



DARTON COLLEGE OF
HEALTH PROFESSIONS

Health Sciences Division

Radiologic Science Program Application Packet

University System of Georgia • An Affirmative Action/Equal Opportunity Institution

Revised: February 2020

Dear Prospective Student:

Thank you for your interest in Albany State University (ASU) and the Radiologic Science Program. Attached you will find the Radiologic Science Program application and additional information.

Radiologic Technologists, or Radiographers, are health care professionals who use technical skills and knowledge obtained throughout this program to assist in the diagnosis of a patient's medical condition. You will work closely with physicians, other technologists, nurses, and a variety of clinical staff to achieve optimal care for your patient. Radiographers use equipment that combines computer technology with ionizing radiation to produce images for diagnostic interpretation. The knowledge gained through this program will allow you to evaluate the images you have produced and provide the radiologist(s) with the information needed for an accurate diagnosis. Radiographers are sometimes known as the "eyes" of the radiologist(s).

ASU has been given the authority, through the University System of Georgia, to grant an Associate of Science in Radiologic Science. This degree is a six (6) semester program designed to prepare you for employment as an entry-level Radiologic Technologist. The program is open to qualified applicants regardless of experience.

The Radiologic Science Program is currently accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT), 20 North Wacker Drive Suite 2850, Chicago, IL 60606-3182, phone (312) 704-5300, fax (312) 704-5304, mail@jrcert.org.

ASU is an open admission college. However, admission into the Radiologic Science Program is determined with the use of a competitive admission process. The amount of students accepted into the program is limited to a specific number. The program accepts students once per year. Each new class begins Radiologic Science courses in the spring semester (January) of each year. Admission into the program is non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, national origin, and any other protected class. Please refer to the attached materials for admission requirements.

Students wishing to apply for admission to the Radiologic Science Program must first be admitted to ASU. To apply for general admission to the college, submit an Application of Admission, the non-refundable application fee, and official transcripts of all previous academic work. A completed application packet for the Radiologic Science Program must be received **NO LATER THAN NOVEMBER 1ST**. Only admission documentation submitted on or before this deadline can be used in the competitive admission process. Prerequisite courses are not required prior to program admission; however, completion of particular core courses will benefit applicants in the competitive selection process. Please see the selection process outlined in this packet and in the college catalog.

If you have any questions, please feel free to contact the Program Director in ASU's Darton College of Health Professions by phone (229) 500-2232 or by email at kelley.castro@asurams.edu.

Sincerely,

Kelley Castro

Kelley Castro, M.Ed., R.T.(R)

Program Director, Radiologic Science

ALBANY STATE UNIVERSITY
Darton College of Health Professions
Radiologic Science Program

Mission Statement

The mission of the Radiologic Science Program at Albany State University is to graduate competent, capable and adaptable entry-level radiologic technologists who possess appropriate levels of skill, professionalism, and compassion with a commitment to the highest quality patient care.

Program Goals with Student Learning Outcomes (SLO)

GOAL 1: Students will demonstrate professionalism.

SLO: Students will demonstrate professional behavior in the clinical setting.

SLO: Students will explain the importance of continued education.

GOAL 2: Students will demonstrate proper communication skills.

SLO: Students will demonstrate written communication skills.

SLO: Students will demonstrate oral communication skills.

GOAL 3: Students will demonstrate critical thinking capabilities.

SLO: Students will adjust procedures for non-routine exams.

SLO: Students will accurately critique images for diagnostic quality.

GOAL 4: Students will demonstrate competence in the clinical setting.

SLO: Students will demonstrate knowledge of positioning skills.

SLO: Students will use appropriate technical factors.

SLO: Students will practice radiation protection.

Program Effectiveness Measures

- 1) Graduates will pass the ARRT exam on the first attempt within 6 months of graduation.
- 2) Students will complete the program.
- 3) Graduates will find employment within 12 months of graduation.
- 4) Graduates will express satisfaction with the program.
- 5) Employers will express satisfaction with the program.

