

Windham Hospital Program of Radiologic Technology

Enrollment Application



Windham Hospital
112 Mansfield Avenue
Willimantic, CT 06226
Phone (860) 456-6871
Fax (860) 456-6838
E-mail pproctor@wcmh.org

Accredited by:
*The Joint Review Committee on Education in
Radiologic Technology*
20 North Wacker Drive, Suite 2850
Chicago, IL 60606-3182
(312) 704-5300
www.jrcert.org

*State of Connecticut
Department of Higher Education*
Dated 8/6/09 – Exp. 8/5/12

Our mission is to provide the healthcare community with radiography graduates who professionally deliver high quality health services with competence, excellence and compassion.

Building A Better Tomorrow

Windham Hospital and the Program of Radiologic Technology declare and re-affirm to their employees and/or students and to the public that they are firmly and wholeheartedly committed to the policy of Affirmative Action based on qualifications and merit, without discrimination because of race, color, religious creed, marital status, national origin, sex, age, sexual orientation, political beliefs, physical disability, or ancestry. By our actions, we intend to set an example in the effort to achieve a national goal of equal opportunity for all.

Applicant's Name: _____

Date: _____

□ **Employment Information (list most recent employer first):**

Name of Employer: _____ Phone: _____
Address: _____
Position/Duties: _____ From: _____ To: _____
Reason for Leaving: _____

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Address: _____
Position/Duties: _____ From: _____ To: _____
Reason for Leaving: _____

□ **Important Information:**

The following items are required to complete an applicant's file. Incomplete files will not be considered for admission:

- a) Completed application form.
- b) \$50.00 non-refundable application fee payable to "Windham Hospital".
- c) Official high school transcript.
- d) GED certificate (along with partial official high school transcript).
- e) Official college transcript(s) and/or other post-secondary school transcript(s), if applicable.
- f) Two "Applicant Reference Forms" sent to the Program.
- g) A signed "Technical Standards" form indicating understanding of the physical and cognitive requirements of the radiography profession.
- h) Shadowing Experience Form, if applicable.
- i) Completed application must be postmarked no later than May 1st.

All data must be sent to the following address: **Windham Hospital, Program of Radiologic Technology, 112 Mansfield Avenue, Willimantic, CT 06226.**

NOTE:

Applicants who have been involved in a criminal proceeding or who have been charged with or convicted of a crime may file a request for pre-application review with the American Registry of Radiologic Technologists (ARRT) in order to obtain a ruling on the impact of the situation on their eligibility for certification and registration. A charge or conviction of, a plea of guilty to, or a plea of nolo contendere (no contest) to an offense that is classified as a misdemeanor or felony constitutes a conviction for ARRT purposes. This includes situations in which the result is deferred or withheld adjudication or suspended or withheld sentence. Military court-martials must also be reported. The form that is necessary to file such a request and a complete explanation of the process can be found on the web at www.arrt.org under the Ethics section.

□ **Personal Essay:**

Using the space provided or on an attached sheet, explain why you chose to pursue this career and why you wish to train at Windham Hospital. Include any characteristics you possess which would make you a wise choice for admission.

READ CAREFULLY BEFORE SIGNING

I hereby certify that all information on this application is true and correct to the best of my knowledge. Falsification of any part of this application will result in the disqualification of the applicant for consideration as a student and if falsification is discovered after acceptance as an enrolled student, the student will be dismissed immediately. Further, I understand that Windham Hospital will conduct a thorough background check and perform a drug screen and that acceptance into the Program is conditional until satisfactory results from the aforementioned as well as a physical examination are received.

Signature: _____ Date: _____

TECHNICAL STANDARDS

The Program of Radiologic Technology at Windham Hospital has established a set of Technical Standards that are based on tasks typically performed by an entry-level radiographer. In an effort to assure a safe environment for all concerned, students must possess and maintain certain minimum abilities. As such, the following are required:

Standard	Fully meet the Standard	Unable to fully meet the Standard
Communication Skills		
1. Effectively communicate with people of all professional and social levels, in writing, as well as verbally in the English language.		
Physical Abilities		
2. See with normal visual acuity or have corrective lenses that will allow the vision necessary to evaluate radiographic quality, observation of all patient activity and accurately read written orders.		
3. Hear normally, or wear a device which enables accurate assessment of blood pressure and breathing sounds, verbal orders, and during emergencies, alarms or distress calls from patients and/or staff.		
4. Demonstrate the manual dexterity and hand/eye coordination necessary to proficiently manipulate radiographic and medical equipment.		
5. Lift weight (up to 40 pounds independently) comparable to that encountered while transferring patients patient to and from beds, stretchers, wheelchairs and radiographic and medical equipment.		
6. Perform radiographic duties while standing approximately 95 % of the time. At times, this will require wearing a five pound lead apron.		
7. Push, pull, bend, kneel, squat, and reach overhead as necessary for radiographic activities.		
Behavioral and Social Attributes		
8. Possess the emotional health required to fully utilize one's intellectual abilities.		
9. Must have the cognitive ability to perceive and deal appropriately with environmental threats and stresses and continue to function safely and effectively in high stress periods.		

