

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

SECONDARY ADMISSIONS APPLICATION INSTRUCTIONS

Application Form:

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

The application is **due** to the AMIT program **no later than January 11, 2021 at 5:00 pm.**

References:

Attached are two reference forms to be completed by persons who know you well enough to answer the questions on the form. References need to be completed by individuals from the below categories of professionals. Please enter your name and the name of the reference on the form prior to giving it to the person you select.

- Math, science or laboratory instructor
- Medical professional holding a terminal degree (e.g. physician, dentist, veterinarian, pharmacist, etc.)
- Academic advisor
- Healthcare professional
- Employer
- Responsible person not related to you

Please note that ***you must sign each form*** authorizing release of the information by the person you select to complete the form. Electronic signatures will be accepted, or applicants and references can choose to print and scan the document after each party has completed the applicable section of information.

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 the address below if your reference wishes to mail in their submission. If your reference wishes to submit their paperwork via email please have them email their submission to the AMIT program email address at advmedimaging@uc.edu.

**University of Cincinnati
Advanced Medical Imaging Technology Program
3225 Eden Avenue, Room 156
PO Box 670394
Cincinnati, OH 45267-0394**

Ask that the reference form be completed and mailed/emailed as soon as possible. References are due to the AMIT program no later than January 31, 2021.

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.

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

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 2020. 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 31, 2021. Paper copies should be sent to the above address. If the college/university offers electronic transcripts these can be emailed to advmedimaging@uc.edu.

University of Cincinnati 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 their registrar's office.**

University of Cincinnati 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.

Professional Conduct:

All students are expected to dress and behave professionally at all times as a student of the Advanced Medical Imaging Technology Program. Professional behavior during classroom education, clinical rotations and personal activities will be monitored. In the event that a student does not behave in a professional manor the student will be subject to program dismissal. 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.

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 therefore, 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 be made to complete a background check per program specifications only if accepted into the professional curriculum. Details regarding this process will be provided to accepted students in June of 2021.

The program and its affiliates will not 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.

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

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 be made to complete a drug screening per program specifications only if accepted into the professional curriculum. Details regarding this process will be provided to accepted students in June of 2021.

The program and its affiliates will not 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.

Medical Requirements Required:

Students accepted into the professional curriculum are required to provide evidence of the following immunizations and testings. Arrangements will be made to complete immunization documentation per program specifications only if accepted into the professional curriculum. Details regarding this process will be provided to accepted students in June of 2021. Failure to provide evidence of inoculations and required testing is grounds for denying an applicant's acceptance into the professional curriculum and/or program dismissal if the student has already begun the professional curriculum.

- 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

*Modifications to the list above can be made at any time and students will be expected to comply.

- 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.
- The program and its affiliates will not 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.

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

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 units have 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 four pages before submitting your application.

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

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

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

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 patient.
- 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 these experiences help you succeed in this program?
12. What are your strong points?
13. What are your weak points?

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

14. Of what accomplishments in your life are you most proud?
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 that describes how you became interested 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 add or explain?
21. Why should we accept you?

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

HIGHER EDUCATION

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

Name of College/University	Major/Degree	Year(s) Attended
<i>Example: University of Cincinnati</i>	<i>AMIT</i>	<i>Fall 2019 - Present</i>

List all current credentials and degrees.

College/University OR Credentialing Agency	Degree/Credential	Year
<i>Example: University of Cincinnati</i>	<i>Bachelor of Sciences</i>	<i>August 10, 2010</i>
<i>Example: ARRT</i>	<i>RT(MR)</i>	<i>November 30, 2010</i>

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>

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

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.				

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

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 hands-on, physical 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 and apply to future efforts.		

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 prospective and current AMIT/MRI students cannot have certain implants or medical devices. Implants such as pacemakers, brain aneurysm clips, and cardiac defibrillators may be deemed unsafe for MRI technologists and students. Other metallic implants may be permitted in an MR environment, such as hip/knee replacements, braces, dental fillings, and orthopedic screws. MRI faculty will review the questionnaire below to verify student safety.

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

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.

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

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 directly to the AMIT Program to:

**University of Cincinnati
Advanced Medical Imaging Technology Program
3225 Eden Avenue, Room 156
PO Box 670394
Cincinnati, OH 45267-0394
Fax - 513-558-4009
Email - advmedimaging@uc.edu**

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

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

Signature of Applicant

Date

Please return your application, physician's statement, transcripts and references to the Advanced Medical Imaging Technology Program in one of the following ways.

Via Mail:

**University of Cincinnati
Advanced Medical Imaging Technology Program
3225 Eden Avenue, Room 156
PO Box 670394
Cincinnati, OH 45267-0394**

In person dropoff:

**College of Allied Health Sciences
Advanced Medical Imaging Technology Program
Whitney Bowen's Office - Health Science Building, Room 156
OR
Whitney Bowen's Mailbox – Health Sciences Building, Room 162**

Via email:

AdvMedImaging@uc.edu

**The deadline for submission in January 11, 2021 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 this two page form to the person named below and request that it be mailed or emailed to the program via the information 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)						

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

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

Please do **not** return this form to the applicant. Please mail or email directly to the program:

**University of Cincinnati
Advanced Medical Imaging Technology Program
3225 Eden Avenue, Room 156
PO Box 670394
Cincinnati, OH 45267-0394**

AdvMedImaging@uc.edu

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 this two page form to the person named below and request that it be mailed or emailed to the program via the information 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)						

UNIVERSITY OF CINCINNATI ADVANCED MEDICAL IMAGING TECHNOLOGY PROGRAM

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

Please do **not** return this form to the applicant. Please mail or email directly to the program:

**University of Cincinnati
Advanced Medical Imaging Technology Program
3225 Eden Avenue, Room 156
PO Box 670394
Cincinnati, OH 45267-0394**

AdvMedImaging@uc.edu