***Program effectiveness measures and program performance can be found under the Student Link navigation tool on JRCERT's web page: [Joint Review Committee on Education in Radiologic Technology](#).*

Albany State University - Darton College of Health Professions
Radiologic Science Program
 Course Schedule for Associate of Science Degree

Freshman Year	Spring Semester	Sem. Hrs.
ENGL 1101	English Composition I	3
BIOL 1100K**	Anatomy & Physiology for the Health Care Provider (Human Anatomy & Physiology I & II may be taken in Lieu of BIOL 1100K and is recommended)	4
ALHE 1120**	Medical Terminology	2
RADS 1000**	Introduction to Radiography and Patient Care	3
RADS 1210**	Clinical Imaging I	<u>2</u>
		14
Freshman Year	Summer Semester	
MATH 1111**	College Algebra	3
BUSA 2101	Survey of Computer Applications	3
RADS 1020**	Radiographic Procedures I	2
RADS 1220**	Clinical Imaging II	<u>2</u>
		10
Freshman Year	Fall Semester	
RADS 1040**	Radiographic Procedures II	3
RADS 1120**	Imaging Science I	4
RADS 1230**	Clinical Imaging III	4
POLS 1101*	American Government in World Perspective	<u>3</u>
		14
Sophomore Year	Spring Semester	
RADS 2060**	Radiographic Procedures III	3
RADS 2130**	Imaging Science II	4
RADS 2240**	Clinical Imaging IV	<u>6</u>
		13
Sophomore Year	Summer Semester	
RADS 1100**	Principles of Radiation Biology and Protection	3
RADS 2140**	Pathology for the Imaging Professional	2
RADS 2250**	Clinical Imaging V	3
COMM 1000*	Cultural Diversity in Communication	2
		10
Sophomore Year	Fall Semester	
RADS 2150**	Radiologic Technology Review	3
RADS 2260**	Clinical Imaging VI	6
Area C Elective*	ART 1100, MUSC 1100, THEA 1100, or Literature	<u>3</u>
		12

Two Year Total = 73 Sem. Hrs.

**These courses can be taken at any time before or during the program. All other courses need to be taken in the prescribed semester or before.*

***All RADS, ALHE, science and math courses require a grade of "C" or better.*

Clinical obligations to consider before applying

1. Students will rotate equally through all the clinical placement sites in order to ensure that equitable learning opportunities are provided to all students. The majority of the clinical placements are located outside of ASU's campus.
2. Students will be responsible for transportation and related expenses to and from clinicals.
3. Clinical and didactic schedules will not exceed 10 hours per day or 40 hours per week.
4. Less than 25% of clinical rotations will occur during evening and/or weekend hours.
5. Students may be exposed to blood and other potentially infectious material during clinicals.
6. Students will be expected to perform physical activities required for radiographic exams.
7. Students must have the minimum required capabilities of visual acuity, hearing, physical ability, manual dexterity, and speech in order to successfully achieve the competencies throughout the program. (Please refer to Admission Requirements for examples of specific duties).
8. Students must maintain patient confidentiality according to HIPAA guidelines.
9. Students must be able to perform and adapt to emergency situations.
10. Students will be expected to maintain a high standard of courtesy and cooperation in dealing with patients, fellow students, health care professionals, physicians, patients' visitors and family despite the stress of a hospital work environment.
11. Clinical sites may or may not accept students based on information received via background checks and/or drug screenings. The clinical sites decision is FINAL.

Pregnancy Policy

Please refer to the program's handbook for the Radiologic Science Program's complete pregnancy policy. Any student that is pregnant or becomes pregnant while in the Radiologic Science program should consider the following:

1. Exposure to communicable diseases. As a student, one may be exposed to a variety of communicable diseases such as rubella and the Hepatitis C virus which are a serious danger to the developing fetus. It is the pregnant student's responsibility to avoid those patients that may put them at risk.
2. Students are at risk to radiation exposure while performing radiographic exams. Pregnant students must protect themselves and the unborn child(ren) by using radiation protection practices and avoided as much radiation as possible until after the first trimester.
3. If the student's medical condition limits her ability to continue in the program, she may choose to withdraw and continue with the following cohort of RADS students, if a position is available, beginning with the withdrawn course(s). Excessive absences over the specified allowed amount (excused or unexcused) may cause the student to be dropped from that/those course(s).
4. If a student discovers she is pregnant, disclosure of the pregnancy to program faculty is voluntary. If she chooses to disclose the pregnancy, a Disclosure Form will need to be completed and submitted to the program director. A Withdrawal of Disclosure Form is also available to be completed if the student needs to withdraw the disclosure.

