FALL 2020 ADMISSION CRITERIA
RADIOLOGIC TECHNOLOGY/RADIOGRAPHER PROGRAM
WASHBURN UNIVERSITY

- Applicants must be a high school graduate, or equivalent, with a knowledge base in science and mathematics. It is recommended that courses in biology, physics and communication be taken at either the high school or college level, as part of the educational preparation. Applicants must have completed a minimum of 12 college credit hours applicable to the Associate Degree (University requirements and general education groups) prior to the stated application deadline. The minimum cumulative grade point average of 2.80 at the college level is required for application.
- **Deadline for completed application submission is February 1st.**
- The program encourages application to more than one radiology program or more than one allied health program, as there is no guarantee of acceptance to the Radiographer Program at Washburn University due to the number of qualified applicants.

To be considered for acceptance into the Radiologic Technology/Radiographer Program at Washburn University, the following criteria must be completed. All documents contained within the application must be submitted as an entire packet.

1. If applying as an international student, see page three (3) of this packet.

2. Radiographer Program Application (enclosed). **Application and acceptance to Washburn University does not constitute application and acceptance to the Radiographer Program.**

3. Letter of Intent, a written interview following stated guidelines (enclosed).

4. Academic transcripts of all college coursework completed prior to February 1st must be included in the submitted application packet.
   - Unofficial transcripts will satisfy this requirement.
   - If you are currently enrolled at Washburn, go to my.washburn.edu to print your unofficial transcript.
   - If enrolled at another college, go to the appropriate website to print your unofficial transcript.
   - If neither of the above situations apply, contact the Registrar’s Office at the applicable college or university for an official transcript that can be submitted with the application packet.
   - If you have completed less than 24 credit hours of college at the time of program application, submit both a high school transcript and college transcript in the application packet.

5. A college-level Anatomy course (minimum of 3 credit hours) with a grade of “C” or better must be completed prior to entering the professional program. It is permissible to apply to the program prior to completion of this course. If accepted, anatomy must be completed prior to fall entry. Physiology may be completed prior to or during the program. A five (5) credit hour combined anatomy/physiology is acceptable as fulfilling the anatomy and physiology requirement or separate courses in anatomy and physiology are also accepted.

6. Two recommendations (enclosed) which should be completed by current or past instructors and/or current or past employers. **Do not submit a recommendation from family or friends.** When providing the recommendation form to the selected person, also include an envelope so the form can be returned directly to you.

7. Complete a four (4) hour morning diagnostic radiology shadow. See enclosed Observation/Shadow Summary for more information. Contact a health facility directly for scheduling which should be done earlier in the application process; do not wait until mid-January as each radiology facility can accommodate only a limited number of observers. Upon completion of the shadow, give the Interview form (enclosed) to the technologist in charge along with a stamped envelope addressed to yourself. The radiology professionals will complete and mail the document to you to include in your application.
8. Upon completion of the radiology observation/shadow, prepare a written summary following the stated guidelines (enclosed).

9. All documents contained within the application must be submitted as an entire packet to the Allied Health Office. Do NOT submit individual documents one at a time, including transcripts.

10. If you have previously applied for admission to the Radiographer Program, you must resubmit all application packet documents for the current year’s criteria. There is no guarantee of acceptance to the Radiographer Program at Washburn University, even if applying for a second or third time.

11. After evaluation of the written application at the end of February, approximately 35 individuals will be offered an on-campus interview. Interviews will only be held Thursday, March 5th and Friday, March 6th and will last 15-20 minutes. Selection of approximately 24 students will come from the interview group.

12. **Deadline for completed application submission is February 1st. Faxed, email or late applications will not be accepted.** Selection to the program is based on Academic Record (grade point average and college level courses completed), Letter of Intent, Observation/Shadow completion and Summary, Radiology Interview, work and/or volunteer experience and Recommendation Letters. All written application documents are evaluated and scored by the Radiographer Admission Committee.

   - Individuals applying for scholarships and financial aid should note the priority deadline of February 15th for completed applications. Contact the Washburn Financial Aid Office in Morgan Hall for more information.
   - School of Applied Studies scholarship applications are available at [www.washburn.edu/sas/](http://www.washburn.edu/sas/) with a deadline of February 15th.
   - Upon graduation from the professional program, one is eligible to apply for the national certification examination through the American Registry of Radiologic Technologists (ARRT). See “Eligibility for Certification” section in this application packet.

SEND ALL APPLICATION MATERIALS AS ONE PACKET DIRECTLY TO THE RADIOGRAPHER PROGRAM. Application documents may be hand-delivered or mailed to the address below:

Radiographer Program  
Allied Health Department  
Benton Hall, Room 107  
Washburn University  
1700 SW College  
Topeka, KS 66621

Jera Roberts, Ed.S., RT(R)(M)  
785-670-2173  
jera.roberts@washburn.edu

Hillary Lolley, RT(R)  
785-670-1535  
hillary.lolley@washburn.edu
Support services for international students, including assistance with the university admissions process and processing documents used to apply for an F-1 student visa are provided by the Office of International Programs. For more information about the university admissions process and obtaining an F-1 visa, please contact the International Program Office at +1 (785) 670-1051 or international@washburn.edu.

Please be aware that the following programs are only offered in an on-line format and therefore do not meet the USCIS (Immigration) enrollment requirement for F-1 visa students. This means that students interested in these programs are not eligible to apply for an F-1 visa to pursue this degree program on the Washburn campus:

- Bachelor of Health Science
- Diagnostic Medical Sonography
- Health Information Technology
- Magnetic Resonance Imaging
- Radiation Therapy
- Technology Administration

International students applying to any Allied Health program must:
Contact the specific Allied Health program coordinator to determine program admission eligibility:

<table>
<thead>
<tr>
<th>AH Program</th>
<th>Director</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Laboratory Sciences</td>
<td>Michelle Shipley</td>
<td><a href="mailto:michelle.shipley@washburn.edu">michelle.shipley@washburn.edu</a></td>
</tr>
<tr>
<td>Occupational Therapy Assistant</td>
<td>Stephanie Sedlacek</td>
<td><a href="mailto:stephanie.sedlacek@washburn.edu">stephanie.sedlacek@washburn.edu</a></td>
</tr>
<tr>
<td>Physical Therapist Assistant</td>
<td>Mark Kohls</td>
<td><a href="mailto:mark.kohls@washburn.edu">mark.kohls@washburn.edu</a></td>
</tr>
<tr>
<td>Radiologic Technology</td>
<td>Jera Roberts</td>
<td><a href="mailto:jera.roberts@washburn.edu">jera.roberts@washburn.edu</a></td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>Rusty Taylor</td>
<td><a href="mailto:rusty.taylor@washburn.edu">rusty.taylor@washburn.edu</a></td>
</tr>
</tbody>
</table>

After determining program admissibility, submit a completed Washburn University International Application for Admission, and complete and submit all requirements for university admission, as well as according to the specific Allied Health program.

Request that official transcript/s of courses and grades be sent to the Department of Allied Health, Washburn University, from all previously attended institutions. Transcripts from courses completed at universities in another country must be evaluated by a Washburn University-recognized evaluation service such as Educational Credential Evaluators (ECE) or World Education Services (WES). A course-by-course report is required, and the cost of this evaluation is paid by the student. Click here for Transcript Requirements.

International students are required to demonstrate adequate English proficiency to be admitted into Allied Health programs. This English proficiency requirement can be satisfied by IBT TOEFL or IELTS test score submission:

**IBT TOEFL minimum scores**: Writing 20, Speaking 20, Reading 19, Listening 20  
**IELTS minimum scores**: Writing 6.5, Speaking 6.5, Reading 6.5, Listening 6.5

Please be aware that an additional evaluation of English language proficiency may be required at the discretion of AH faculty for any student.

Washburn University also offers English as a Second Language courses through its Intensive English Program. For more information, please click here.

A specific Allied Health program may have additional requirements for the admission of the international student. These additional requirements must be fulfilled to be considered for admission to the specific program.
RADIOGRAPHER PROGRAM, WASHBURN UNIVERSITY
MISSION STATEMENT

The Radiologic Technology (Radiographer) Program is focused on development of qualified medical imaging technologists who provide optimum patient care through competency and professional conduct.

PROGRAM GOALS

1. Students and graduates will demonstrate clinical competence.
   Outcome 1: Students will apply positioning skills.
   Outcome 2: Students will validate proper patient care

2. Students will utilize critical thinking and problem-solving skills.
   Outcome 1: Students will be able to adapt positioning for trauma patients.
   Outcome 2: Students will perform non-routine exams.

3. Students will evaluate the significance of professional growth and development.
   Outcome 1: Students will display knowledge of identified professional organizations.
   Outcome 2: Students will recognize the importance of professional behavior.

4. Students will be able to communicate effectively.
   Outcome 1: Students will demonstrate written communication skills.
   Outcome 2: Students will demonstrate oral communication skills.

ELIGIBILITY FOR CERTIFICATION

All candidates must comply with the Rules of Ethics contained in the ARRT Standards of Ethics. The Rules of Ethics are mandatory standards of minimally acceptable professional conduct for all Registered Technologists and candidates. The Rules are intended to promote the protection, safety and comfort of patients. Registered Technologists and candidates engaging in any of the conduct or activities noted in the Rules of Ethics, or who permit the occurrence of such conduct or activities, have violated the Rules of Ethics and are subject to sanctions. One issue addressed by the Rules of Ethics is conviction of a crime — which includes a felony, gross misdemeanor or misdemeanor, the only exceptions being speeding and parking violations. All alcohol and/or drug related traffic violations must be reported. “Conviction,” as used in this provision, includes a criminal proceeding where the individual enters a plea of guilty, Alford plea or no contest (nolo contendere); or the adjudication of guilt is either withheld or deferred; or the sentence is stayed, set aside or suspended; or there is a pre-trial diversion.

If you’re concerned about whether your conviction record will affect eligibility, you can find out before even beginning an educational program. ARRT investigates all potential violations to determine eligibility, which can cause delays in processing applications. Avoid delay by requesting a pre-application review of the violation before or during your education, rather than waiting until completing the educational program. (If you expect to graduate within six months, use the Application for Certification and Registration instead of the pre-application form.) ARRT determines the violation’s impact on your eligibility. Once you establish ethics eligibility, you may proceed with application. Download the pre-application packet [https://www.arrt.org/docs/default-source/ethics/ethics-review-preapplication.pdf?sfvrsn=74a101fc_44](https://www.arrt.org/docs/default-source/ethics/ethics-review-preapplication.pdf?sfvrsn=74a101fc_44) or request a copy by phoning ARRT 651.687.0048, ext. 8580.
FALL 2020 PROGRAM APPLICATION
RADIOGRAPHER PROGRAM, WASHBURN UNIVERSITY

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle</th>
<th>Maiden</th>
<th>Last</th>
<th>Washburn WIN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Present Address</th>
<th>Legal Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>E-mail Address</th>
</tr>
</thead>
</table>

**College(s): List any college or university at which you are enrolled in or have completed coursework.**

<table>
<thead>
<tr>
<th>College Name</th>
<th>City/State</th>
<th>Hours Earned or Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**High School and Non-College Program(s) attended such as Technical College, CNA, etc.**

<table>
<thead>
<tr>
<th>Name</th>
<th>City/State</th>
<th>Study Area</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate the year you are applying for entry: Fall ____________  Did you apply last year? Yes or No
Are you a U.S. Citizen?  Yes or No  Are you applying as an International Student?  Yes or No

Indicate your preference in regards to clinical placement (patient experience) in order from 1 (first) to 9 (last):
For more information, see “Frequently Asked Questions” at [http://www.washburn.edu/academics/college-schools/applied-studies/departments/allied-health/xr/frequently-asked-questions.html](http://www.washburn.edu/academics/college-schools/applied-studies/departments/allied-health/xr/frequently-asked-questions.html)

- Atchison, KS _______
- Burlington, KS _______
- Junction City, KS _______
- Lawrence, KS _______
- Leavenworth, KS _______
- Manhattan, KS _______
- Seneca, KS _______
- Topeka, KS _______
- Truman Medical Center, KC, MO _______

________________________  __________________
Signature of Applicant Date
Health care professionals must possess good written communication skills. The Letter of Intent is evaluated for content and grammar.

PART 1:
Please respond to the following questions, in terms of the Radiographer Program. List your typed responses as 1, 2, etc. on a separate page. **Limit the letter of intent to two (2) pages or less.**

1. Many individuals enter health care because they want to “help others”. Explain what “helping others” means to you and provide an example.

2. What kinds of communication situations cause you difficulty? Give an example.

3. How do you manage to work with people whom you are not comfortable with? Provide an example.

4. Give examples of how you have acted with integrity in your job or educational pursuits.

5. What was the most stressful situation you have faced? How did you deal with it?

6. Provide a statement of goals you will achieve while in the radiologic technology program.

7. Health care involves working with confidential information. Describe how you have handled sensitive information in the past (work or school). What strategies would you utilize to maintain confidentiality if pressured by others?

8. What was your most difficult decision in the last 6 months? What made it difficult?

PART 2:
1. Submit a separate resume that includes education, work and volunteer experiences; only include your last 3 years of volunteer experience.

2. List any college course enrollment for spring and summer semesters, if appropriate.

3. Present any additional information which you feel the Radiographer Admission Committee should be aware of regarding academics and/or character traits.
The Essential Functions have been established through consideration by faculty and consultation through various sources such as the Occupational Outlook Handbook, Dictionary of Occupational Titles, American Society of Radiologic Technologists, Occupational Information Network and Occupational Skills Standards Project from the National Health Care.

The radiologic technology student must have the ability to perform all requirements of the essential functions of a work day. Areas addressed include:

- Mental and concentration demands
- Communication ability
- Sensitivity to physical and psychological needs of patients
- Professionalism
- Physical demands
- Vision and hearing
- Safety practices

Go to https://washburn.edu/academics/college-schools/applied-studies/departments/allied-health/xr/index.html and select Essential Functions for complete information.
FALL 2020 RECOMMENDATION LETTER #1
RADIOGRAPHER PROGRAM, WASHBURN UNIVERSITY

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. Please circle one of the following options: I (do) or (do not) waive my right to review the content of this form.

Applicant Name (printed) and Signature

TO THE RECOMMENDER:

• The person listed above is applying to the Washburn University Radiographer Program. Personal recommendations are a very important part of the application and each recommendation is carefully reviewed by members of the selection committee. We are eager to select those individuals whose accomplishments, personal attributes and abilities indicate the greatest potential for success. Therefore, we ask for a thoughtful and sincere appraisal of this person. If you do not know the applicant well enough to complete this form in its entirety, please notify them and return the form.

• Read and complete the following recommendation form, placing in the envelope provided by the applicant and sign the back once sealed. Return to the applicant so they can submit by the February 1st deadline, since a delay in returning this form may adversely affect the applicant’s acceptance into the program.

Did the applicant provide an envelope for return of this form? _____ Yes _____ No

How well do you know the applicant? _______ Very well _______ Fairly well ____ Slightly

Indicate your impression of this applicant for each of the listed factors by checking the applicable rating.

<table>
<thead>
<tr>
<th>FACTORS</th>
<th>1 (Low)</th>
<th>2 (Average)</th>
<th>3 (High)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation: genuineness &amp; depth of commitment to any task or assignment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity: personal development, ability to cope with life situations, performance under pressure, response to conflict, is able to adjust behavior in response to new or changing situations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethics: acts with high standards of ethics &amp; integrity; is a reputable person.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Relations: ability to get along with others, rapport, cooperation, team building, attitudes toward supervision, deals with feedback/criticism well as an improvement opportunity.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical Thinking: ability to correlate &amp; process information, along with problem solving.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliability: dependability, sense of responsibility, promptness, conscientiousness.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Skills: clarity of expression, articulate in both spoken &amp; written form.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-confidence: assuredness, capacity to achieve with awareness of own strengths &amp; weakness.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Appearance: neat, orderly, clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Work: accuracy, consistency, timeliness, pays close &amp; thorough attention to detail.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude towards Others: treats other people, including those of different backgrounds, beliefs &amp; gender with fairness &amp; respect.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In the space provided, please discuss the characteristics of the applicant you feel will make him/her a competitive candidate for the Radiographer Program.

Positive Attributes:

Areas for Improvement:

I recommend this applicant with confidence
I recommend this applicant
I recommend this applicant with some reservations
I would NOT recommend this candidate for admission

RECOMMENDER:

Name ________________________________ Date ____________________
Occupation ________________________________________________
Email address ________________________________________________
Signature ____________________________________________________

Thank you in advance for submitting this recommendation. We are aware of the time required and everyone involved in this process appreciates your response.

RETURN to the applicant in the envelope they provided you, then seal and add your signature across the flap prior to returning the completed form to them. They will include your recommendation with the other application packet documents.
FALL 2020 RECOMMENDATION LETTER #2
RADIOGRAPHER PROGRAM, WASHBURN UNIVERSITY

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. Please circle one of the following options: I (do) or (do not) waive my right to review the content of this form.

Applicant Name (printed) and Signature

TO THE RECOMMENDER:

- The person listed above is applying to the Washburn University Radiographer Program. Personal recommendations are a very important part of the application and each recommendation is carefully reviewed by members of the selection committee. We are eager to select those individuals whose accomplishments, personal attributes and abilities indicate the greatest potential for success. Therefore, we ask for a thoughtful and sincere appraisal of this person. If you do not know the applicant well enough to complete this form in its entirety, please notify them and return the form.

- Read and complete the following recommendation form, placing in the envelope provided by the applicant and sign the back when sealed. Return to the applicant so they can submit by the February 1st deadline, since a delay in returning this form may adversely affect the applicant’s acceptance into the program.

Did the applicant provide an envelope for return of this form? Yes No

How well do you know the applicant? Very well Fairly well Slightly

How long have you known the applicant and in what capacity?

Indicate your impression of this applicant for each of the listed factors by checking the applicable rating.

<table>
<thead>
<tr>
<th>FACTORS</th>
<th>1 (Low)</th>
<th>2 (Average)</th>
<th>3 (High)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation: genuineness &amp; depth of commitment to any task or assignment.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maturity: personal development, ability to cope with life situations, performance under pressure, response to conflict, is able to adjust behavior in response to new or changing situations.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethics: acts with high standards of ethics &amp; integrity; is a reputable person.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpersonal Relations: ability to get along with others, rapport, cooperation, team building, attitudes toward supervision, deals with feedback/criticism well as an improvement opportunity.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical Thinking: ability to correlate &amp; process information, along with problem solving.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reliability: dependability, sense of responsibility, promptness, conscientiousness.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Skills: clarity of expression, articulate in both spoken &amp; written form.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-confidence: assuredness, capacity to achieve with awareness of own strengths &amp; weakness.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Appearance: neat, orderly, clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Work: accuracy, consistency, timeliness, pays close &amp; thorough attention to detail.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attitude towards Others: treats other people, including those of different backgrounds, beliefs &amp; gender with fairness &amp; respect.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
In the space provided, please discuss the characteristics of the applicant you feel will make him/her a competitive candidate for the Radiographer Program.

Positive Attributes:

Areas for Improvement:

_____ I recommend this applicant with confidence
_____ I recommend this applicant
_____ I recommend this applicant with some reservations
_____ I would NOT recommend this candidate for admission

RECOMMENDER:

Name ___________________________ Date ___________________________
Occupation ___________________________
Email address ___________________________
Signature ___________________________

Thank you in advance for submitting this recommendation. We are aware of the time required and everyone involved in this process appreciates your response.

RETURN to the applicant in the envelope they provided you, then seal and add your signature across the flap prior to returning the completed form to them. They will include your recommendation with the other application packet documents.
FALL 2020 OBSERVATION/SHADOW SUMMARY
RADIOGRAPHER PROGRAM, WASHBURN UNIVERSITY

An element of the admission process to the Radiographer Program is a four (4) hour morning observation/shadow in a radiology department of a hospital, not a clinic or physician office. The four hours spent in the radiology department should be considered an interview.

- Schedule the observation/shadow experience early in the application process, rather than waiting until mid-January.
- During this time, you will be seeing completion of various radiology examinations. You should take the initiative to observe as many exams as possible. The focus of this observation is general radiology, not CT, MRI, Sonography, etc. You must maintain confidentiality regarding each patient.
- You will record all examinations observed on the Radiology Procedures Documentation form and return with your submitted application.
- Patients will be aware of your presence; therefore, appearance should be professional. Approved observation dress should be slacks and a blouse/shirt. DO NOT wear scrubs, blue jeans, sweatpants, tank tops, shorts, sandals or heels. The Radiology Department has the right to cancel the observation if your appearance is deemed inappropriate.

During your shadow experience, remember to give the supervising technologist the Observation/Shadow Interview form, as well as a stamped envelope addressed to yourself (for return inclusion in the application packet) and the accompanying directions. The radiology professionals will complete and mail the document.

After the shadow experience, you will compose a written essay and submit with the application packet by February 1st. List your typed responses as 1, 2, etc. on a separate page. The essay is limited to two (2) pages or less of information and is evaluated for written communication ability. The summary should include the following information:
1. Explain three (3) subjects that radiologic technologists are educated in besides anatomy.
2. Discuss your two favorite exams in detail, from the observation experience.
3. What are responsibilities of a technologist that you observed? After observing the daily duties of a radiographer, what responsibilities would you identify as possible areas of struggle for you?
4. Explain methods by which radiographers provide radiation safety for the patient and themselves.
5. Give an example of good communication you observed and why it was effective.
6. After reviewing radiographer duties, observation of physical requirements and radiation safety methods, do you feel you have the physical capabilities to perform those tasks on a routine basis? What concerns might you have?
7. Review professional program policies (Section 1 and 2 of the clinical manual) which can be viewed online at www.washburn.edu/xray and then click on Clinical Education. Do you agree to abide by these? Address any questions you have concerning these policies.
8. Review the Essential Functions located at www.washburn.edu/xray and then select Essential Functions. Do you have any questions relating to this document?

It is preferred to observe at one of the health care centers associated with the Washburn Radiographer Program. Call one of the program faculty for permission to observe at other facilities. You will contact the program-affiliated radiology department directly for scheduling.

- Atchison Hospital, Atchison, KS: 913-367-6642 (Angie)
- Geary Community Hospital, Junction City, KS; Contact Kyle Ibarra (kibarra@gchks.org) and Christine Jones (cjones@gchks.org) to schedule the observation (continued on next page)
To access the shadowing documents, go to http://gearycommunityhospital.org/education/student-internship-job-shadow/. Complete all requirements including the stated documents.

1) Review Student Expectation.
2) Review Student Safety Orientation.
3) Print and complete the Student Safety Quiz.*
4) Review the Student HIPAA Training presentation. Print and complete the Student HIPAA Quiz.*
5) Print and sign the HIPAA Confidentiality Agreement.*

Bring the printed documents marked with an asterisk*, along with current influenza vaccine documentation, to Pat Small at the time of your scheduled observation.

- Lawrence Memorial Hospital, Lawrence, KS; Lauren Cobb (785.505.3146 or lauren.cobb@lmh.org)
- KU Medical Center, St. Francis Campus, Topeka, KS; Call Sherrie Shaw at 785-295-8338 or Dixie Copeland at 785-295-8011 to request a Shadow/Observation Application. Complete and return to Sherrie Shaw, Radiology Dept., KU Med, St. Francis Campus, 1700 SW 7th, Topeka, KS 66606. You will then be contacted to schedule the actual date of observation.
- Stormont Vail Health, Topeka; Call Medical Staff Office at 785-354-6241 to request an Observation Application. Complete and return to Mitzzi White, Radiology Dept., Stormont Vail Health, 1500 SW 10th, Topeka, KS 66604. You will be contacted to schedule the actual observation date. Contact one of the radiology faculty for the required reference letter. Individuals observing at this facility must provide proof of the following:
  1) Negative TB skin test within the last 12 months
  2) Proof of influenza vaccine (October to April only)
  3) Copy of personal health insurance card
  4) Letter of reference from the radiologic technology program
  5) Sign confidentiality clause.
- Truman Medical Center (Hospital Hill), Kansas City, MO; 816-404-0744 (Donna)
- VA Medical Center, Leavenworth, KS; 913-682-2000, ext. 52244 (Eric)
- VA Medical Center, Topeka, KS; 785-350-3111, ext. 52688 (Wendy)
- Via Christi Hospital, Manhattan, KS; 785-587-4286 (Frances.Hooten@ascension.org)

Individuals observing must provide proof of the following:
Negative TB skin test within the last 12 months
Two MMR vaccinations or titer test
Chickenpox (varicella) vaccine or titer test.
RADIOLOGY PROCEDURES DOCUMENTATION
Radiologic Technology/Radiographer Observation

Name: __________________________________________________________________________________

Date and Location of Observation: __________________________________________________________________________________

<table>
<thead>
<tr>
<th>Name of Procedure</th>
<th>Patient Age &amp; Physical Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
</tr>
</tbody>
</table>

Return this form with all application documents
Applicant: Complete the information section below and then give this form, along with an envelope and the Observation Interview Directions to the supervising radiologic technologist.

Applicant Printed Name: _______________________________________________________________
Date and Location of Observation: ___________________________________________________________

Supervising Technologist: Prospective Radiographer students are required to spend four (4) hours in a clinical setting observing the functions of the radiology department in the general, fluoroscopy and mobile areas. We recommend interviewing the individual at the end of the observation.

- Washburn University EEO discourages accessing social media during the application process due to potential liability. If questions, contact either Hillary (hillary.lolley@washburn.edu) or Jera (jera.roberts@washburn.edu).
- Washburn University prohibits discrimination on the basis of race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, veteran status, or marital or parental status.

Based on your observation of, and communication with the prospective student, rate the following qualities. Please qualify your ratings marked with an asterisk* with comments at the bottom of this form.

<table>
<thead>
<tr>
<th>FACTORS:</th>
<th>Low 1*</th>
<th>2*</th>
<th>3</th>
<th>4</th>
<th>High 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiative: Demonstrated a desire to observe all possible examinations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism: Was polite and courteous regarding interaction with others. Maintained appropriateness in the presence of patients.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication Skills: Articulated questions or comments in a manner that was easily understood. Demonstrates the ability to listen.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge: Displayed appropriate knowledge of the profession. Questions asked related to the profession.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appearance: Dressed appropriately for the patient care environment. Displayed suitable hygiene.</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Placement: Would you like to see this individual assigned to your radiology facility for clinical education. Explain a Maybe or No rating below.</td>
<td>Yes</td>
<td>No*</td>
<td>Maybe*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the applicant provide a self-addressed envelope with stamp?</td>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of RT completing the form: ____________________________________________

Complete this form at the conclusion of the observation, place in the envelope provided, seal, then sign on the back flap and mail.

*Comments for factors scored as 1 or 2 & Maybe/No Clinical Placement: ________________________________
OBSERVATION/SHADOW INTERVIEW DIRECTIONS

To: Supervising Radiologic Technologist
From: Washburn University Radiographer Program Faculty

One element of the Radiographer Program admission process is the observation/shadow experience. Please be aware of the following directions while supervising the prospective student.

- Students have been advised of appropriate dress. If their dress is not professional, you have the right to cancel the observation and reschedule. If this happens, please notify the radiographer program.
- Prospective students are fearful of being in the way or doing something wrong. As such, please direct them as to what they should or shouldn’t do while in the department.
- The primary purpose is to observe general diagnostic, fluoroscopic and mobile examinations. Assure that the student is given direction on moving from room to room in order to observe the maximum number of examinations.
- They will record all examinations observed and submit as part of their application.
- If it is a slow day, encourage them to schedule another observation. When rating “initiative”, did the student show a desire to observe the various examinations? Do not rate them low just because it was a slow day, but they took the initiative to observe the available exams.
- If possible, interview the student for a few minutes during/following the observation for a more accurate evaluation.

Students are required to observe for a minimum of four (4) hours in the morning. Again, if it is a slow day encourage them to schedule another observation either at your facility or a busier site.

Thank you for your assistance in this very important element of the application process. Please let us know if you have any questions or concerns.

Jera and Hillary
APPLICATION CHECKLIST

Part 1: As the applicant, you are responsible for completing all aspects of the application process by February 1st. Applications post-marked or hand-delivered after February 1st will not be accepted. Submit the application documents as one packet of information; do NOT mail in documents one at a time. The completed application packet may be mailed or hand-delivered to the Allied Health Office in Benton Hall, room 107. Faxed documents or pdf file sent via email cannot be accepted via policy of the Allied Health Department.

The following documents should be contained within your submitted application:
  1. Radiologic Technology Program Application
  2. Academic Transcripts (unofficial is acceptable)
  3. Letter of Intent
  4. Resume
  5. Recommendation Letter #1 (in sealed envelope)
  6. Recommendation Letter #2 (in sealed envelope)
  7. Observation/Shadow Interview (in sealed envelope)
  8. Radiology Observation Procedures Documentation
  9. Observation/Shadow Summary
  10. Contact either Jera Roberts (jera.roberts@washburn.edu) or Hillary Lolley (hillary.lolley@washburn.edu) to verify receipt of the mailed application.

Part II:
  • Written evaluation of applications begins immediately after the February 1st deadline.
  • After scoring of the written applications, around 35 individuals will be contacted the end of February for an on-campus interview. Notification of interview scheduling will be via email.
  • Individuals not selected for the interview will receive notice via email.
  • Interviews will be held March 5th and March 6th, 2020.
  • Notification of acceptance will be sent by March 15th via email.
  • Those not accepted will be placed on a wait list in the event of openings.