

APPLICATION INSTRUCTIONS

Application Form:

Please read the application carefully and complete **all** pages.

The application is **due** to the AMIT offices **no later than January 14, 2019 at 5:00pm.**

References:

Attached are two reference forms to be completed by persons who know you well enough to answer the questions on the form. One reference form should be completed by math or science instructors, laboratory instructors, or medical professionals holding a terminal degree (e.g. physician, dentists, veterinarians, pharmacists). The second reference form may be completed by an advisor, member of the health profession, employer, or a responsible person (not related to you). Please enter your name and the name of the reference on the form prior to giving it to the person you select.

Please note that ***you must sign each form*** authorizing release of the information by the person you select to complete the form.

If you wish to waive your right of access to the information furnished by the reference source, please ***sign and date the waiver clause*** on each reference form. Many references will require that you do this.

Please furnish each reference with a stamped envelope addressed to:

**University of Cincinnati
Advanced Medical Imaging Technology Program
3202 Eden Avenue, French East Room 215
PO Box 670394
Cincinnati, OH 45267-0394**

Ask that the form be completed and mailed as soon as possible. References are due to the AMIT office no later than January 30, 2018.

Resumes:

Please attach a current resume. Be sure to include all work and volunteer experiences including dates. Be sure to include all colleges and universities attended with declared major and GPA.

Transcripts:

Transcripts from all colleges/universities you have attended are required to be submitted as part of your application. All transcripts must include work done during Fall Semester 2018. Please request these as soon as possible once Fall grades have been posted. Transcripts may arrive separately from your application but should arrive no later than January 30, 2018. Paper copies should be sent to the above address. If the college/university offers electronic transcripts these can be emailed to advmedimaging@uc.edu or whitney.bowen@uc.edu.

UC Transcripts can be accessed via Catalyst as 'Unofficial Records' for free. All transcripts from colleges/universities outside of the University of Cincinnati, UC Blue Ash, & UC Clermont must be official transcripts processed by the registrar's office.

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Catalyst Transcript Instructions:

- My Academics
- Grades/Transcripts/Enroll Cert
- View my Unofficial Record
- Report Type – “Unofficial Record”
- Select “View Report”
- Print all pages of the pdf document to submit with your application.

Please note that applicants must have a minimum overall GPA of 2.8 for their application to be considered.

Alumni who have graduated and are in good standing with the program and who wish to add to their professional skills are invited and encouraged to submit an application for consideration.

Background Checks Required:

The professional curriculum of the Advanced Medical Imaging Technology Program (to which you are now applying) will require you to provide a state and federal criminal background check, at the expense of the applicant, as a condition of your acceptance. Background checks remain valid for 12 months so you will need to complete one each year of your professional curriculum. Clinical sites reserve the right to decline clinical positions to any student who fails to meet their expectations of conduct. Do NOT submit a background check for the purpose of this application. Arrangements will need to be made only if accepted into the professional curriculum.

The program and its affiliates will not be able to refund any monies spent by the student should the student fail to satisfactorily complete a background check or fail to comply with the policies of the program and clinical affiliates regarding background checks.

Drug Screening Required:

The professional curriculum of the Advanced Medical Imaging Technology Program (to which you are now applying) will require you to complete a 12 panel drug screening, at the expense of the applicant, as a condition of your acceptance. Clinical sites have the right to refuse clinical positions to any student refusing or failing to meet the expected standards of a drug screen. Do NOT submit a drug screening result for the purpose of this application. Arrangements will need to be made only if accepted into the professional curriculum.

The program and its affiliates will not be able to refund any monies spent by the student should the student fail to satisfactorily complete any drug screening requirements or fail to comply with the policies of the program and clinical affiliates regarding drug screening.

Professional Conduct:

All students are expected to dress and behave professionally at all times. Clinical sites reserve the right to refuse clinical positions to any student not meeting their expectations of professionalism. If one's conduct results in a student being removed from a clinical site, a reasonable effort will be made to place the student in an alternative site but a position is not guaranteed. Given the sequential nature of the curriculum, a student losing a clinical site may necessitate the student's withdrawal from the program.