Additional Specific Program Information

PROFESSIONAL CERTIFICATION PROCEDURE

Graduates of the Albany State University Radiologic Science program will be eligible to apply for certification by the American Registry of Radiologic Technologist (ARRT). An applicant for certification will submit written evidence, verified by oath, that the applicant is in good physical and mental health is a high school graduate or the equivalent and has successfully completed the course of training for Radiographers approved by the ARRT.

Eligibility for the examination depends upon the following:

1. Completion of all requirements for graduation by the program and the college.
2. Completion of the application and mailing. Applications will be made available through the program, but it is the responsibility of the student to complete the application and mail it with the appropriate fee.
3. The ARRT requires that anyone who has been convicted of a misdemeanor or felony submit details of the charge and its resolution prior to making the decision of eligibility for the examination. There is an application that may be completed earlier to determine eligibility for the exam prior to completing the program. If you have such a record, see the program director to obtain an application or you may download it from the ARRT website at www.arrt.org.
4. Students must maintain CPR certification to apply to take the ARRT certification examination.

Registered Technologists in all modalities of Radiologic Technology are required to maintain certification by agreeing to participate in professional development activities designed to keep the professional abreast of changes in the profession. Technologists will be required to obtain 24 credits per biennium (24 months) to maintain certification status.

GRADING/EVALUATION TOOLS

The minimum required score to achieve on the ARRT exam to become certified is approximately 75 to 76 on a scaled scoring system. This program follows a similar scoring system. Specific requirements to obtain class grades are outlined in each course syllabus. Grading for each course is documented within the course syllabus. The student will receive a syllabus each semester for each course. A grade of C or better is required in all coursework including prerequisites and graduation requirements. Grades will be assigned according to the following scale:

A = 90-100; B = 80-89; C = 75-79; D = 60-74; F = 0-59

Program Accreditation and Compliance

The Radiologic Science program is currently accredited by the Joint Review Committee on Education in Radiologic Technology (JRCERT). Students who have questions concerning compliances with JRCERT Standards should contact the Program Director with those concerns and follow the due process procedure if necessary. To learn more about JRCERT, log on to JRCERT website at [Joint Review Committee on Education in Radiologic Technology](#). The JRCERT can be contacted by the contact information provided below. Please refer to JRCERT Standards provided below.

Joint Review Committee on Education of Radiologic Technology
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300 – phone
(312) 704-5304 – fax
mail@jrcert.org - email

Standards for an Accredited Educational Program in Radiologic Sciences EFFECTIVE JANUARY 1, 2014

Adopted by:

The Joint Review Committee on Education in Radiologic Technology – October 2013

Standard One: Integrity

The program demonstrates integrity in the following: representations to communities of interest and the public, pursuit of fair and equitable academic practices, and treatment of, and respect for, students, faculty, and staff.

Standard Two: Resources

The program has sufficient resources to support the quality and effectiveness of the educational process.

Standard Three: Curriculum and Academic Practices

The program's curriculum and academic practices prepare students for professional practice.

Standard Four: Health and Safety

The program's policies and procedures promote the health, safety, and optimal use of radiation for students, patients, and the general public.

Standard Five: Assessment

The program develops and implements a system of planning and evaluation of student learning and program effectiveness outcomes in support of its mission.

Standard Six: Institutional/Programmatic Data

The program complies with JRCERT policies, procedures, and **STANDARDS** to achieve and maintain specialized accreditation.

Albany State University - Darton College of Health Professions
Radiologic Science Program

Application for Admission to the Radiologic Science Program

Completed application forms must be RECEIVED NO LATER THAN **NOVEMBER 1st** of each year. The application is complete only when the information requested is received. Students are responsible for making sure their application is complete. Radiologic Science program applications may be picked up in the Health Sciences Division Office (J-210, West Campus) or downloaded from the program's web page on the Albany State University website.

