Advanced Imaging Modality Internship
Admission Requirements and Procedure

GENERAL ADMISSION REQUIREMENTS
In order to apply to this program you must have completed the following admission requirements:

☐ Submit the completed 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

☐ Submit a copy of current ARRT card

☐ Submit a copy of current CPR card

☐ Submit official transcripts
  • An official transcript documenting successful completion of a JRCERT accredited radiography, nuclear medicine
    and/or radiation therapy program 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

☐ Submit three Recommendation Forms
  • Forms may be completed 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.

☐ Submit a Physical Demand Analysis Form for a Student

ACCEPTANCE PROCEDURE
Upon acceptance into the internship program, the student must:

☐ Be a registered radiologic technologist (ARRT), radiation therapist (ARRT), or registered nuclear medicine technologists
  (ARRT or NMTCB) or registry eligible
  • Recent graduates of a radiography, nuclear medicine and/or radiation therapy program may apply to the
    program but are required to pass the ARRT registry exam for their discipline no later than four weeks after
    beginning the internship program

☐ 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

☐ Complete a criminal background check
RECOMMENDATION FORM

APPLICANT’S NAME: ________________________________________  Internship: _____ CT _____ MR

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 for Advanced Imaging. 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...

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

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APPLICATION FOR ADVANCED MODALITY INTERNSHIP 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 ________________________________

Which internship program are you applying for admission to? _____ CT _____ MR

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

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 Advanced Imaging 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: _____________________________
Applicant’s Printed Name: _____________________________
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