

Austin Peay State University Radiologic Technology Program (Radiography) Application

Thank you for your interest in Austin Peay State University's Radiologic Technology Program (Radiography).

To be considered for the next class beginning in June, you will need to submit the following list of documents no later than **Feb. 28** of the year in which you plan to begin the program:

1. Application (attached)
2. Three letters of reference (attached)
3. Official copies of all college transcripts
4. Documentation of 24 total hours of clinical observation at three different hospital imaging departments, medical clinics, or imaging centers. Utilize the form included in this packet to document observation hours.
5. A letter stating why you want to become a radiographer
6. Confirmation you have reviewed the technical standard and worker characteristics form (attached)
7. A check for \$35.00, payable to APSU Rad Tech Program.

**AUSTIN PEAY STATE UNIVERSITY
 RADIOLOGIC TECHNOLOGY PROGRAM (RADIOGRAPHY)
 APPLICATION FOR ADMISSION**

DATE _____

NAME _____
LAST FIRST INITIAL

MAILING ADDRESS _____
STREET/BOX CITY COUNTY STATE ZIP

TELEPHONE/CELL _____

Provide the name of a relative or friend that can be notified in case of an emergency:

Name _____ Relationship _____

Address _____ Phone _____

Provide information below concerning college, university, or other schools attended:

Name of Institution	Address	Degree/Certificate obtained

Paper clip application fee of \$35.00, payable to APSU Radiologic Technology Program, to form. DO NOT STAPLE.

Supportive Documentation

1. Prior Military Service? Y N
2. Prior Applicant? Y N If yes, when What was the condition?
3. Medical Certifications? Y N Please list the certification and renewal dates
 - a.
 - b.
 - c.
4. Volunteer hours Y N Please list your medical-related volunteer activities, dates, and hours.
 - a.
 - b.
 - c.
 - d.
 - e.

**Austin Peay State University
Radiologic Technology Program (Radiography)**

Reference Letter for the Radiography Program

This letter is sent in reference to _____ who has applied admission. This person gave your name as someone who could evaluate them in the following areas.

CHARACTERISTICS	SCORE					HIGH
	LOW	1	2	3	4	
1. Honesty	_____	_____	_____	_____	_____	DON'T KNOW
2. Ethical/moral conduct	_____	_____	_____	_____	_____	DON'T KNOW
3. Intelligence	_____	_____	_____	_____	_____	DON'T KNOW
4. Appearance	_____	_____	_____	_____	_____	DON'T KNOW
5. Dependability	_____	_____	_____	_____	_____	DON'T KNOW
6. Maturity	_____	_____	_____	_____	_____	DON'T KNOW
7. Judgment	_____	_____	_____	_____	_____	DON'T KNOW
8. Interpersonal relations	_____	_____	_____	_____	_____	DON'T KNOW

How long have you known the applicant? _____ Years.

In what relationship have you known the applicant (co-worker, minister, teacher, employer, counselor)? _____

What Agency/School do you represent? _____

Are you related to the applicant? No _____ Yes _____ If yes, How? _____

OVERALL, I WOULD/WOULD NOT RECOMMEND THE APPLICANT TO YOUR PROGRAM. (CIRCLE ONE)

NAME _____ TITLE _____
(Please print)

ADDRESS _____

Signature Date

**Austin Peay State University
Radiologic Technology Program (Radiography)**

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	LOW	1	2	3	4	
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2. Ethical/moral conduct	_____	_____	_____	_____	_____	DON'T KNOW
3. Intelligence	_____	_____	_____	_____	_____	DON'T KNOW
4. Appearance	_____	_____	_____	_____	_____	DON'T KNOW
5. Dependability	_____	_____	_____	_____	_____	DON'T KNOW
6. Maturity	_____	_____	_____	_____	_____	DON'T KNOW
7. Judgment	_____	_____	_____	_____	_____	DON'T KNOW
8. Interpersonal relations	_____	_____	_____	_____	_____	DON'T KNOW

How long have you known the applicant? _____ Years.