To be considered for admission to the Radiologic Science program, the applicant must:

1. Meet all of Albany State University's acceptance requirements.
2. Have a minimum cumulative grade point average (GPA) of 2.5 on a 4.0 scale.
3. Have satisfied all Learning Support requirements.
4. Take the TEAS test. Two attempts is the maximum number of allowed attempts. A time period of six weeks must elapse between attempts. Please see the program web page for additional information on this test. The TEAS score report must be included with the program application.
5. Submit a completed Radiologic Science program application (one-page form provided in the application packet).
6. Submit additional optional documentation to be evaluated for points prior to deadline (specific information describing this optional documentation is provided in the following section).

To progress successfully through the curriculum and function as a practicing radiologic technologist after graduation, the individual must have:

- a. Visual acuity with or without corrective lenses to view radiographic images, physicians' orders, patients' charts, identifying markers on patients, equipment manuals, to identify respirations of patients, etc.;
- b. Hearing with or without auditory aids to obtain patients' history by interview, to hear audible signals produced by imaging equipment, etc.;
- c. Physical ability to operate equipment (portable and stationary x-ray equipment, stretchers, wheelchairs, patients, immobilization devices, etc.), to sufficiently (minimal impairment of upper and lower extremities) perform CPR, etc.;
- d. Manual dexterity to lift patient while placing imaging device, etc.;
- e. Speech sufficient to communicate with staff and patients in a timely, effective manner.

SELECTION PROCESS

Due to limited clinical placements, the program can only accept a certain number of applicants each year. Admission into the program is competitive based on a points system. Each program applicant is ranked by the Radiologic Science Program Selection Committee according to points accumulated as determined by criteria including but not limited to GPA, pre-requisite course grades, TEAS scores, etc. Additional opportunities for points are provided in the next section. In order to increase one's chances for acceptance into the program, it is recommended to complete all possible opportunities for points. By obtaining as many points as possible, one becomes more of a competitive applicant for the program. Admission into the program is non-discriminatory in regard to race, color, religion, gender, age, disability, national origin, or any other protected class.

Albany State University - Darton College of Health Professions
Radiologic Science Program

Additional opportunities for points include the following:

- Up to three (3) professional recommendation forms from a non-relative can be submitted.
- Applicant's grade in the following courses:
 - MATH 1111
 - ENGL 1101
 - BUSA 2101
 - BIOL 1100K or BIOL 2411K. **Be aware that BIOL 1100K may not transfer. BIOL 2411K (A&P I) and BIOL 2412K (A&P II) may be taken in lieu of BIOL 1100K: Anatomy and Physiology for the Health Care Provider.
- Provided documentation of 40 hours of volunteer service in a radiology department. Documentation of volunteer service must:
 - a) be on company letterhead.
 - b) provide a description of duties performed.
 - c) be signed by supervisory personnel of that facility.
- All of the following clinical forms/documents:
 - i) Health assessment form
 - ii) Immunization record (including PPD or Chest X-ray)
 - iii) PPD (tuberculosis skin test or Chest x-ray)
 - iv) Hepatitis B Vaccination
 - v) Current influenza vaccination

DOCUMENT SUBMISSION

Darton College of Health Professions at ASU West Campus
Radiologic Science Program
Attention: Application Coordinator
2400 Gillionville Road
Albany, GA 31707

Radiologic Science Program telephone is (229) 500-2232.
Radiologic Science Program office is in Building J Room 224 on West Campus.
Health Sciences Division Office telephone is (229) 500-2389.

SELECTION NOTIFICATION

Letters of selection or non-acceptance will be sent out following the selection process. The selection process takes place in November (after the document submission deadline of November 1st) each year. Students are notified by December 1st each year of selection status. Selected students must confirm their intent to enroll in writing within 10 days after the post marked date of their acceptance letter. A student that fails to respond in the appropriate time frame will forfeit their position in the program.

Albany State University - Darton College of Health Professions
Radiologic Science Program

Mandatory Student Health Insurance

Beginning Fall Semester 2014, all new students accepted into ANY Health Sciences or Nursing Program at Albany State University will be required to show proof of active Medical Insurance coverage. This is a Board of Regents of the University System of Georgia mandate, and not an ASU mandate. Proof of coverage must be submitted **designated dates at the beginning of each spring semester**. Submissions CANNOT be done BEFORE or AFTER these designated dates. Submission is done via the Albany State University website.

Proof of coverage must be provided in one of the following ways:

- Through a currently active parent plan.
- Through a currently active individual or family plan.
- Through a currently active Employer-Sponsored plan.
- Through a currently active Albany State University Student Health Insurance Plan (SHIP).
- Through a currently active Government-Sponsored Plan.

