



BOISE STATE UNIVERSITY
 School of Allied Health Sciences
 Department of Radiologic Sciences
 Health Sciences Riverside, Rm. 126
 1910 University Drive
 Boise, ID 83725-1845

Application Admission Deadline:

All information including attached \$20 non-refundable application fee must be in our office (Health Science Riverside, Rm. 126) by **4:00 PM, the second Friday in February.**

Phone: 208 426-1996 FAX 208 426-4459

2018 Radiologic Sciences Program Admission Application
 Bachelor of Science, Diagnostic Radiology

Name: _____ Phone Number _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

BSU Email: _____

PLEASE NOTE: It is the APPLICANT'S responsibility to keep the Radiologic Sciences Department informed about any changes in your mailing address, phone number or e-mail address. The department may need to contact you regarding your application and/or qualifications prior to or after the deadline. Please make certain these contact methods are current.

BSU Student Number: _____

Have you applied to the program in the past? If yes, the year _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Recommendation Forms (List the 3 individuals you have asked to complete & return reference forms—see page 3)

Academic related	
Work related	
General character	

ALL Higher Education Institutions Attended including BOISE STATE UNIVERSITY:

Copies of all unofficial transcripts (official or unofficial), including Boise State's, must be enclosed with this application. Spring 2017 course enrollment should also be included, if currently enrolled. A transfer evaluation equivalency by another institution is NOT acceptable for a transcript.

Dates of Attendance	Institution	Degree (if applicable)	Transcript attached*

Work/Volunteer History:

Dates	Employer	Position/Responsibilities

ANSWER EACH OF THE FOLLOWING QUESTIONS AND/OR COMPLETE THE REQUIRED INFORMATION: (Be certain to complete both boxes)

YES	INITIAL	
		<p>I have ATTACHED :</p> <ul style="list-style-type: none"> • Boise State University Transcripts (unofficial advisor's copy acceptable) • Copies of transcripts from all other higher education institutions attended (college/university). Transcripts do not have to be official; copies are typically available through the registrar's office of institution you currently attend. Computer printouts are permissible. • Documentation of fall grades on transcript and current spring course enrollment • Letter of application • Program Application Fee: \$20 check or money order. (Payable to Boise State; returned application fee checks for insufficient funds constitute an incomplete application.)
		<p>I understand it is my responsibility to ensure that all letters of references and transcripts are received in the department by the stated deadline, or my application will be incomplete.</p>
		<p>I understand I must also apply and be accepted as a full-time student to Boise State by the application deadline. I should have a Boise State student number.</p>
		<p>I understand that program and/or course fees may be added on top of institutional tuition and fees potentially totaling up to \$500.00 per semester (Applied the semester you will be taking classes).</p>
		<p>I understand the program requires technical proficiency utilizing computer technologies (word processing, e-mail, Internet, spreadsheet development, database usage, etc.). It is also beneficial to have a computer with Internet access (high speed recommended), a browser (Microsoft Internet Explorer 11.0, Mozilla Fire Fox, or Google Chrome is recommended), an active e-mail address, and a word processing program (Microsoft Word is highly recommended). Computer access is available on campus for students; e-mail accounts are provided by Boise State. Price discounted academic software is available through BSU. Students must prove computer competency as listed below in the pre-requisites.</p>
		<p>I understand that if I am accepted into the program that I will provide proof of medical insurance and also provide transportation to all assigned clinical sites, some being approximately 60 miles from Boise State University.</p>
		<p>I understand that accepted students WILL BE required to submit to a personal background check and drug testing, with the source of and level of background check/drug testing determined by the College of Health Sciences. I will be responsible for any associated costs for these requirements. I understand that my acceptance status may be revoked due to the results. I understand that background checks/drug testing may be required each semester.</p>
		<p>I understand that if accepted into the program, it is a full-time commitment with requirements for evening clinical rotations at some clinical sites. Full-time employment is EXTREMELY difficult.</p>
		<p>I understand core electives and required support courses are not administered by the Radiologic Sciences Department. Times and availability will vary in any given semester; there is no guarantee of course availability at any given time. Students are responsible to meet with an advisor to understand the deadlines for course completion. Failure to meet the Boise State Foundational Studies course completion deadlines will result in an inability to graduate on time.</p>
		<p>I understand:</p> <ul style="list-style-type: none"> • my overall cumulative GPA must be greater than a 2.50 to be considered for candidacy. • students on academic probation will not be considered. • the prerequisite course GPA must be at least a 2.60 with a minimum of 14 credits completed by the application deadline.
		<p>I understand that preference will be given to those students who have completed the following Boise State courses or equivalents by the end of the Boise State spring semester of application: (Applications will not be considered if students will be missing more than one course at the end of the spring semester of application)</p> <ul style="list-style-type: none"> • ENGL 101 Introduction to College Writing • ENGL 102 Introduction to College Writing and Research • MATH 143 College Algebra or MATH 170 Calculus I or ACT of 27 • BIOL 227-228 Anatomy and Physiology • HLTHST 101 Medical Terminology • CHEM 101/L Essentials of Chemistry I OR CHEM 111/L General Chemistry I • SOC 101 Introduction to Sociology OR PSYC 101 General Psychology • Three credits of either DLV or DLL • ITM 104, 105, 106 (or successful completion of the COBE Computer Placement Exam for Word Processing, Spreadsheet, and Database sections)

I have carefully read this application and have answered all questions completely. I declare my answers to be true and correct. Should I furnish false information in any portion of this application, I hereby agree that such an act shall constitute cause for denial for admission to and/or dismissal from the Diagnostic Radiology Program.

