

**Albert Einstein Medical Center
School of Radiologic Technology**

Application Requirements and Procedure

REQUIREMENTS

In order to apply to this program you must have completed the following:

1. High School Diploma or GED
2. Courses
 - a. Required
 - i. Mathematics – 2 years in high school or 2 semesters in college (algebra required)
 - ii. High school level science – Biology preferred
 - b. Required – Post secondary general education, 15 credit hours of general education course work
 - i. Mathematical/Logical Reasoning (required)
 - ii. Written/Oral Communication (required)
 - iii. Arts and Humanities (recommended)
 - iv. Information Systems (recommended)
 - v. Social/Behavioral Sciences (recommended)
 - vi. Natural Sciences (recommended)

APPLICATION PROCEDURE

1. Type or neatly print the entire application.
2. Send the application along with \$75.00 non-refundable **application fee** to:

Albert Einstein Medical Center
School of Radiologic Technology
5501 Old York Road
Philadelphia, PA. 19141
3. Arrange to have **official transcripts** (from your high school and all post-secondary institutions that you have attended) sent directly to the Albert Einstein Medical Center – School of Radiologic Technology.
4. Arrange to have three **Letters of Recommendation** filled out by teachers, employers, guidance counselors, clergy or other professional acquaintances and submitted to the school of Radiologic Technology. Please note that you must put your name on these three letters and you must indicate whether or not you would like access to this information in accordance with the Family Education Rights and Privacy Act of 1974.
5. Call (215) 456-6234 to **verify** that the School of Radiologic Technology has received all of the above information prior to the application deadline of **November 30th of the preceding year**.
6. **Wait** to hear from the school of Radiologic Technology – you may be asked to come in for an entrance exam and interview or you may be asked to reapply next year.

ALBERT EINSTEIN MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY

RECOMMENDATION FORM

APPLICANT'S NAME: _____

NOTICE TO APPLICANT

In accordance with the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380), the applicant must complete and sign the following disclaimer before submitting it to recommender.

I waive my right to access this form.

I do not waive my right to access this form.

Applicant Signature: _____ Date _____

NOTICE TO RECOMMENDER

The above named individual has applied for admission to the Albert Einstein Medical center – School of Radiologic Technology. In order to assess the applicant's qualifications, the Admission Committee for the program would greatly appreciate your opinion. Please type or print the answers to the following questions honestly and accurately. If necessary, please feel free to submit additional pages. Thank you for your attention in this matter.

Recommender Signature: _____ Date _____

Address: _____ Phone _____

Employment Position/Title _____

On a scale of 1 to 5, please rate the applicant according to the following qualities, abilities...

| | 1 | 2 | 3 | 4 | 5 |
|---|-------------|------------------|----------------|------------------|------------------|
| | poor | below avg | average | above avg | excellent |
| motivation to succeed | 1 | 2 | 3 | 4 | 5 |
| desire to help others | 1 | 2 | 3 | 4 | 5 |
| ability to contribute to the medical field | 1 | 2 | 3 | 4 | 5 |
| knowledge of radiologic technology field | 1 | 2 | 3 | 4 | 5 |
| academic qualifications | 1 | 2 | 3 | 4 | 5 |
| dedication | 1 | 2 | 3 | 4 | 5 |
| communication skills | 1 | 2 | 3 | 4 | 5 |
| overall work ethic | 1 | 2 | 3 | 4 | 5 |

OVER

**ALBERT EINSTEIN MEDICAL CENTER
SCHOOL OF RADIOLOGIC TECHNOLOGY**

APPLICATION FOR ADMISSION

(Please type of print clearly.)

I. GENERAL INFORMATION

Name _____
(First) (Middle) (Last)

Maiden _____

Address _____ Telephone # (Home) _____
_____ (Work) _____
_____ (Cell) _____

Social Security # _____ Email address _____

Citizenship _____ Type of Visa _____

If you have any family members or friends who work at Albert Einstein Medical Center, please indicate the following:

(Name) (Department) (Relationship)

Have you ever been convicted of a felony or misdemeanor? YES NO

Candidates must be of good moral character to sit for the ARRT examination. Those who have been convicted of a crime may be eligible for certification if they have served their entire sentence, including probation and parole, and have had their civil rights restored. This determination is made by the ARRT.