If a student fails to provide appropriate proof of coverage during the dates stated above, the student will be automatically enrolled (via the Business Office) into plan #4 above. As of May 1, 2014, the Annual Premium rate for Plan #4 was as follows:

Student – Age 26 and Under \$1,381.00

Student – Age 27 and Older \$1,782.00

**These rates are subject to change without notice.*

Additionally, Health Insurance coverage must be maintained by the student throughout the entire time that he/she remains enrolled and is actively progressing through his/her respective Health Sciences or Nursing Program. If a student fails to maintain Health Insurance coverage, then he/she will be immediately dismissed from his/her respective Health Sciences or Nursing Program for failure to maintain the mandatory coverage as required by the Board of Regents of the University System of Georgia. If you have any questions regarding this requirement, please contact your respective Program Director, the Health Sciences Division Office, or the Nursing Division Office.

I have read the above statement, and I understand the requirements as listed above and understand that my acceptance into any Albany State University Health Sciences or Nursing Program requires Mandatory Medical Insurance coverage.

Student Signature

Date

Printed Name

Albany State University - Darton College of Health Professions
Radiologic Science Program

PROGRAM APPLICATION FORM

Directions: Please complete this entire form and submit it along with other forms and related documents to be evaluated for admission to the program office by **NOVEMBER 1st**. If accepted, the applicant will begin occupational (RADS) courses the following January. It is the applicant's responsibility to make sure all forms are fully completed and submitted to the program by the deadline.

Name: _____ Student ID#: _____

Address: _____ (Street Address, Apt. #)

_____ (City, State, Zip)

Phone: _____ Alternate Phone: _____

Email: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Phone: _____

Please check the appropriate space next to the additional documentation you will be providing.

_____ Number of Recommendation Forms (can submit up to three)

_____ Volunteer Documentation

_____ Health forms (including Physical form, Immunization form including PPD, Flu and HepB Vacc.)

_____ Academic Transcript for evaluation of one or more of following: MATH 1111, ENGL 1101, BUSA 2101, BIOL 1100K OR 2411K

Please read the following statement and sign confirming agreement to the statement.

I have read and understand the Radiologic Science program application requirements and selection process explained in the application packet. I understand and will follow any requirements set forth by the Radiologic Science program. I will provide all health documentation outlined in this application packet prior to beginning clinical assignments. I am aware of the job market and employment outlook both locally and nationally for this profession. I am aware of the physical requirements of the program.

Signature: _____

Date: _____

Certification of Medical Examination Form

This is to certify that I have examined _____ and find
him/her to be of general good health.

Date of Examination

Signature
(Physician/PA/ARNP)

Name, address, and phone of facility

Printed name (provided above)

----- **OR** -----

This is to certify that I have examined _____ and find
him/her to be of general good health EXCEPT for the following condition(s): _____

Date of Examination

Signature
(Physician/PA/ARNP)

Name, address, and phone of facility

Printed name (provided above)

Albany State University - Darton College of Health Professions
Radiologic Science Program
Certificate of Immunization Form

Part A – To be completed by student

Name: _____ Date of Birth: _____ Student ID: _____

Address: _____

Street City State Zip

Daytime Telephone Number (____) _____ Expected term of enrollment _____

Part B – To be completed and signed by a health care provider. Dates must include month and year.

I. MMR (Measles, Mumps, Rubella) Note: Date must be after 1970

- a. Dose 1 – immunized at 12 months of age or later, and (mm/dd/yy) ___/___/___
- b. Dose 2 – immunized at least 30 days after Dose 1 (mm/dd/yy) ___/___/___

II. Measles Note: Date must be after March 4, 1963

- a. Had disease, confirmed by physician diagnosis in office record, (mm/dd/yy) ___/___/___
- b. Born before 1957 and therefore, considered immune, (mm/dd/yy) ___/___/___
- c. Has laboratory evidence of immune titer (specify date of titer), (mm/dd/yy) ___/___/___
- d. Immunized with live measles vaccine at 12 mo. of age or later, **AND** (mm/dd/yy) ___/___/___
- e. Immunized with 2nd dose of live measles vaccine at least 30 days after first dose. (mm/dd/yy) ___/___/___

