

6. STATEMENT OF PURPOSE

On a separate page, state your reasons for selecting the advanced imaging modality as your field of study and include your professional interests and plans or goals after certification. Discuss your research into the profession as well as your personal strengths that would make you the best candidate for program selection.

7. RESUME'

On a separate page, indicate your education, professional certifications and employment history. You may also wish to include organization affiliations, awards, or other information that you believe would be pertinent to the selection committee.

8. TECHNICAL STANDARDS

Read the following statements identifying the TECHNICAL STANDARDS appropriate to medical imaging and answer the inquiry provided below.

The technologist/sonographer must have sufficient strength, motor coordination and manual dexterity to:

1. Transport, move, lift and transfer patients from a wheelchair or cart to an exam table or to a patient bed;
2. Move, adjust and manipulate a variety of imaging equipment, including the physical transportation of ultrasound systems or various imaging coils in MRI, in order to complete examinations of the patient according to established procedure and standards of speed and accuracy;

The technologist/sonographer must be capable of:

1. Handling stressful situations related to technical and procedural standards and patient care situations;
2. Providing physical and emotional support to the patient during examination procedures, being able to respond to situations requiring first aid and providing emergency care to the patient in the absence of, or until the physician arrives;
3. Communicating verbally in an effective manner in order to direct patients during imaging examinations and with members of the healthcare team;
4. Visually recognizing anatomy on a CRT/LCD screen;
5. Reading and interpreting patient charts and requisitions for pertinent patient history, laboratory results and examination orders;

The technologist/sonographer must have the mental, intellectual capacity, and eyesight to:

1. Calculate and select proper technical factors according to the individual needs of the patient and the requirements of the procedure's standards of speed and accuracy;
2. Review and evaluate the recorded images for the purpose of identifying patient pathology if present, accurate procedural sequencing, completion of a diagnostic examination, and other appropriate and pertinent technical qualities.

Please sign below indicating that you have read and understand the requirements of satisfactory performance of the TECHNICAL STANDARDS identified above.

SIGNATURE

DATE

The Department of Radiologic Sciences requests this information for the purpose of making a program admission decision. No persons outside the selection committee are routinely provided this information. Responses to all items are required. If you fail to provide the required information, the department may not consider your application.

APPLICATION PROCESS

The Application:

1. **Biographical Information** - complete this area to include: first and last name, middle initial, maiden name or other names used during your education or professional career; a stable mailing address and e-mail address to which information and inquiries can be made; telephone number(s) at which you may be contacted; your Boise State University student number; the semester and year that you expect to begin the program.
2. **Certificate or Registry Held** - Include the certifying agency (i.e. American Registry of Radiologic Technologists, etc.), the date you were licensed/certified, and your certification/license/registry number.
3. Indicate the program(s) you are applying to and which degree/certificate you are seeking.
 - a. A Bachelor degree includes program prerequisites, program specific classes, additional upper-division and university general education classes.
 - b. A second Bachelor degree requires a minimum of 30 additional credits earned at Boise State. The program director will determine the required course work based on their transcript evaluation in conjunction with the Registrar's Office transcript evaluator.
 - c. A Certificate may be earned by completing the stated prerequisites and program specific classes.

See the current undergraduate catalog for specific credit/class requirements.

4. **References** – list the 3 individuals that you have asked to complete reference forms for you.
5. **Institutions & Transcripts** – List **all** colleges or universities you have attended. Unofficial transcripts should accompany your application. A transfer evaluation equivalency by another institution is not acceptable.
6. **Statement of Purpose** - On a separate sheet, indicate your interest in and reasons for selecting sonography / MRI as a field of study. Please include your professional interests, plans, or goals after certification.
7. **Resume'** - On a separate sheet, list the pertinent information that you would like the selection committee to know about you. Please include your employment, professional certifications and education history.
8. **Technical Standards:** Read this statement and indicate that you understand the required standards by signing at the bottom of the statement.

The Department of Radiologic Sciences requests this information for the purpose of making a program admission decision. No persons outside the selection committee are routinely provided this information. Responses to all items are required. If you fail to provide the required information, the department may not consider your application.

Reference Forms - Hand out 3 reference forms with stamped envelopes addressed as indicated below. These forms should be completed by individuals you have had a professional and/or educational relationship with (excluding faculty in Radiologic Sciences). The reference forms should not be completed by family or friends. You, the applicant, will not have access to the information contained on the completed reference form.

All requested information must be received by Boise State University by **March 1**. Please return the completed application, transcripts, resume', and 3 completed reference forms to:

Boise State University
Department of Radiologic Sciences
Ms. Sue Antonich
1910 University Drive
Boise, ID 83725-1845

Both men and women are eligible to apply to the advanced imaging programs regardless of marital status or age. BSU does not discriminate on the basis of race, color, ethnic status, national origin or disability. Accepted applicants will be subject to background checks and drug testing for clinical placement. Applicants not accepted must reapply if they wish to be considered for the subsequent class. There is no "waiting list". Each class is selected from the new applicant pool available each year in March. Insufficient number of applicants may result in the inability to offer a program. The student must reapply each spring before the **March 1** deadline. Applicants are strongly encouraged to complete and submit a Boise State University admission application and a FAFSA application before **February 1**, in order to be considered for scholarships.

