

Research Medical Center School of Radiologic Technology

Thank you for your interest in the School of Radiologic Technology at Research Medical Center.

Enclosed is the application form, a professional reference form, and a job observation form. There is a \$40.00 application fee (personal check, money order or cashier's check only), which must be submitted with the completed application. This fee will be refunded if the applicant cancels the application within 3 working days of receipt of the fee by the school. Should your check be returned for non-payment, your application will not be processed.

The program starts a new cohort of students every year in July. The application deadline is December 1 for the next year's start date. The tuition fee for the program is \$6,600.00, which includes the cost of books. There is an additional \$750.00 for the activity fee and an approximate fee of \$100.00 for a background check. Students are responsible for providing their own uniforms, which cost about \$400.00.

Applicants must obtain an Associate Degree before the start of the Program or be enrolled in a 2+2 Program that articulates with the RMC School of Radiologic Technology. Please contact the Program for a list of articulated schools. Applicants must also meet the required post-secondary course requirements (see below), and post-secondary grades must be at least a 2.75 on a 4.0 scale. All required coursework must be completed with a grade of "C" or above. Interested individuals can apply to the program while enrolled in required course(s) upon proof of enrollment. All required courses must be completed by May of the Program's start year. Applicants will be contacted to take the Entrance Examination upon receipt of application. There is no additional cost to the applicant for this exam.

Required post-secondary courses (no time limit):

- Composition, Speech, Medical Terminology, and a minimum of an Introduction to Physics course.

Required post-secondary courses within the last 5 years:

- College Algebra (100 level course or above), Anatomy and Physiology with a lab

The American Registry of Radiologic Technologists (www.ARRT.org) requires program graduates taking the national registry examination to have earned at least an Associate Degree in any discipline. Contact the program for a list of colleges that are affiliated with the RMC School of Radiologic Technology to obtain an Associate or Bachelor's degree.

Official transcripts from all high school and college(s) must be forwarded to the school before an application will be considered. Transcripts must come directly from the school to be considered official. Two professional reference forms must be completed and returned prior to December 1. Reference forms must be completed by a person that can professionally evaluate applicants. Applicants are required to submit with the application the \$40.00 application fee and a two page, double-spaced essay addressing the role of the radiologic technologist in the health care profession and the attributes you possess that would make you an excellent candidate for the profession. In addition, a minimum of 4 hours of observation/job shadowing must be performed at Research Medical Center between May 15 and December 1. No job shadows will be conducted in July. See the job shadow form below for more information and scheduling.

If you have any questions, please do not hesitate to contact us.

Sincerely,



Mark D. Reynolds Sr., M.Ed. RT(R)(QM)(BD)

Program Director

Research Medical Center

School of Radiologic Technology

Mark.Reynolds@researchcollege.edu

Research Medical Center School of Radiologic Technology Application for Program Admission

Date: _____

Application Fee - \$40.00

Name: _____
Last
First
MI
(Other last name)

Address: _____
Street
City
State
Zip Code

Cell Phone: (____) _____ Home Phone: (____) _____

E-mail Address: _____ SSN _____

Emergency Contact: _____
Name
Relationship

_____ Address _____ Phone _____

Are you at least 18 years old? Yes _____ No _____

Have you applied to this program in the last 3 years? Yes _____ No _____

Are you a citizen of the United States? Yes _____ No _____

Non-US Citizens: Country of Citizenship: _____ Visa Classification: _____
 Arrival Date in U.S. _____ Permanent Residents, Alien Card number: _____

List All Educational Institutions Attended (in chronological order from the most recent)

College, University, Technical, High School	City	State	Attendance Dates	Credits Earned	G.P.A.	Degree or Certificate	Date Received or Expected

Academic Courses Currently in Progress (must be completed prior to the start of the Program)

Educational Institute	Name of Course	Credits	Expected Completion Date

Employment History

Chronological record of part-time or full-time employment:

Employer	Position	Dates of Employment

Please describe any experience you have in health care occupations or volunteer positions in a hospital, clinic or extended care facility.

How did you hear about the Radiology Program at Research Medical Center? _____

Criminal Procedures and Ethics Requirements for ARRT Certification

According to <https://www.arrt.org/Certification>, every candidate for ARRT certification must "be a person of good moral character and must not have engaged in conduct that is inconsistent with the ARRT Rules of Ethics," and they must "agree to comply with the ARRT Rules and Regulations and the ARRT Standards of Ethics." ARRT investigates all potential violations in order to determine eligibility. Issues addressed by the Rules of Ethics include convictions, criminal procedures, or military court martials, felonies, misdemeanors, and/or criminal procedures resulting in a plea of guilty or nolo contendere (no contest), a verdict of guilty, withheld or deferred adjudication, suspended or stay of sentence, or pre-trial diversion. Juvenile convictions processed in juvenile court and minor traffic citations not involving drugs or alcohol do not need to be reported. Additionally, candidates for certification are required to disclose whether they have ever had any license, registration, or certification subjected to discipline by a regulatory authority or certification board (other than ARRT). Applicants may complete a pre-application (<https://www.arrt.org/pdfs/Ethics/Ethics-Review-Pre-Application.pdf>) to determine their ethics eligibility prior to enrolling in or during their educational program.