III. Mumps Note: Date must be after April 22, 1971.

- a. Had disease; confirmed by physician diagnosis in office report, (mm/dd/yy) ___/___/___
- b. Born before 1957 and therefore considered immune, (mm/dd/yy) ___/___/___
- c. Has laboratory evidence of immune titer (specify date of titer), (mm/dd/yy) ___/___/___
- d. Immunized with vaccine at 12 months of age or later **AND** (mm/dd/yy) ___/___/___

IV. Rubella Note: Date must be after June 9, 1969

- a. Has laboratory evidence of immune titer (specify date of titer), (mm/dd/yy) ___/___/___
- b. Immunized with vaccine at 12 months of age or later. (mm/dd/yy) ___/___/___

V. Varicella Note: Must have two vaccinations OR documented History

- a. first vaccination: (mm/dd/yy) ___/___/___
- b. second vaccination: (mm/dd/yy) ___/___/___
- c. History of disease (mm/dd/yy) ___/___/___

VI. PPD 5TU Note: Within 3 months of program entry date. _____ mm on (mm/dd/yy) ___/___/___

VII. Chest X-ray Note: Necessary only if PPD positive (mm/dd/yy) ___/___/___

VIII. Polio Note: Minimum of three. Trivalent OPV up to 18 years of age. After 18, OPV is not recommended. (mm/dd/yy) ___/___/___

IX. Hepatitis Note: After above requirements are completed.

- a. Had disease, confirmed by physician diagnosis in office record, OR (mm/dd/yy) ___/___/___
- b. Has laboratory evidence of immune titer (specify date of titer), OR (mm/dd/yy) ___/___/___
- c. Has complete immunization series (mm/dd/yy) ___/___/___

1st dose (mm/dd/yy) ___/___/___ 2nd dose (mm/dd/yy) ___/___/___ 3rd dose (mm/dd/yy) ___/___/___

PLEASE NOTE YOU MUST HAVE YOUR SECOND HEPATITIS SHOT BEFORE STARTING CLINICAL ROTATIONS!!!!

Signature of Physician or Health Department Official

Print Name/Facility

Date: _____

Albany State University - Darton College of Health Professions
Radiologic Science Program

Recommendation Form

PART 1: TO THE APPLICANT: Under the Federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence in the long run are of greater use in the assessment of a student's qualifications, abilities, and promise.

Applicant's waiver of right of access to confidential statement:

_____ I do waive my right to review the content of this recommendation form.

_____ I do not waive my right to review the content of this recommendation form.

Applicant's Signature Required

Date

I understand that recommendations from family and friends are not permitted.

I understand that I must supply the person that I have chosen to give my recommendation form to an envelope to put the completed form in as well as a stamp for mailing. A sealed envelope containing the completed form may be returned by the applicant to the Radiologic Science Program office. If the envelope has been tampered with in any way, the contents will be void and not considered for entrance into the program.

Applicant's Signature Required

Date

Applicant, please use the following address for returning your completed recommendation forms. It is recommended that you pre-address the envelopes. This recommendation will need to be returned to you in a sealed envelope with the reference's signature across the sealed flap. The applicant will mail or deliver this form along with other application materials to the following:

Kelley Castro
Director of the Radiologic Science Program
Darton College of Health Professions at ASU West
2400 Gillionville Road
Albany, GA 31707-3098
Email: kelley.castro@asurams.edu
Secure Fax: (229) 500-4391

Applicant's name: _____

PART 2: TO THE RECOMMENDER:

The person listed above is applying to the Albany State University Radiologic Science Program. Please read and complete the following form as honestly as possible and return to the applicant in a sealed envelope with your signature across the seal.

Indicate your rating of the applicant with regard to the following factors by checking the appropriate rating.