Signature _____ Date _____

APPLICATION INFORMATION, RADIOLOGIC SCIENCES, DIAGNOSTIC RADIOLOGY 2017

Letter of Application:

The application for admission for the BS Diagnostic Radiology Program requires inclusion of a narrative Letter of Application, which should be typed, double-spaced, 1 inch margins, Times New Roman 12 pt. font, and no longer than 3 pages in length. Address your letter to the Diagnostic Radiology Program Admission Committee. Your letter of application should reflect serious thought. Please attach a cover page with your letter to include your name, but **do not put your name in or on the actual letter.**

Items to include: (but not limited to)

- Interest/experience that stimulated your pursuit of radiology as a career
- Evidence of investigation in the field of radiology
- Personal strengths and limitations with their potential impact on your success in the program and as a professional
- Professional radiology career goals

Reference Forms:

Three (3) references must be returned to the department **by the admission deadline** using the provided reference form. **These references are closed, in that the individual filling out the form will return it directly to the department;** the applicant does not have access to the completed recommendation form. Each applicant should give the evaluator a copy of the reference form and a stamped envelope addressed to: (references can also be directly FAXED by the evaluator to 208-426-4459 or emailed to sueantonich@boisestate.edu)

Diagnostic Radiology Program Admission Committee
Boise State University
1910 University Drive
Boise, ID 83725-1845

References **cannot** be completed by relatives of the applicant and should be furnished by individuals who can speak to the abilities of the applicant. The references must include one from each of the following categories:

1. Academic-related individual reference—Select an individual that can assess to your academic ability to complete a rigorous program. This individual could be a prior or current teacher, academic advisor, work trainer, volunteer educator, etc. that knows you well enough to give appropriate information.
2. Work-related reference—Select an individual that has recent knowledge of your work ethic or employment abilities. This can be a current or past supervisor, employer, volunteer coordinator supervisor, etc.
3. General Character Reference—Select an individual who knows you well enough to give a recommendation on your personal and ethical characteristics. This can be a minister, co-worker, coach, etc.

References will be checked.

FOR YOUR INFORMATION: Information Regarding Certification

The American Registry of Radiologic Technologists (ARRT) assesses the ethical standard of all applicants to complete the certification test. The web site is <http://www.arrt.org>. As a portion of those ethical standards, each individual requesting to take the credentialing test must report the following to the ARRT:

1. Convictions, criminal proceedings or military court-martials as described below: (excluding juvenile)
 - i. Conviction of a crime, including a felony, a gross misdemeanor or a misdemeanor with the sole exception of speeding and parking violations. All alcohol and/or drug related violations must be reported.
 - ii. Criminal proceeding where a finding or verdict of guilt is made or returned but the adjudication of guilt is either withheld or not entered, or a criminal proceeding where the individual enters a plea of guilty or nolo contendere.
 - iii. Military court-martials that involve substance abuse, any sex-related infractions, or patient-related infractions

The ARRT has the power to deny any credentialing application based on the above information. Passing admission to the program through background check verification will not GUARANTEE acceptance by the ARRT.

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.

REFERENCE FORM

BOISE STATE UNIVERSITY
SCHOOL OF ALLIED HEALTH SCIENCES
DEPARTMENT OF RADIOLOGIC SCIENCES
BACHELOR OF SCIENCE, DIAGNOSTIC RADIOLOGY
MS. LESLIE KENDRICK, PROGRAM DIRECTOR (208) 426-1996

FAX: 208-426-4459
DEADLINE: 4:00 PM, the
second Friday in February

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:

“Reference forms and accompanying information are destroyed at the time selections are made and prior to the individual becoming an active program student. Therefore, **the applicant will never see these evaluations.** Once the forms serve the purpose, they are destroyed! This policy assures that the information supplied by the evaluator will remain confidential.”

Evaluator’s Name _____ Title _____

Organization _____

Daytime Telephone () _____ E-Mail _____

To the Evaluator: The above person is applying for admission to a Boise State University Radiologic Sciences Program to become a Diagnostic Radiographer. This is a 4 year Baccalaureate degree program that requires both academic and personal rigor.

Personal recommendations are a very important part of the application; members of the Admissions Committee review the recommendations carefully. We are committed to select those individuals whose accomplishments, personal attributes, and abilities indicate they have the greatest potential for success in the Diagnostic Radiology Program. 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 timely reply is appreciated.

How long have you known the applicant? _____

In what capacity have you known this applicant? _____

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

Please return by 4:00 pm, the second Friday in February: (firm deadline, you may FAX to the above number or email form to sueantonich@boisestate.edu)

Diagnostic Radiology Program Admission Committee
Boise State University, HSRV 126
1910 University Dr.
Boise, ID 83725-1845

OVER

Please indicate in the appropriate box your THOUGHTFUL/SINCERE evaluation of the applicant in the fifteen following areas. If you have no basis for evaluation in any category, please check "No Basis".

Characteristic	Superior	Above Expectations	Acceptable, Average	Needs improvement	Poor	No Basis
Intellectual potential						
Leadership/initiative						
Technical reasoning (mathematical/deductive, critical thinking)						
Sense of responsibility						
Social (desire/ability to interact positively with people)						
Adaptability to stressful situations						
Ability to work productively in a team						
Organizational ability						
Ability/willingness to adapt to new situations						
Ability to work independently						
Reliability						
Oral communication skills						
Attitude/Enthusiasm						
Sensitivity (compassion/empathy)						
Problem solving ability/Common sense						

Phrase that represents the applicant's:

Greatest strength _____

Greatest challenge _____

Comments _____

Recommendation

- Strongly Recommend
- Recommend
- Recommend with Reservations
- Do Not Recommend

Signature _____ **Date** _____

Please note: It may not be possible to thank each individual for completing a recommendation form. We want you to know, however, that we are aware of the time required and both the acceptance committee and the applicant are most appreciative of your response.

