



# UNIVERSITY OF SOUTHERN INDIANA

## BACHELOR OF SCIENCE RADIOLOGIC AND IMAGING SCIENCES Completion Program/Track 3

### ADMISSION APPLICATION

Name \_\_\_\_\_ SSN/Student ID (if known) \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Birth Date \_\_\_\_\_

#### Education Beyond High School

To be considered for enrollment you must be in the last year of Radiologic Technology course work or a registered technologist.

| Institution | Years Attended | Major/Degree |
|-------------|----------------|--------------|
| 1.          |                |              |
| 2.          |                |              |
| 3.          |                |              |
| 4.          |                |              |

**Please submit copies of final transcripts from the institutions listed above.**

Field of Interest (Circle one)    Clinical Education    Radiology Management    CT/MRI    Undecided

Please indicate which of the following applies to you:

\_\_\_\_\_ Radiologic Technology student      Date of graduation \_\_\_\_\_

\_\_\_\_\_ Registered Technologist (a copy of ARRT is required)

Have you ever been on probation, suspended, or dismissed from any college or university?      Yes      No

Have you ever been convicted of a crime?      Yes      No

If you answered yes to either above questions, please submit a written explanation on a separate sheet of paper and attach it to the application. Failure to do so will void this application.

How did you hear about our program? (Circle One)    Program Student referral    Internet Search

ISRT journal or other ad      Other \_\_\_\_\_

I certify that all information provided on this application is true and accurate to the best of my knowledge. I also authorize the Radiologic Imaging Sciences admission committee to review and verify my application and academic records.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## To complete the application process:

1. A separate admissions application and set of transcripts must be sent to the University of Southern Indiana Office of Admissions.
2. Send the completed application and copy of all transcripts to:

Radiologic and Imaging Sciences Program  
College of Nursing and Health Professions  
University of Southern Indiana  
8600 University Boulevard  
Evansville, IN 47712

3. **For students enrolled in the CT/MRI concentration:** In order to complete clinical educational requirements for the BS degree in Radiologic and Imaging Sciences in CT/MRI, students will be required to complete and submit verification of the following prior to beginning clinical education.
  - \_\_\_\_\_ CPR certification. Submit a copy of a current cardiopulmonary resuscitation certification.
  - \_\_\_\_\_ Physical Examination. Provide a satisfactory physical examination/certificate of health.
  - \_\_\_\_\_ Health Screening. Provide a satisfactory completion of a health screening. The health screening shall include the following:
    - \_\_\_\_\_ Drug Screen
    - \_\_\_\_\_ Tuberculosis Screening
    - \_\_\_\_\_ Documentaion of Hepatitis B series
    - \_\_\_\_\_ Tetnus/Diptheria
    - \_\_\_\_\_ Rubella Immunity
    - \_\_\_\_\_ Rubeola Immunity
    - \_\_\_\_\_ Varicella Immunity
    - \_\_\_\_\_ T-Dap
  - \_\_\_\_\_ Criminal Background Check
  - \_\_\_\_\_ Verification of Medical Insurance. Provide proof of current medical insurance
  - \_\_\_\_\_ HIPPA training. Review HIPPA slides and complete a HIPPA certification examination. This can be accomplished online through USI: [http://health.usi.edu/acadprog/certification\\_main.htm](http://health.usi.edu/acadprog/certification_main.htm)
  - \_\_\_\_\_ OSHA training. Review OSHA certification video and complete the OSHA certification examination. This can be accomplished online through USI: [http://health.usi.edu/acadprog/certification\\_main.htm](http://health.usi.edu/acadprog/certification_main.htm)