EVALUATION FACTORS	LOW 1	2	3	4	HIGH 5
Motivation: genuineness and depth of commitment					
Maturity: personal development, ability to cope with life situations					
Ability to Perform Under Adverse Conditions: performance under pressure and response to conflict					
Interpersonal Relations: ability to get along with others, rapport, cooperation, team building, attitudes toward supervision					
Critical Thinking: ability to problem solve and ability to correlate and process information					
Reliability: dependability, sense of responsibility, promptness, and conscientiousness					
Communication Skills: clarity of expression, articulate in both written and spoken form					
Self-Confidence: assuredness, capacity to achieve with awareness of own strengths and weaknesses					
Personal Appearance: neat, tidy, orderly, and clean					
Quality of Work: consistency and timeliness					

How well do you know the candidate? _____ Very Well _____ Fairly Well _____ Slightly

How long have you known the candidate? _____

In what capacity? _____

Evaluator Information: (please print)

Name: _____ Telephone: _____

Occupation/Position: _____ Email: _____

Signature

Date

Thank you for your time and information. An applicant may be considered for admission when this completed recommendation form is returned to the Radiologic Science program's office. Please put the completed form into the envelope provided, seal the envelope, and sign your name across the seal.

Albany State University - Darton College of Health Professions
Radiologic Science Program

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Director of the Radiologic Science Program
Darton College of Health Professions at ASU West
2400 Gillionville Road
Albany, GA 31707-3098
Email: kelley.castro@asurams.edu
Secure Fax: (229) 500-4391

Applicant's name: _____

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Indicate your rating of the applicant with regard to the following factors by checking the appropriate rating.

EVALUATION FACTORS	LOW 1	2	3	4	HIGH 5
Motivation: genuineness and depth of commitment					
Maturity: personal development, ability to cope with life situations					
Ability to Perform Under Adverse Conditions: performance under pressure and response to conflict					
Interpersonal Relations: ability to get along with others, rapport, cooperation, team building, attitudes toward supervision					
Critical Thinking: ability to problem solve and ability to correlate and process information					
Reliability: dependability, sense of responsibility, promptness, and conscientiousness					
Communication Skills: clarity of expression, articulate in both written and spoken form					
Self-Confidence: assuredness, capacity to achieve with awareness of own strengths and weaknesses					
Personal Appearance: neat, tidy, orderly, and clean					
Quality of Work: consistency and timeliness					

How well do you know the candidate? _____ Very Well _____ Fairly Well _____ Slightly

How long have you known the candidate? _____

In what capacity? _____

Evaluator Information: (please print)

Name: _____ Telephone: _____

Occupation/Position: _____ Email: _____

Signature

Date

Thank you for your time and information. An applicant may be considered for admission when this completed recommendation form is returned to the Radiologic Science program's office. Please put the completed form into the envelope provided, seal the envelope, and sign your name across the seal.

Albany State University - Darton College of Health Professions
Radiologic Science Program

Recommendation Form

PART 1: TO THE APPLICANT: Under the Federal law entitled the Family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. While we shall consider all letters of recommendation carefully, we believe that in many instances letters written in confidence in the long run are of greater use in the assessment of a student's qualifications, abilities, and promise.

Applicant's waiver of right of access to confidential statement:

_____ I do waive my right to review the content of this recommendation form.

_____ I do not waive my right to review the content of this recommendation form.

Applicant's Signature Required

Date

I understand that recommendations from family and friends are not permitted.

I understand that I must supply the person that I have chosen to give my recommendation form to an envelope to put the completed form in as well as a stamp for mailing. A sealed envelope containing the completed form may be returned by the applicant to the Radiologic Science Program office. If the envelope has been tampered with in any way, the contents will be void and not considered for entrance into the program.

Applicant's Signature Required

Date

Applicant, please use the following address for returning your completed recommendation forms. It is recommended that you pre-address the envelopes. This recommendation will need to be returned to you in a sealed envelope with the reference's signature across the sealed flap. The applicant will mail or deliver this form along with other application materials to the following:

Kelley Castro
Director of the Radiologic Science Program
Darton College of Health Professions at ASU West
2400 Gillionville Road
Albany, GA 31707-3098
Email: kelley.castro@asurams.edu
Secure Fax: (229) 500-4391

Applicant's name: _____

PART 2: TO THE RECOMMENDER:

The person listed above is applying to the Albany State University Radiologic Science Program. Please read and complete the following form as honestly as possible and return to the applicant in a sealed envelope with your signature across the seal.

Indicate your rating of the applicant with regard to the following factors by checking the appropriate rating.