II. EDUCATIONAL BACKGROUND

A) High School
Name Address Dates Attended Graduate

B) College
Name Address Dates Attended Major

C) Technical School/Continuing Education
Name Address Dates Attended Major

Please list any awards or honors that you have received.

III. EMPLOYMENT HISTORY

Present Job:

Name _____
Address _____
Position/Title _____
Telephone # _____
Dates _____

Previous Jobs:

Name _____
Address _____
Position/Title _____
Telephone # _____
Dates _____

Name _____
Address _____
Position/Title _____
Telephone # _____
Dates _____

IV. ESSAY

On a separate sheet of paper, please compose an essay of 150 words or less stating why you are pursuing a career in Radiologic Technology and why you are a top candidate for the Albert Einstein Medical Center program.

V. SIGNATURE

I hereby apply for admission to the Albert Einstein Medical Center School of Radiologic Technology. If admitted to the program, I agree to abide by all rules and regulations. I certify that the above information is true and complete to the best of my knowledge and I realize that the omission or falsification of any information presented herein is considered sufficient reason for rejection of this application or for dismissal from the program at a later date.

Applicant's Signature _____ **Date** _____

Albert Einstein Medical Center's School of Radiologic Technology
Physical Demand Analysis

Applicants and enrolled students to the Program must be able to perform the following skills in order to perform the clinical requirements of the school and the technical aspects of a diagnostic radiologic technologist in the work force. Corrective devices are permitted to meet the following minimal requirements.

The applicant and/or student must be able to:

- Communicate in English in order to converse with and instruct patients to relieve their anxiety and to gain their cooperation during procedures.
- Hear a patient talk in a normal tone from a distance of 20 feet.
- Observe the patient in order to assess his/her condition from a distance of 20 feet.
- Read a patient's medical chart.
- Evaluate radiographs using a viewbox to make sure that all films are of diagnostic value and are properly identified.
- Render services and/or assistance to all patients depending upon their individual needs. These needs may involve movement of a patient in and out of a wheelchair, on or off a radiographic table or stretcher, and through a variety of positions in order to obtain images.
- Push, pull and lift up to 40 pounds.
- Manipulate a portable x-ray machine around corners, onto elevators and within patient rooms.
- Maneuver the x-ray tube at standard and non-standard heights at up to 7 feet.
- Draw up sterile contrast media and other solutions without contaminating the needle, syringe or injecting device.
- Select and set the necessary exposure factors using knobs, buttons, dials and switches.
- Place x-ray cassettes in bucky trays and spot film devices.
- Manipulate all locking devices on the radiographic unit.
- Stand for periods of time up to 2 hours while wearing a lead apron.
- Walk a distance of up to 2 miles during a normal workday.

The Program is committed to compliance with the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 (ADA) and the Americans with Disabilities Act Amendments Act to provide equal enrollment opportunities for qualified student applicants. The Program is also committed to ensuring that enrollment decisions are made without discrimination, including but not limited to, decisions concerning admission, clinical assignments, training, evaluations, working conditions and opportunities for employment.

The Program expresses intent to provide reasonable accommodation, as necessary, for "known" disabilities of qualified applicants or students. It is the responsibility of the individual applicant or student to identify him or herself as an individual with a disability when seeking an accommodation. It is also the responsibility of qualified applicants and students to cooperate in request for medical documentation from an appropriately licensed professional of their disability and how the disability limits their ability to complete their essential job functions. Medical documentation will be kept confidential.

It is the policy of the Program not to discriminate against qualified persons with disabilities in admission or access to any of its Programs, services and activities.

I have read and understand the above Physical Demand Analysis for radiography. My signature determines I am capable of complying with this policy.

Applicant Printed Name

Applicant Signature and Date

