APPLICATION REQUIREMENTS

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

1. High School Diploma or Equivalent

2. Transcripts
   An official high school transcript or an official GED transcript must be submitted.
   Official transcripts from institutions of higher education must be submitted, if applicable.
   For interested international applicants, the official transcript and a detailed U.S. equivalency course evaluation must be submitted detailing the completion and final grades of the minimum program prerequisites. Foreign grades must be converted by one of the following recognized services:
   - Educational Credential Evaluators, Inc. (414)289-3400
   - Global Education Group, Inc. (305)534-8745
   - World Education Services (212)966-6311

3. Three Recommendation Forms
   Recommendation Forms should come from individuals familiar with the applicant, and can include the following:
   a. School instructors, school counselors, members of the clergy, employers or co-workers can complete the recommendation forms.
   b. Personal references by family members are NOT acceptable.

4. Physical Demand Analysis Form for a Student
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 Recommendation Forms 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 forms 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 30, 2016.

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.

7. If you successfully complete the pre-entrance exam you may called for an interview.

8. If you are offered a seat in our program for next year, you will be required to do the following:

   - Submit a non-refundable fee of $100 (which will be applied to your Einstein tuition)
   - Sign a matriculation agreement
   - Obtain a physical from Einstein Healthcare Network Employee Health Services
   - Shadow a Radiologic Technologist and submit a verification of this experience.
   - Complete a criminal background check
   - Demonstrate enrollment in a 2+2 Associate of Science “AS” or higher accredited degree program or complete an application to Philadelphia University for acceptance into the program for Associate Degree in Health and Human Services: Radiology if applicable.
PROGRAM COLLEGE DEGREE REQUIREMENT (upon completion of the Program)

Prior to graduation from the Program, students must also possess a college degree of an Associate of Science (“AS”) or higher degree in the related field of Radiologic Sciences.

In order to meet the Program’s college degree requirement students must meet one of the following requirements:

- Possess an AS or higher degree in the related field of Radiologic Science from a regionally accredited college;

- Be enrolled in a 2+2 medical imaging program at a regionally accredited college that grants a degree upon completion of the Einstein Medical Center School of Radiologic Technology program; or

- Successfully complete all associate degree requirements set forth by Philadelphia University which is comprised of the completion of a minimum of 21 credits of Philadelphia University coursework, including: MATH 215-College Algebra, PSYCH 101-Introduction to Psychology, WRTG 105-Writing for the Workplace Culture, IT 201-Learning with Technology, HIST 114-Rise of the Modern World: American Transitions, HLTSV 210-Ethical Issues for Health and Human Services Providers and PLA 100-Scientific Reasoning.
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 declaimer 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’s School of Radiologic Technology at Einstein Medical Center Philadelphia. 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 _______________________
Recommender Printed Name: __________________________________Phone ______________________
Title/Position: ______________________________________________ Address ____________________

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

<table>
<thead>
<tr>
<th>Quality</th>
<th>1 poor</th>
<th>2 below avg</th>
<th>3 average</th>
<th>4 above avg</th>
<th>5 excellent</th>
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2. What are the applicant’s major strengths?

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4. How well does the applicant follow through with endeavors once initiated?

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5. Please use the remaining space to provide additional information regarding the applicant’s qualifications.

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SCHOOL OF RADIOLOGIC TECHNOLOGY

RECOMMENDATION FORM

APPLICANT’S NAME: _________________________________________________________

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APPLICANT’S NAME: _________________________________________________________

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APPLICATION FOR ADMISSION
(Please type or print clearly)

I. GENERAL INFORMATION

Name
(First) (Middle) (Last)
Maiden Name if applicable

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

Social Security # Email address

Citizenship Type of Visa

If you have any family members or friends who work for Einstein Healthcare Network or any of its affiliates, 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’s Program.

V. SIGNATURE

I hereby apply for admission to the Albert Einstein Medical Center’s School of Radiologic Technology at Einstein Medical Center Philadelphia. 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  
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