In what relationship have you known the applicant (co-worker, minister, teacher, employer, counselor)? _____

What Agency/School to you represent? _____

Are you related to the applicant? No _____ Yes _____ If yes, How? _____

OVERALL, I WOULD/WOULD NOT RECOMMEND THE APPLICANT TO YOUR PROGRAM. (CIRCLE ONE)

NAME _____ TITLE _____
(Please print)

ADDRESS _____

Signature Date

**Austin Peay State University
Radiologic Technology Program (Radiography)**

Reference Letter for the Radiography Program

This letter is sent in reference to _____ who has applied admission. This person gave your name as someone who could evaluate them in the following areas.

CHARACTERISTICS	SCORE					HIGH
	LOW	1	2	3	4	
1. Honesty	_____	_____	_____	_____	_____	DON'T KNOW
2. Ethical/moral conduct	_____	_____	_____	_____	_____	DON'T KNOW
3. Intelligence	_____	_____	_____	_____	_____	DON'T KNOW
4. Appearance	_____	_____	_____	_____	_____	DON'T KNOW
5. Dependability	_____	_____	_____	_____	_____	DON'T KNOW
6. Maturity	_____	_____	_____	_____	_____	DON'T KNOW
7. Judgment	_____	_____	_____	_____	_____	DON'T KNOW
8. Interpersonal relations	_____	_____	_____	_____	_____	DON'T KNOW

How long have you known the applicant? _____ Years.

In what relationship have you known the applicant (co-worker, minister, teacher, employer, counselor)? _____

What Agency/School to you represent? _____

Are you related to the applicant? No _____ Yes _____ If yes, How? _____

OVERALL, I WOULD/WOULD NOT RECOMMEND THE APPLICANT TO YOUR PROGRAM. (CIRCLE ONE)

NAME _____ TITLE _____
(Please print)

ADDRESS _____

Signature Date

TECHNICAL STANDARDS /WORKER CHARACTERISTICS OF A RADIOGRAPHER

The following are essential characteristics for any Radiologic Technologist (Radiographer) as compiled from observations of a wide variety of job experiences.

1. VISUAL ACUITY:

- ◆ Distinguish whether beam is perpendicular, horizontal or angled through center of anatomical area being x-rayed to center of film.
- ◆ Perform necessary radiography procedures that involve placement of needles, catheters, etc. into proper anatomical structures of patient.
- ◆ Read protocol for radiography procedures in the department.
- ◆ Perform data entry tasks using digital and computer terminals.
- ◆ Near-visual acuity and depth perception to examine exposed film for pertinent detail, and to take patient vital signs using devices such as: thermometer, sphygmomanometer, etc.
- ◆ Must be able to read units on a syringe.
- ◆ Must be able to work in dimly lit areas such as darkrooms and fluoroscopic rooms.

2. HEARING ACUITY:

- ◆ Hearing must be sufficient to communicate with others.
- ◆ Distinguish phonetic sounds either mechanically transmitted or from conversation in order to perform film processing tasks and fluoroscopic procedures in light controlled areas.
- ◆ Hear and retain pertinent information to relay instructions.
- ◆ Hear and respond to patient questions and clinical history while processing a request.

3. SPEAKING ABILITY:

- ◆ Speak clearly and loudly enough to be understood by a person in the radiology department, in surgery or on the phone.
- ◆ Good communication skills are also necessary to maintain good interpersonal relationships with patients and peers.

4. DIGITAL DEXTERITY:

- ◆ Grasp and manipulate small objects required to perform job functions.
- ◆ Perceiving such attributes of objects/materials as size, shape, temperature, texture, movement or pulsation by receptors in the skin, particularly those of the finger tips.
- ◆ Operate a variety of x-ray equipment.
- ◆ Arms and hands or functional artificial limbs are essential to perform radiographic procedures and transfer patients.
- ◆ Legs and feet or functional artificial limbs are essential to maintain balance to accomplish required duties and transport patients.

5. PHYSICAL ABILITY:

- ◆ Walk or stand for about 80% of a normal workday.
- ◆ Maneuver through congested area(s) or unit(s) to perform positioning procedures and transport patients.
- ◆ Raise arm(s) while maintaining balance when positioning a patient, reaching over table, adjusting x-ray tube.
- ◆ Maneuver in stairways, hallways, control booths, and various inclines.
- ◆ Push/pull medical equipment and adjust x-ray tubes to standard focal film distance; transfer of patients to and from units.
- ◆ Weight must allow free movement within a small control booth, move quickly during patient emergencies; squeeze in small areas while performing portable radiographic procedures.

6. ADAPTIVE ABILITY:

- ◆ Complete tasks or job functions within deadlines.
- ◆ Complete required tasks/functions under stressful conditions.
- ◆ Track and complete multiple tasks at the same time.
- ◆ Perform independently with minimal supervision.
- ◆ Interact appropriately with diverse personalities.

Austin Peay State University
Radiologic Technology Program (Radiography)
Statement of Technical Standards
(Worker Characteristics for a Radiologic Technologist)

I have received a copy of the Austin Peay State University Technical Standards (Worker Characteristics for a Radiologic Technologist). I understand that these are typical standards that are expected of a radiologic technologist in a typical work situation. I do not believe that I can meet these standards. Therefore, I ask that my name be withdrawn from the list of those considered for admission to the Radiologic Technology Program.

Signature

Date

I have received a copy of the Austin Peay State University Technical Standards (Worker Characteristics for a Radiologic Technologist). I understand that these are typical standards that are expected of a radiologic technologist in a typical work situation. I believe that I meet all of the standards except (list all) _____

_____. I ask to be evaluated for this/these standard(s).

Signature

Date

I have received a copy of the Austin Peay State University Technical Standards (Worker Characteristics for a Radiologic Technologist). I understand that these are typical standards that are expected of a radiologic technologist in a typical work situation. I believe that I meet all of the standards, and want to be considered for admission to the Radiologic Technology Program.

Signature

Date

Core Requirements
Radiologic Technology Program (Radiography)

<u>Category</u>	<u>Course Number</u>	<u>Title</u>	<u>Hours</u>	
Communication	ENGL 1010*	English Composition I	3	_____
	ENGL 1020*	English Composition II	3	_____
	COMM 2045*	Public Speaking	3	_____
Humanities	ENGL 2330*	Topics in World Literature	3	_____
Humanities and/or Fine Arts	ART 1035	Introduction to Art	3	_____
	DANC 1200	Introduction to Dance	3	_____
Select two courses in two different disciplines.	MUS 1030	Introduction to Music	3	_____
	MUS 2030	World Music	3	_____
	MUS 2200	Popular World Music	3	_____
	PHIL 1030	Introduction to Philosophy	3	_____
	PHIL 1040	Introduction to Ethics	3	_____
	PHIL 2200	Religion and the World	3	_____
	THEA 1030	Introduction to Theatre	3	_____
Social and Behavioral Sciences	AAST 2200	Introduction to African American Studies	3	_____
	COMM 1110	Media and Social Institutions	3	_____
	ECON 2100	Principles of Macroeconomics	3	_____
Select two courses in two different disciplines.	GEOG 1015	Physical Geography	3	_____
	GEOG 1035	World Regional Geography 1	3	_____
	GEOG 1045	World Regional Geography 2	3	_____
	HHP 1250	Wellness Concepts and Practice	3	_____
	LDSP 2100	Foundations of Leadership	3	_____
	POLS 2000	Introduction to Politics	3	_____
	POLS 2010	American National Government	3	_____
	POLS 2040	Introduction to Public Policy	3	_____
	POLS 2070	International Politics	3	_____
	PSYC 1030	Introduction to Psychology	3	_____
	PSYC 1050	Psychology Modern Culture	3	_____
	SOC 1010	Introduction to Sociology	3	_____
	SOC 1040	Social Problems	3	_____
	SOC 2900	Marriage and the Family	3	_____
	WGS 2050	Women and Culture: Intro to Women's and Gender Studies	3	_____
History	HIST 2310	Early World History	3	_____
Select two courses.	HIST 2320	Modern World History	3	_____
	<i>or</i>			
	HIST 2010	Early United States History	3	_____
	HIST 2020	Modern United States History	3	_____
	<i>or</i>			
	HIST 2030	History of Tennessee (Sub for 2010/2020)	3	_____
Natural Sciences	BIOL 2010/2011*	Human Anatomy and Physiology I	4	_____
	BIOL 2020/2021*	Human Anatomy and Physiology II	4	_____
	CHEM 1110/1111*	General Chemistry Sequence I	4	_____
	CHEM 1120/1121*	General Chemistry Sequence II	4	_____
	PHYS 2010/2011*	College Physics Sequence I	4	_____
	PHYS 2020/2021*	College Physics Sequence II	4	_____
Mathematics	MATH 1730*	Precalculus	4	_____

