUCATION-RELATED REFERENCE

TO BE COMPLETED BY THE APPLICANT'S INSTRUCTOR/TEACHER

Please mail this form directly to:

Program Director for the School of Radiologic Technology

6071 W. Outer Dr.

Detroit, MI 48235

The study of radiography leads to a professional career, which involves responsibility for the health and welfare of others. Since there are a limited number of places in each entering class, it is our responsibility to select students whose abilities, values, motives and character give the greatest promise of success and satisfaction within the profession. Therefore, we ask you to provide thoughtful and completely frank responses to this inquiry.

The information you furnish is for the use of the School's Admission Committee. **We request that you complete the scale on the next page regarding the applicant's personal characteristics. Please also include a personal letter of reference. Within the accompanying letter of reference, please describe the applicant's verbal and non-verbal communications skills, decision-making skills and include any other pertinent information you wish to include.**

Your evaluation will not be communicated to the applicant. We do not routinely send acknowledgments of references received unless a receipt or acknowledgment is specifically requested. We are grateful for your assistance.

Applicant's Name: _____

How are you acquainted with the applicant? _____

How many years have you known the applicant? _____

Date: _____

Signature of Reference:

Printed Name: _____

Position: _____ Phone: _____

Institution: _____

Address: _____

DMC[™]

Sinai-Grace Hospital

Applicant's Name: _____

Describe the applicant using the following scale where **1** is below average and **5** are exceptional:

	Below Average		Exceptional			Has not observed
Emotional and Social Maturity	1	2	3	4	5	6
	Comments:					
Work Performance	1	2	3	4	5	6
	Comments:					
Attendance and Punctuality	1	2	3	4	5	6
	Comments:					
Initiative/Originality	1	2	3	4	5	6
	Comments:					
Leadership	1	2	3	4	5	6
	Comments:					
Personal Appearance	1	2	3	4	5	6
	Comments:					
Verbal Facility	1	2	3	4	5	6
	Comments:					
Overall rating as a Prospective Radiographer	1	2	3	4	5	6
	Comments:					

Signature of Reference: _____



SCHOOL OF RADIOLOGIC TECHNOLOGY

REQUEST FOR WORK-RELATED REFERENCE

TO BE COMPLETED BY THE APPLICANT'S SUPERVISOR

**Please mail this form directly to:
Program Director School of Radiologic Technology
6071 W. Outer Dr.
Detroit, MI 48235**

The study of radiography leads to a professional career, which involves responsibility for the health and welfare of others. Since there are a limited number of places in each entering class, it is our responsibility to select students whose abilities, values, motives and character give the greatest promise of success and satisfaction within the profession. Therefore, we ask you to provide thoughtful and completely frank responses to this inquiry.

The information you furnish is for the use of the School's Admission Committee. **We request that you complete the scale on the following page regarding the applicant's personal characteristics and include a personal letter of reference. Within this accompanying personal letter, please describe the applicant's verbal and non-verbal communications skills, decision-making skills and any other pertinent information you wish to include.**

Your evaluation will not be communicated to the applicant. We do not routinely send acknowledgments of references received unless a receipt or acknowledgment is specifically requested. Please be assured in advance, however, that we are grateful for your assistance.

Candidate's Name: _____

How are you acquainted with the applicant? _____

How many years have you known the applicant? _____

Date: _____

Signature of Reference:

Printed Name: _____

Position: _____ Phone: _____

Institution: _____

Address: _____

DMC[™]

Sinai-Grace Hospital

Applicant's Name: _____

Describe the applicant using the following scale where **1** is below average and **5** are exceptional:

	Below Average		Exceptional		Has not observed	
Emotional and Social Maturity	1	2	3	4	5	6
	Comments:					
Work Performance	1	2	3	4	5	6
	Comments:					
Attendance and Punctuality	1	2	3	4	5	6
	Comments:					
Initiative/Originality	1	2	3	4	5	6
	Comments:					
Leadership	1	2	3	4	5	6
	Comments:					
Personal Appearance	1	2	3	4	5	6
	Comments:					
Verbal Facility	1	2	3	4	5	6
	Comments:					
Overall rating as a Prospective Radiographer	1	2	3	4	5	6
	Comments:					

Reference's Signature: _____

DMC
Sinai-Grace
Hospital

SCHOOL OF RADIOLOGIC TECHNOLOGY

REQUEST FOR PERSONAL REFERENCE

TO BE COMPLETED BY THE APPLICANT'S PERSONAL REFERENCE

Please mail this form directly to:

Program Director School of Radiologic Technology

6071 W. Outer Dr.

Detroit, MI 48235

The study of radiography leads to a professional career, which involves responsibility for the health and welfare of others. Since there are a limited number of places in each entering class, it is our responsibility to select students whose abilities, values, motives and character give the greatest promise of success and satisfaction within the profession. Therefore, we ask you to provide thoughtful and completely frank responses to this inquiry.

The information you furnish is for the use of the School's Admission Committee. **We request that you complete the scale on the following page regarding the applicant's personal characteristics and also include a personal letter of reference. Within the accompanying letter of reference, please describe the applicant's verbal and non-verbal communications skills, decision-making skills, and any other pertinent information you wish to include.**

Your evaluation will not be communicated to the applicant. We do not routinely send acknowledgments of references received unless a receipt or acknowledgment is specifically requested. We are grateful for your assistance.

Applicant's Name: _____

How are you acquainted with the applicant? _____

How many years have you known the applicant? _____

Date: _____

Signature of Reference:

Printed Name: _____

Position: _____ Phone: _____

Institution: _____

Address: _____

DMC[™]

Sinai-Grace Hospital

Applicant's Name: _____

Describe the applicant using the following scale where **1** is below average and **5** are exceptional:

	Below Average			Exceptional		Has not observed
Emotional and Social Maturity	1	2	3	4	5	6
	Comments:					
Work Performance	1	2	3	4	5	6
	Comments:					
Attendance and Punctuality	1	2	3	4	5	6
	Comments:					
Initiative/Originality	1	2	3	4	5	6
	Comments:					
Leadership	1	2	3	4	5	6
	Comments:					
Personal Appearance	1	2	3	4	5	6
	Comments:					
Verbal Facility	1	2	3	4	5	6
	Comments:					
Overall rating as a Prospective Radiographer	1	2	3	4	5	6
	Comments:					

Reference Signature: _____



LETTER OF INTEREST

Dear Applicant,

Please provide on a separate piece of papers, a typed two page double-spaced, letter of interest using a 12 point font, and 1 inch margins. This letter should explain your hobbies, interests and activities. Please include your reasons for selecting this field as a career and your aspirations for the future. Sign the bottom of the letter for it will become a part of your permanent record at Sinai-Grace Hospital School of Radiologic Technology.

The letter will assess your non-verbal communications skills and is an integral part of your evaluation into the program.