REFERENCE FORM

BOISE STATE UNIVERSITY

DEPARTMENT OF RADIOLOGIC SCIENCES

Computed Tomography; **Magnetic Resonance Imaging;** **Diagnostic Medical Sonography**

MS. JOIE BURNS, SONOGRAPHY PROGRAM DIRECTOR (208) 426-1382

MS. LESLIE KENDRICK, MRI & CT PROGRAM CHAIR (208) 426-3281

Name of Applicant _____
Last First M.I.

To the Applicant: Students of Boise State University have the right to inspect their files upon request. So that the person you have requested to write a letter of recommendation will know if their letter will be held in confidence or if the letter will be open to inspection, the following policy is stated:

“Letters of recommendation are destroyed at the time program selections are made and prior to the applicant becoming an official advanced imaging program student. Therefore, **the applicant will never see these letters**. Once the letters serve their purpose, they are destroyed! This policy assures the person writing the recommendation that this letter will remain confidential.”

To the Evaluator: The above person is applying for admission into one of Boise State University’s advanced imaging programs.

Personal recommendations are a very important part of the application. Each recommendation is reviewed carefully by members of the Selection Committee. We are eager to select those individuals whose accomplishments, personal attributes, and abilities indicate that they have the greatest potential for success in our programs. Therefore, we ask you to provide a thoughtful and sincere appraisal of this applicant. If you do not know the applicant well enough to complete this form, please notify him/her and return the form. Your early reply is appreciated.

Your Name _____ **Title** _____

Organization _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Work Telephone () _____ **E-mail Address:** _____

May we contact you for clarification of comments? Yes _____ No _____

How long have you known the applicant? _____

In what capacity have you known this applicant? _____

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

Reference forms are due by March 1st and may be faxed to 208-426-4459, emailed to sueantonich@boisestate.edu, or mailed to:

Boise State University
Department of Radiologic Sciences
Ms. Sue Antonich
1910 University Dr.
Boise, ID 83725-1845

Personal and Professional Appraisal

Please rate the applicant in the following categories, using a scale of 1 to 5; with 5 being superior and 1 being poor. If you have no basis for evaluation in any category, please check "No Basis".

Characteristic	Superior 5	4	3	2	Poor 1	No Basis
Academic Potential						
Oral Communication Skills						
Written Communication Skills						
Problem Solving Ability						
Ability to Multi-Task						
Organizational Ability						
Ability to Work in a Team						
Ability to Work Independently						
Flexibility in Adapting to New Situations						
Sense of Responsibility						
Exhibits Compassion & Empathy for Others						
Demonstrates Ethical Behavior						
Leadership / Initiative						

Applicant's greatest strength: _____

Applicant's greatest limitation: _____

Comments (Use an extra sheet if needed.) _____

Recommendation

- Strongly Recommend
- Recommend
- Recommend with Reservations (please explain in comment section)
- Do Not Recommend

Signature _____ **Date** _____

BOISE STATE UNIVERSITY
Department of Radiologic Sciences 2017

*The demographic information requested below will be used only for statistical purposes.
This information is not considered in the admission process.*

ALL INFORMATION IS VOLUNTARILY GIVEN TO DEPARTMENT OF RADIOLOGIC SCIENCES

WHICH PROGRAM ARE YOU APPLYING FOR?

Radiologic Sciences CT
 MRI Sonography

ETHNIC BACKGROUND

African-American Native American
 Asian Pacific Islander
 Caucasian Other
 Hispanic/Latino-American

HOW DID YOU FIND OUT ABOUT THE BOISE STATE UNIVERSITY RADIOLOGIC SCIENCES PROGRAM?

Career Fair Television ads
 Friends and family Website
 Radiologic Technologists High school advisor
 Newspaper ads Radiologic Sciences recruiter
 Radio ads Other (Please specify)

CURRENT LEVEL OF EDUCATION

GED High School Diploma Some College Credits

Applied Technical Certificate; College/University: _____
Area of Study _____

Associate of Science or Arts Degree; College/University: _____
Area of Study _____

Bachelor of Science or Arts Degree; College/University: _____
Area of Study _____

Master of Science or Arts Degree; College/University: _____
Area of Study _____

ARE YOU A RESIDENT OF IDAHO? Yes No

CURRENT AGE: 0-20 21-30 31-40 41+

GENDER: Male Female

PLEASE INDICATE INCOME LEVEL OF HOUSEHOLD:

<input type="checkbox"/> \$0 – \$18,000	Number in household
<input type="checkbox"/> \$18,001 – \$24,000	<input type="checkbox"/> 1-2
<input type="checkbox"/> \$24,001 – \$30,000	<input type="checkbox"/> 3-4
<input type="checkbox"/> \$30,001 – \$36,000	<input type="checkbox"/> 5+
<input type="checkbox"/> \$36,001 – more	