



**West Virginia University Hospitals
Radiologic Technology Education Programs**

Application Packet / Instructions

This download includes:

- One Application Form
- Three Reference Forms
- One Performance Requirement Form

Instructions:

1. Review the program specific requirements (**on the web site**) for the program to which you wish to apply.
2. Complete the application carefully and with as much detail as possible.
3. Distribute one (1) reference form to each of the three (3) individuals you have listed as references on your application.
4. Read and sign the Applicant Performance Requirement form.
5. Return the following documents to the address below:
 - a. **Application.**
 - b. **Official transcripts of all previous academic experiences (High School, College, etc.).**
 - c. **Official ACT and/or SAT exam scores.**
 - d. **Three Reference forms.**
 - e. **Applicant Performance Requirements Form.**

**West Virginia University Hospitals
Radiologic Technology Education Programs
“Specify program to which you are applying”
(Radiography, Ultrasound, etc)
Box 8062
Morgantown, WV 26506**

Please feel free to contact program officials at the following numbers if you have questions regarding this application and/or the application process.

Radiography

(304) 598-4000 ext 73140
(304) 598-4000 ext 73129
(304) 598-4000 ext 72525
(304) 598-4251

Radiation Therapy

(304) 598-4715

Nuclear Medicine

(304) 598-4000 ext 73179
(304) 598-4260

Ultrasound

(304) 598-4187

MRI

(304) 598-4251

Those responsible for the administration and management of WVUH Radiologic Technology Education Programs consider each applicant for admission without regards to age, sex, race, color, religion, ancestry, national origin, handicap, or veteran status.



Applicant Section

Applicant: _____

Select Program to which you are applying:

- Radiography** **Radiation Therapy** **Nuclear Medicine** **Ultrasound** **MRI**

The Family Educational Rights and Privacy Act, commonly known as the Buckley Amendment, grants you the right to inspect and review certain academic records maintained by WVUH, including reference materials submitted in support of admission to our programs. The Act provides that you may waive your right to review such references if you choose to do so. WVUH does not require that you waive this right, nor will WVUH decision on admissions be adversely effected should you decide not to waive this right of review. Please indicate your decision by selecting one of the following and signing:

- I waive my rights to inspect and review the contents of this reference.
 I do not waive my rights to review and inspect the contents of this reference.

Applicants signature: _____

Date: _____

Reference Section

Reference Name: _____ **Phone#:** _____ **Occupation:** _____

How long have you known the applicant? _____ What is your relationship to the applicant? _____

We would appreciate your opinion regarding this individual on any of the areas listed below:

Please Check one:	Excellent	Above Average	Average	Below Average	Poor	N/A
SCHOLARSHIP: Master of essentials in academic and professional subjects.						
PERSONAL APPEARANCE: Dress, cleanliness, and overall appearance.						
COOPERATIVENESS: Ability to work under direction.						
RESPONSIBILITY: Ability to accept assignments and follow through.						
EMOTIONAL STABILITY: Ability to react under stress in a mature and dependable manner.						
COMMUNICATION: Ability to express oneself.						
INTEGRITY: Adherence to honesty when dealing with others.						
PROFESSIONAL SKILLS: Ability to learn and perform tasks related to occupation.						
DEPENDABILITY: Ability to meet deadlines, attendance requirements, etc.						
PROFESSIONAL PROMISE: Potential for success as a Health Care Professional						

Please feel free to utilize the back of this form to provide additional comments

Certification:

I certify that this evaluation was completed by me personally and it is my understanding that the information provided will be used exclusively by the Admissions Committee of West Virginia University Hospitals Radiologic Technology Education Programs.

Signature: _____

Date: _____

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Applicants for the West Virginia University Hospitals Radiologic Technology Education Programs must be able to meet the following performance requirements in order to perform effectively in the clinical setting. Please read the following statements identifying the performance requirements relative to Radiologic Technology and date, sign, and return the form with your application.

As an applicant, can you meet the following performance requirements and physical qualifications?

- Differentiate various shades of gray as depicted on a black and white monitor or television.
- Read a numerical scale either in analog or digital form.
- Understand the concepts of time (standard & military) and be able to record units accurately.
- Read, write, comprehend and converse in fluent English.
- Concentrate, pay close attention, and focus on details for extended periods of time.
- Recognize common symbols such as those found on a keyboard, map, or road sign.
- Effectively use a keyboard and other input devices such as a mouse or a LCD touch screen.
- Listen to an individual speaking through a phone and be able to respond verbally in an intelligible manner.
- Hear beeps, buzzers, and alarms as typically produced from electronic devices.
- Physically assist patients from a wheelchair or bed/stretchers to a table for imaging/treatment.
- Raise and extend your arm(s) while holding a weight of approximately two pounds.
- Stand, sit and/or walk for up to eight hours a day.
- Wear a lead apron weighing up to 15 pounds for extended periods of time.
- Follow written and verbal instructions.
- Understand the basic principles of geometry such as perpendicular, parallel, and convergence.
- Lift, push, pull, and carry up to 40 pounds.
- Lift overhead and maneuver objects weighing up to 34 pounds.
- Demonstrate enough manual dexterity to manipulate, adjust, and employ various machine accessories.
- Push, pull, and maneuver large wheeled imaging equipment weighing in excess of 100 pounds.

Certification

As an applicant for the West Virginia University Hospitals Radiologic Technology Education Programs, I _____ verify with my signature below that I can satisfactorily meet the performance requirements identified above, with or without reasonable accommodation.

Signature: _____ **Date:** _____

Accommodations needed? ___ Yes ___ No If yes, please specify: _____