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Medical Requirements Required:

Students accepted into the professional curriculum are required to provide evidence of the following:

Hepatitis B vaccines AND proof of serological immunity
MMR vaccines OR titer – must show immunities are effective
Meningococcal vaccine (ages 16-21)
Annual influenza inoculations
Baseline and annual TB testing
Tdap vaccines
Varicella vaccines OR titer – must show immunities are effective

- All students are required to carry health insurance.
- Clinical sites reserve the right to refuse access to any student failing to comply with medical and immunization/immunity requirements.
- Failure to provide evidence of inoculations and required testing is grounds for denying an applicant's acceptance into the professional curriculum.
- Students matriculated in the professional curriculum may be dismissed if they fail to comply with inoculation and medical testing requirements.
- These Medical Requirements do not need to be completed until acceptance is finalized.
- The program and its affiliates will not be able to refund any monies spent by the student should the student fail to satisfactorily complete any medical requirements or fail to comply with the policies of the program and clinical affiliates regarding medical requirements.

Notice of Non-Discrimination

The University of Cincinnati does not discriminate on the basis of disability, race, color, religion, national origin, ancestry, medical condition, genetic information, marital status, sex, age, sexual orientation, veteran status or gender identity and expression in its programs and activities.

The following person has been designated to handle inquiries regarding the University's non-discrimination policies:

Section 504, ADA, Age Act Coordinator
340 University Hall, 51 Goodman Drive
Cincinnati, OH 45221-0039
Phone: (513) 556-6381; Email: HRONESTP@ucmail.uc.edu

Title IX Coordinator
3115 Edwards 1, 45 Corry Blvd.
Cincinnati, OH 45221
Phone: (513) 556-3349; Email: title9@ucmail.uc.edu

For further information on notice of non-discrimination, visits <http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm> for the addresses and phone numbers of the office that serves the University, or call 1-800-421-3481.

Please detach these first three pages before submitting your application.

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APPLICATION

This should be the first page of your submitted application.

Please read thoroughly the enclosed Application Instructions before completing this form.

NAME

Last

First

Middle

M # (UC students only) _____

Date of birth _____

E-MAIL ADDRESS _____

Please check the appropriate program:

- Bachelors Degree of AMIT – Magnetic Resonance Imaging & Nuclear Medicine (**AMIT**)
- Certificate of AMIT – Magnetic Resonance Imaging (**AMIT-MRI**)
- Certificate of AMIT – Nuclear Medicine (**AMIT-NM**)

TELEPHONE NUMBER (including area code)

MAILING ADDRESS

Street

Apt. #

City

State

Zip Code

HOME ADDRESS (if different than mailing address)

Street

Apt. #

City

State

Zip Code

EMERGENCY CONTACT

Name

Phone

Relationship

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Please answer the following questions on a separate sheet of paper and attach it to this application. Be sure to include your name on the attachment. Proper grammar, spelling, and punctuation are required and will be taken into consideration regarding entry into the professional curriculum.

1. Do you have reliable transportation?
2. Estimate the number of days you have missed from school or work in the last year.
3. How do you resolve conflicts between yourself and others?
4. Why do you want to be a part of this program?
5. What do you expect this program will do for your future?
6. How do you manage your time?
7. What time commitment are you expecting to put into this program?
8. What subjects did you enjoy most in school and why?
- 9a. Describe your observation experiences with medical imaging. These may come from shadowing, personal experience, work, relatives having procedures, etc. Please do not disclose any personally identifiable information regarding any patients.
- 9b. With respect to 9a, what did you find most interesting and why? Be sure to answer “why”. Your response to “why” is what interests the reviewers the most.
10. What work or volunteer experiences have you enjoyed the most?
11. How will your past work or volunteer experiences help you succeed in this program?
12. What are your strong points?
13. What are your weak points?
14. Of what accomplishments in your life are you most proud?

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15. Please list honors and scholarships you have received.
16. Please list all extra-curricular activities in which you participated during high school or college. Please make a note if you were in a leadership position (president, vice president, secretary, treasurer, captain, co-captain, chairperson, point person, steward, lead, etc.)
17. Which institution of higher learning did you last attend and when? What is/was your declared major?
18. What is your overall GPA from each of the institution(s) you attended (including high school)?
- 19a. Write a brief statement describing your interest in the profession of Advanced Medical Imaging Technology (no more than ½ page, 12 point font, 1 inch margins).
- 19b. Write a brief statement that describes your projected, professional goals that you hope to attain by completing this program (no more than ½ page, 12 point font, 1 inch margins).
20. Are there any circumstances relevant to this application that you would like to explain?
21. Why should we accept you?