EVALUATION FACTORS	LOW 1	2	3	4	HIGH 5
Motivation: genuineness and depth of commitment					
Maturity: personal development, ability to cope with life situations					
Ability to Perform Under Adverse Conditions: performance under pressure and response to conflict					
Interpersonal Relations: ability to get along with others, rapport, cooperation, team building, attitudes toward supervision					
Critical Thinking: ability to problem solve and ability to correlate and process information					
Reliability: dependability, sense of responsibility, promptness, and conscientiousness					
Communication Skills: clarity of expression, articulate in both written and spoken form					
Self-Confidence: assuredness, capacity to achieve with awareness of own strengths and weaknesses					
Personal Appearance: neat, tidy, orderly, and clean					
Quality of Work: consistency and timeliness					

How well do you know the candidate? _____ Very Well _____ Fairly Well _____ Slightly

How long have you known the candidate? _____

In what capacity? _____

Evaluator Information: (please print)

Name: _____ Telephone: _____

Occupation/Position: _____ Email: _____

Signature

Date

Thank you for your time and information. An applicant may be considered for admission when this completed recommendation form is returned to the Radiologic Science program's office. Please put the completed form into the envelope provided, seal the envelope, and sign your name across the seal.

STUDENT FINANCIAL AID

There are several financial aid programs that Albany State University has available. These programs include grants, scholarships, loans and employment opportunities.

To be considered for any type of financial aid an applicant must:

- (1) Be admitted as a regular student.
- (2) Complete the free application for Federal Student AID (FAFSA). Students must complete the institutional application in addition to the FAFSA to be considered for federal or state aid. Financial aid awards are made on a rolling basis throughout the year. Students must re-apply each year to determine continuing eligibility.

More information about financial aid can be found in the ASU Catalog. You may also call the Financial Aid office at (888) 845-4690.

SOWEGA- AHEC offers a Health Careers Scholarship please contact them at:

SOWEGA- AHEC
1512 W. Third Avenue
Albany, Ga. 31707
(229) 439-7185

The internet is an excellent source of information on radiography scholarships. Please feel free to search the internet for opportunities and scholarships that may benefit you!

ALBANY STATE UNIVERSITY

AN EQUAL EMPLOYMENT AND EDUCATIONAL OPPORTUNITY INSTITUTION

Albany State University, in compliance with Federal law, does not discriminate on the basis of race, color, national origin, disability, sex, religion, or age in any of its policies, practices or procedures this includes but is not limited to admissions, employment, financial aid and educational services.

TRANSCRIPTS AND TRANSFER OF RECORDS

Students that wish to have to have a transcript of their record at Albany State University sent to another institution should submit a "Request for Transcript of Record" from the Registrar's Office at least two weeks prior to the date that the transcript is needed. The first transcript is provided without cost to the student: additional transcripts are issued upon payment of \$1.00 for each transcript issued. Additional information on Transcripts and Continuing Education Units can be found in the ASU Catalog. This fee is subject to change.

THE ALBANY STATE UNIVERSITY CATALOG AND STUDENT HANDBOOK

It is strongly advised that the student maintains a copy of the Albany State University Catalog and the Albany State University Student Handbook.

WOULD YOU LIKE TO KNOW MORE ABOUT RADIOGRAPHY? PLEASE GO TO THESE WEB SITES

[American Registry of Radiologic Technologists](#)

[American Society of Radiologic Technologists](#)

[Joint Review Committee on Education in Radiologic Technology](#)

[U.S. Department of Labor Bureau of Labor Statistics Occupational Outlook handbook](#)

APPLICATION CHECKLIST for the RADIOLOGIC SCIENCE PROGRAM

1. I have applied to Albany State University. _____
2. I have had all of my transcripts sent to ASU's Admission Office. _____
3. I have been accepted to Albany State University. _____
4. I have satisfied any Learning Support courses if applicable. _____
5. I have my three recommendations forms completed. _____
 - a. I am returning the forms in sealed envelopes myself **OR**
 - b. I have checked to see if my recommendation forms were received.
6. I have volunteer documentation for additional points. _____
7. I have my student ID# or a transcript for points for completed courses. _____
8. I have my completed RADS Program Application Form. _____
9. I have my completed Health Exam form for additional points. _____
10. I have my completed Immunization Record Form for points. _____
11. I have turned in all documentation by November 1st. _____
12. I have called the RADS office to verify receipt of all documents before Nov. 1st. _____