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. Copies of all college transcripts that are not in APSU Degree Works
- 4. Documentation of 12 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. A letter stating why you have repeated science courses and what you have done to improve the successful completion of current courses and in the radiography program. Please provide examples. (If applicable).
- 7. Confirmation that you have reviewed the technical standard and worker characteristics form (attached)
- 8. A check for \$50.00, payable to APSU Rad Tech Program.

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

DATE		A#		
NAME				
LAST		FIRST		INITIAL
MAILING ADDRESS				
	S	TREET/BOX		_
	City	State		Zip
Phone Number				_
APSU Email				<u> </u>
Provide information of	an emergency conta	ıct:		
Name	Rel	ationship		
Phone			-	
Provide information be	low concerning coll	ege, university,	or other schoo	ls attended:
Name of Institution	Address		Degree/Certi	ficate obtained

Paper clip application fee of \$50.00, payable to APSU Radiologic Technology Program, to form. DO NOT STAPLE.

Supportive Documentation

1.	Prior Applicant? Y N If yes, when	What was the outcome?
2.	Medical Certifications? Y N Please list a.	the certification and renewal dates
	b.	
	c.	
3.	Prior medical experience? a.	
	b. c.	
	d.	
4.	Volunteer hours Y N	
Please	list your volunteer activities, dates, and h	nours. (not observation or shadow hours)
	a.	
	b.	
	c.	
	d.	
5.	What locations did you shadow? Name a. i.	one item you learned from each experience.
	b.	
	i.	
	c.	
	i.	
	6. From your observations, in your OW	N words, what does a radiologic technologist do?

Austin Peay State University

Radiologic Technology Program (Radiography)

Reference Letter for the Radiography Program

CHARACTERISTICS LOW	SCC 1		3	4	5	HIGH
	_					
1. Honesty						DON'T KNOW
2. Ethical/moral conduct						DON'T KNOW
3. Intelligence						DON'T KNOW
4. Demeanor						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 applic	ant?		Years.		
In what relationship have yo counselor)?					r, ministe	er, teacher, employer,
What agency/school do you	represen	t?				
Are you related to the applic	ant? No_			Yes		If yes, How?
OVERALL, I <u>WOULD/WC</u>	ULD NO	<u>)T</u> REC	OMME	ND THE	APPLIC	CANT TO YOUR
PROGRAM. (CIRCLE						
PROGRAM. (CIRCLE NAME				TITLE_		

Please return this form by mail to Austin Peay State University, Radiologic Technology Program, 601 College Street, P.O. Box 4668, Clarksville, Tennessee 37044, or provide it to the applicant in a sealed envelope.

Austin Peay State University

Radiologic Technology Program (Radiography)

Reference Letter for the Radiography Program

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8. Interpersonal relations						DON'T KNOW
o. Interpersonal relations						DON I KNOW
How long have you known						DON I KNOW
•	the application	ant? the appl	icant (c	Years.		
How long have you known to the long have you known to the long have you have you	the application	ant?	icant (c	Years. o-worker	r, ministo	er, teacher, employer,
How long have you known to the long have you known to the long have you counselor)?	the application with the appli	ant? the appl	icant (c	Years. o-worker	r, ministo	er, teacher, employer,
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How long have you known to the long have you known to the long have you known to the long have you counselor)? What agency/school do you have you related to the application of the long have you related to the long have you will have you have you will have you wil	the application when the application is a second content of the application in the application in the application is a second content of the application in the application is a second content of the application in the application is a second content of the application in the application is a second content of the application in the application is a second content of the application in the application is a second content of the application in the application is a second conten	ant? the appl ? T RECO	icant (c	Years. o-worker Yes	r, ministe	er, teacher, employer, If yes, How? CANT TO YOUR

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Austin Peay State University

Radiologic Technology Program (Radiography)

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In what relationship have yo counselor)?					r, ministe	er, teacher, employer,
What agency/school do you	represen	t?				
Are you related to the applic	ant? No_			Yes		If yes, How?
OVERALL, I <u>WOULD/WC</u>	ULD NO	<u>)T</u> REC	OMME	ND THE	APPLIC	CANT TO YOUR
PROGRAM. (CIRCLE						
PROGRAM. (CIRCLE NAME				TITLE_		

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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 the beam is perpendicular, horizontal or angled through the center of anatomical area being x-rayed to the center of film.
- Perform necessary radiography procedures that involve placement of needles, catheters, etc. into proper anatomical structures of the 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.

Date

Signature

Austin Peay State University Radiologic Technology Program Radiography Observation Form

Candidate Name (Please Print)	Date
Location of Observation	Name of Evaluator
Applicants must complete 12 hours of observation satisfactory rating from the clinical site. A minimulocations is required. A hospital/clinic/orthopedic assessed on the following:	ım of three (3) different clinical
3 = excellent 2 = satisfactory 1 = needs improven	nent $0 = unsatisfactory$
Student arrives on time at the clinic site. Student is dressed appropriately for clinical of Student stays with assigned technologists. Student demonstrates an interest in the profest Student demonstrates an interest in image profestudent wants to be in the department and dissection of Student displays a caring attitude with staff.	ssion by asking questions.
Student average score Comments:	
Radiology Department Representative Signature	Date Representative:
Please place this evaluation in a sealed envelope.	

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Students average score Comments:	
Radiology Department Representative Signature	Date Representative:
Please place this evaluation in a sealed envelope.	

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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 must observe radiography only.
- Students should expect that it may be one to two weeks, if not longer, 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
Bone and Joint	931-905-1001
Tri-Star Ashland City	615-792-2409
Dickson Medical Associates	615-441-4425
Premier Medical	931-245-8333
TOA	931-221-4065
Three Rivers Hospital	931-296-0298
Houston County	931-289-4211 ext 350
Note: the above are only suggestions. Students may choose any medical facility with imaging capability	

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

If a student wishes to observe at a Vanderbilt facility, they must go through the Vanderbilt Observational Experience department.https://www.vumc.org/observational-services/welcome