HIGHER EDUCATION

List all colleges/universities attended starting with the most recent.

Name of College/University	Major/Degree	Year(s) Attended

Pre-Requisite Education

On the following page are the prerequisite courses that need to be completed before entering the professional component of the Advanced Medical Imaging Technology Program. Please indicate where the course was completed, when the course was completed, and, if not yet completed, when and where you expect to complete the course.

You may contact the College of Allied Health Sciences Academic Advising office if you have questions regarding the acceptance of transfer credits.

<http://cahs.uc.edu/advising>

Advanced Medical Imaging Technology Prerequisite Courses – Semester Courses

Course	U.C. Course #	Where	When	Anticipated	Course	U.C. Course #	Where	When	Anticipated	
English Composition	ENGL1001				General Physics I	PHYS1051				
Intermediate Composition	ENGL2089				General Physics II	PHYS1052				
College Algebra	MATH1021				General Physics Lab I	PHYS1051L				
Trigonometry	MATH1022				General Physics Lab II	PHYS1052L				
Anatomy & Physiology	BIOL2001c				GOB Chemistry I OR General Chemistry I	CHEM1030 CHEM1040				
Anatomy & Physiology	BIOL2002c				GOB Chemistry II OR General Chemistry II	CHEM1031 CHEM1041				
Pathophysiology for Health Professions	ALH2071				GOB Chemistry I Lab OR Gen Chem Lab I	CHEM1030L CHEM1040L				
Intro to Effective Speaking	COMM1071				GOB Chemistry II Lab OR Gen Chem Lab II	CHEM1031L CHEM1041L				
Intro to Psychology	PSYC1001				**Success in Allied Health I	HLTH1001				
Health Care Ethics	HLSC2011				**Success in Allied Health II	HLTH1002				
Medical Terminology	HLSC2012									
Completion of mathematics courses up through and including MATH 1022(Trigonometry) or the completion of MATH1044(Applied Calc I) or higher satisfies the math requirement.									**These are only required by first time freshman in CAHS.	

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It is reasonable to expect students to be able to fulfill all of the following duties. Students unable to fulfill all of the following duties will not be accepted into the professional curriculum of the Advanced Medical Imaging Technology Program. These are minimal standards and due to the nature of the work, special accommodations cannot be made.

Do you feel as if you can do the following without assistance?

DUTIES	YES	NO
Lift and assist patients using proper body mechanics.		
Push and maneuver large pieces of medical equipment in tight spaces such as imaging equipment, computers, and portable imaging devices.		
Push and maneuver patients in wheelchairs and stretchers.		
See, hear, and respond quickly to patients in emergency situations.		
Effectively and efficiently communicate with patients and other health care professionals in oral and written form using the English language.		
Position patients and imaging equipment for medical imaging procedures.		
Stand for an extended period of time and walk long distances as necessary for portable and bedside procedures.		
Work individually or in groups to complete assigned tasks.		
Work with extremely ill or dying patients.		
Respond promptly and correctly to the requests of physicians, supervisors, and others in authority.		
Take constructive criticism and evaluation of your work.		

Also, in order to ensure the safety of each AMIT student, please complete the MRI screening questionnaire on the following two pages. MRI Technologists work around powerful, high-field magnets, and thus in order to work in this environment, MRI Technologists and potential AMIT/MRI students cannot have certain implants or medical devices, such as pacemakers, brain aneurysm clips, and cardiac defibrillators. Many other metallic implants are OK for working in an MR environment, however, such as hip/knee replacements, braces, dental fillings, and orthopedic screws.

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ADVANCED MEDICAL IMAGING TECHNOLOGY (AMIT) MAGNETIC RESONANCE IMAGING (MRI) SCREENING QUESTIONNAIRE

This form is required to be completed by all AMIT APPLICANTS.

The MR system is a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

Last name: First name:

Email address: Phone number:

Have you had prior surgery or an operation of any kind? Yes No

If yes, then please indicate date and type of surgery:

Have you had an injury to the eye involving a metallic object (e.g. metallic slivers, foreign body)? Yes No

If yes, please describe:

Have you ever been injured by a metallic object or foreign body? Yes No

If yes, please describe:

Warning:

Certain implants, devices or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device or object.