Please fully explain any unmet Standard(s). Include the accommodation(s) the Program would need to make to enable you to meet each Standard.

Applicant's Signature

Date

Windham Hospital
Program of Radiologic Technology

Shadowing Experience Form

Name: _____ Date: _____

A job shadowing experience is recommended for those applying to the Radiologic Technology Program. To do so, applicants may call the radiology department at a local hospital to obtain permission to observe/job shadow. If you would like to shadow at Windham Hospital, please call 860.456.6825.

Dress Code: Please dress appropriately, no jeans or open-toed shoes. If you dress in an unprofessional manner, you will not be allowed to complete the job shadowing/observing experience.

Code of Conduct: As a visitor, it is expected that you will respect the employees' efforts to conduct themselves as courteous professionals. Although the student experience is observation only, the job shadowing program is intended to be an interactive learning process with the opportunity for student-professional-patient interactions. Students must keep all information confidential to ensure patient privacy.

Infection Control: If you are sick, please do not come in. Infection Control is key to your well-being and the well-being of patients. Wash your hands frequently while you are in the hospital. Hand washing is the single most important way you can prevent the spread of infections.

Pregnancy: Please let us know if there is any chance you could be pregnant.

Name of Healthcare Facility	Date of Observation	Number of Hours Completed	Name & Phone Number of Contact Person at Radiology Facility	Signature of Contact Person at Radiology Facility

Please submit this completed form with your application.

Points Applied: Applicants will receive **1 point for four hours or 2 points for eight hours.** Extra hours beyond 8 hours will not give the applicant more points.

Windham Hospital's Program of Radiologic Technology

Applicant Reference Form

Applicant Instructions: Have the individual that you have chosen for a reference complete this form and then seal it in an envelope. They **MUST** sign the back of the envelope over the sealed edge of the flap and then either you or they can mail it back to the Program of Radiologic Technology.

Mail to: Program of Radiologic Technology
 Windham Hospital
 112 Mansfield Avenue
 Willimantic, CT 06226

Unless these instructions are followed, the reference will not be used in the application process.

The above named individual applied for admission to Windham Hospital's Program of Radiologic Technology. Personal recommendations are very important in the selection of students for this program. Therefore, we ask you to provide a thoughtful and sincere appraisal of this candidate. The contents of this reference form will be kept confidential. If you do not feel you can adequately evaluate the above-named individual, please return the form with a notation of your inability to complete the document.

How are you associated with the applicant?

- One of my students
- One of my subordinates at work
- As a peer in a work situation
- As a friend
- Other (please specify): _____

How long have you known the applicant? _____

Please indicate your opinion of this applicant with regard to each factor listed.

	Excellent	Above Average	Average	Below Average	Poor	Not Able to Evaluate
Ability to Relate to Others						
Dependability						
Cooperation						
Professional Curiosity						
Accuracy of Thought or Action						
Emotional Control						
Personal Motivation						
Work Ethic						
Critical Thinking/Problem Solving						
Professional Dress/Behavior						

See Other Side

	Excellent	Above Average	Average	Below Average	Poor	Not Able to Evaluate
Respect for Authority/Colleagues						
Follow-Through						
Learns from Mistakes						
Interpersonal Skills						
Academic Potential						
Leadership						
Written Communication Skills						
Oral Communication Skills						
Mathematic and Computer Skills						
Sense of Responsibility						
Ability to Work with People						
Organizational Ability						
Ability to Adapt to New Situations						
Ability to Work Independently						
Overall Evaluation						

Comments: _____

Signature _____ Printed Name _____

Address _____ City _____ State _____ Zip _____

Position _____

Date _____

Please seal this reference in an envelope and sign the back over the sealed edge.

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Learns from Mistakes						
Interpersonal Skills						
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Written Communication Skills						
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Mathematic and Computer Skills						
Sense of Responsibility						
Ability to Work with People						
Organizational Ability						
Ability to Adapt to New Situations						
Ability to Work Independently						
Overall Evaluation						

Comments: _____

Signature _____ Printed Name _____

Address _____ City _____ State _____ Zip _____

Position _____

Date _____

Please seal this reference in an envelope and sign the back over the sealed edge.