*Denotes required courses

**RADIOLOGIC TECHNOLOGY PROGRAM (RADIOGRAPHY)
COURSEWORK**

Junior Year **Hours**

Summer Semester

RLTN 2050	Medical Terminology	1
RLTN 3000	Introduction to Radiologic Technology	2
RLTN 3080	Introduction to Clinical	2

Fall Semester

RLTN 3010	Patient Care and Interaction	3
RLTN 3030	Radiographic Procedures I w/lab	5
RLTN 3040	Radiographic Image Analysis	3
RLTN 3082	Clinical Education I	2

Spring Semester

RLTN 3020	Image Production and Evaluation I	3
RLTN 3032	Radiographic Procedures II w/lab	5
RLTN 3083	Clinical Education II	2
RLTN 3116	Radiobiology and Radiation Protection	3

Senior Year **Hours**

Summer Semester

RLTN 3115	Image Production and Evaluation II	2
RLTN 4032	Clinical Education III	2

Fall Semester

RLTN 4030	Radiographic Procedures III	3
RLTN 4116	Radiation Physics	4
RLTN 4084	Clinical Education IV	3
RLTN 4550	Pathology	3

Spring Semester

RLTN 3117	Quality Control in Radiographic Sciences	2
RLTN 4085	Clinical Education V	3
RLTN 4570	Management in Radiologic Sciences	2
RLTN 4580	Research in Radiologic Science	3
RLTN 4590	Registry Review	3

Austin Peay State University
Radiologic Technology Program
Radiography
Observation Form

Observing Name (Please Print)

Date

Location of Observation

Applicants must complete 24 hours of observation in a clinical setting and receive a satisfactory rating from the clinical site. A minimum of three (3) different clinical locations is required. A hospital/clinic/orthopedic blend is preferred. Students are assessed on the following:

3 = excellent 2 = satisfactory 1 = needs improvement 0 = unsatisfactory

- ____ Student arrives on time at the clinic site.
- ____ Student is dressed appropriately for clinical observations
- ____ Student stays with assigned technologists
- ____ Student demonstrates an interest in the profession by asking questions.
- ____ Student demonstrates an interest in image production.
- ____ Student wants to be in the department and displays a positive attitude
- ____ Student displays a caring attitude with patients and staff.

____ Students average score

Comments:

Radiology Department Representative Signature

Date

Representative: Please place this evaluation in a sealed envelope.

Radiologic Technology Program
Radiography
Observation Form

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____ Students average score

Comments:

Radiology Department Representative Signature

Date

Representative: Please place this evaluation in a sealed envelope.

Notes:

- Students are to call the hospital/clinic of their choice to arrange an appointment for observation. The list below gives suggestions, however you may choose any imaging facility.
- Students should expect that it may be one to two weeks before the observation can be scheduled with the facility. Therefore, students are highly encouraged to complete this process before the February application due date.
- Students are expected to ask what type of attire is preferred
 - No perfume (potential allergen)
 - Cosmetics and jewelry in moderation
 - Cell phones in the off position and put away
- Students should notify the hospital/clinic in the event of late arrival or need to cancel. Canceling of a scheduled observation should be avoided if at all possible.
- Students should be prepared to ask questions during their clinical observation. If the radiographer is involved in a procedure, please hold questions until after the exam is completed. This will help to minimize any disruption of the radiographic procedure.
- Students are expected to follow any policies or directions given by hospital/clinic personnel without question.
- Students must observe patient confidentiality at all times.

Observation Contact Information:

Hospital/Clinic	Contact Number	
BACH	270-798-8244	Do not contact at this time
Bone and Joint	931-905-1001	
Tri-Star Ashland City	615-792-2409	
Dickson Medical Associates	615-441-4425	
Premier Medical	931-245-8622	
TOA	931-221-4065	Do not contact at this time
Three Rivers Hospital	931-296-0298	
Houston County	931-289-4211 ext 350	
Note: the above are only suggestions. Student may choose any medical facility with imaging capability	Do not contact: Tennova or Northcrest Hospital	

If a facility needs APSU's permission for observation, you may not do observation hours there. The paperwork required is costly and you will not have all requirements needed.