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Please indicate if you have any of the following:

Implant, device or object	YES	NO
Aneurysm clip(s)		
Cardiac Pacemaker		
Implanted cardioverter defibrillator (ICD)		
Electronic implant or device		
Magnetically-activated implant or device		
Neurostimulation system		
Spinal cord stimulator		
Cochlear implant or implanted hearing aid		
Insulin or infusion pump		
Implanted drug infusion device		
Any type of prosthesis or implant		
Artificial or prosthetic limb		
Any metallic fragment or foreign body		
Any external or internal metallic object		
Hearing aid		
Other implant/device: _____		

Important Instructions:

Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.

Please consult with the Advanced Medical Imaging Technology (AMIT) program if you have any question, or concern, BEFORE you enter the MR system room or the AMIT program.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature

Date

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

To the Applicant:

It is necessary that we request a statement of your general health and maintain such in our records. Please print your name in the appropriate space on the form below. Detach the form and have it signed by your physician, physician assistant, nurse practitioner, or other qualified healthcare provider. Return the form along with your application materials.

Note: This is not a request for a physical, only a statement concerning your general health.

**University of Cincinnati
Advanced Medical Imaging Technology Program**

Applicant Name (please print)

I hereby authorize the individual named below to provide the requested information.

Applicant Signature

To the best of my knowledge, the above named individual is in good physical and mental health and should be able to carry out the activities associated with obtaining diagnostic medical images in Magnetic Resonance Imaging, Nuclear Medicine Technology, and/or Computed Tomography.

Printed Name (Physician, Physician Assistant, Nurse Practitioner, or other qualified healthcare provider)

Signature

Date

Return to applicant or mail to:
**University of Cincinnati
Advanced Medical Imaging Technology Program
3202 Eden Avenue, French East Room 215
PO Box 670394
Cincinnati, OH 45267-0394**

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I pledge that the information on this entire application is correct and without purposeful omissions

Signature of Applicant

Date

Return application, including physician statement to:

**University of Cincinnati
Advanced Medical Imaging Technology Program
3202 Eden Avenue, French East Room 215
PO Box 670394
Cincinnati, OH 45267-0394**

The application can also be returned in person to:

**Advanced Medical Imaging Technology Program
Room 215 French East
College of Allied Health Sciences**

**The deadline for submission in January 14, 2018 at 5:00 pm.
Late applications will NOT be considered.**

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

REFERENCE FORM

To the Applicant:

Place your name in the space provided and sign the waiver if you agree to waive your right to read this appraisal. Give or mail it to the person named below and request that it be forwarded to the address given on the second page of this form.

Applicant Name: _____ Evaluator Name: _____

Phone: _____

I hereby authorize the above named individual to provide the requested information.

Applicant Signature: _____ Date: _____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant, if admitted and enrolled, will have access to the information provided unless he/she waives such access.

I HEREBY WAIVE MY RIGHT OF ACCESS TO THE INFORMATION RECORDED ON THIS FORM.

Signature of Applicant _____ Date _____

To the Evaluator:

On the basis of the following personal qualities, please indicate your appraisal of the applicant on a scale of 1 to 5, as follows:

5 - Excellent 4 - Above Average 3 - Average 2 - Below Average 1 - Unsatisfactory

If you are unable to evaluate any trait, please so indicate by placing an "X" in the last column.

	Trait	5	4	3	2	1	X
1	Judgment and Problem-Solving (responsible, critical)						
2	Manual Dexterity (agile, coordinated)						
3	Personality (pleasant)						
4	Poise (self-confident, responds well to unfamiliar demands)						
5	Communication Skills (articulate, clear, grammatical, responsive)						
6	Initiative (motivation, commitment, desire to succeed)						
7	Adherence to Established Policies & Regulations						
8	Flexibility (responds or conforms to changes or new situations)						
9	Dependability (responsible)						
10	Industry (diligent, prompt, persistent, organized)						
11	Interpersonal Relation Skills (courteous, cooperative, tactful, able to motivate, persuasive)						
12	Maturity (stability, self-disciplined, receptive to criticism)						

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

Please write any additional comments or information that might assist us in our evaluation of this applicant.

Signature

Title

Institution or Address

Date

Do not return this form to the applicant. Please mail directly to:

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Title

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