- I have read the above paragraph and agree to inform the program of any situation that may require an Ethics Review Pre-Application from the ARRT.

The final selection of applicants is contingent upon passing a physical examination administered by Research Medical Center and testing negative for illegal drugs in a urinalysis test.

Before your application can be processed, the School of Radiologic Technology must receive:

- Completed and signed application form before December 1.
- Copies of all official transcripts submitted directly from high school and colleges.
- Two (2) completed and signed reference forms.
- Verification of a job shadow observation.
- Two-page essay on how you became interested in radiology, why you want to be a radiographer, and the role of a radiologic technologist in the imaging profession.
- Application fee of \$40.00 (check, money order, or cashier's check) made payable to Research Medical Center.
 - Fee will be refunded if the applicant cancels the application within 3 working days of receipt of the fee by the school.

It is the applicant's responsibility to confirm the program has received all required information by December 1.

I certify that the information provided on this application is true to the best of my knowledge. I realize falsification of this application is grounds for denial or expulsion from the program.

Applicant Signature

Date

Mail the Completed Application to:

Research Medical Center (Brookside Campus)
School of Radiologic Technology
6675 Holmes Rd
Suite 660
Kansas City, Missouri 64131
816.276.3390

Research Medical Center School of Radiologic Technology Reference Form

Applicant: It is mandatory that you check one of the choices below and sign/date this form before sending it to your reference. Any unsigned referenced forms will not be considered.

- I waive my right to read this reference form once it is included in my application file.
- I reserve my right to read this reference form once it is included in my application file.

Applicant's Name (Print)

Applicant's Signature

Date

Provide your reference a stamped envelope, addressed to: Research Medical Center, School of Radiologic Technology, 6675 Holmes Rd Suite 660, Kansas City, MO 64131 and have them mail the complete form directly to the school.

To be completed by Reference:

Relationship to Applicant: ____ Advisor ____ Teacher ____ Supervisor ____ Other (Specify _____)

Following is a list of characteristics that we feel are required for a student to successfully complete the educational program at Research Medical Center School of Radiologic Technology.

4 - Outstanding 3 - Satisfactory 2 - Needs improvement 1 - Unsatisfactory N - Not observed or no basis for judgment

CHARACTERISTIC	4	3	2	1	DESCRIPTION	N
RESPONSIBILITY					Dependable and accountable for one's actions	
LEADERSHIP					Demonstrates the ability to direct the activity of others	
INITIATIVE					Motivated to pursue actions independently; self-starter	
FLEXIBILITY					Capable of responding or conforming to changes or new situations	
ORGANIZATIONAL SKILLS					Systematically plans for optimal efficiency	
SELF-CONFIDENCE					Assured in one's ability and skills	
INDEPENDENT WORKER					Completes tasks with minimal supervision	
COMMUNICATION Verbal					Contributes knowledge and opinions in an articulate, understanding and non-threatening manner	
COMMUNICATION Written					Expresses self clearly in writing	
RESPONSE TO STRESS					Maintains composure and ability to listen	
POSITIVE ATTITUDE					Maintains optimistic approach to people and the task at hand	
MANUAL DEXTERITY					Ability to perform psychomotor skills	
INTERPERSONAL SKILLS					Ability to work and get along with others	
JUDGMENT					Demonstrates a constructive approach to problem solving and decision making	
MATURITY & PROFESSIONALISM					Demonstrates common sense, tact and appropriate behavior	
KNOWLEDGE BASE					Good foundation of academic theory	
DEPENDABILITY					Follows through on assignments; meets deadlines	
PUNCTUALITY					Prompt, arrives at the proper time	
ATTENDANCE					Has a record of good attendance	
MULTI-TASKING					Ability to manage numerous tasks effectively and efficiently	
CRITICISM & CONFLICT RESOLUTION					Accepts criticism readily and is able to work through conflicts to a positive end	

How long have you known this applicant? _____

Would you recommend this applicant for the School of Radiologic Technology? ___ Yes ___ No

Additional Information:

Please evaluate the quality of work performed by this applicant and indicate their strengths and those qualities that require further development.

Strengths: _____

Areas for Development: _____

Signature

Date

Name: _____

Title: _____

Institution: _____

Phone Number: _____

Please mail this completed form before December 1 to:

Research Medical Center (Brookside Campus)
School of Radiologic Technology
6675 Holmes Rd. Suite 660
Kansas City, MO 64131

Research Medical Center School of Radiologic Technology
Applicant Job Observation Form

A person considering a career in the radiologic sciences can make a better-informed career decision if it is based on personal experiences or observations. The School requires that all applicants to the Research Medical Center's Program must perform a job shadow of the Imaging Department at Research Medical Center. To schedule a job shadow e-mail the program at valencia.barker@hcamidwest.com.

Professional dress is required when observing at the department. Jeans, t-shirts, sweatshirts, and open-toed shoes are not allowed. No pierced jewelry should be worn with the exception of one or two earrings per earlobe. Overall appearance should be professional.

Please bring this form with you when you arrive in the department.

Applicant Name (printed) and signature

Radiology Department/Address

Technologist Name (printed) and signature

Date of Observation

Time of Observation

Exams Observed:

Comments from applicant and/or technologist:
