



HEALTH SCIENCES & BUSINESS TECHNOLOGY

2012 APPLICATION TO:

RADIOLOGIC TECHNOLOGY

GENERAL INFORMATION: This application is for admission to the radiologic technology program at LSU EUNICE. By completing this form, you are seeking admission to the clinical portion of this program. All applications must be received by **MARCH 1** of the year in which admission is sought. If you have any questions regarding this application, please call 337-550-1311 or 337-550-1357.

INSTRUCTIONS:

1. Fill out this application and return it to Health Sciences & Business Technology, T-104 **by March 1**. Only mail this application to us if you are not currently attending and unable to come in person. Our address is LSU EUNICE, Health Sciences & Bus. Technology, P. O. Box 1129, Eunice, LA 70535, You **MUST** attach a copy of your transcripts from all of the colleges you have attended. **OR** have Admissions send a copy of your transcripts to Nursing & Allied Health after you turn in this application. **A RELEASE FORM FOR THAT PURPOSE IS ATTACHED.** If you are currently enrolled in a university (other than LSU EUNICE), send a copy of that transcript to the Health Sciences & Business Technology Dept. immediately following the posting of those grades. LSU EUNICE Admissions will also need an official copy sent from that University as soon as possible.
2. Apply separately for general admission if not currently enrolled at LSU EUNICE. Contact the Office of Admissions, LSU EUNICE, P. O. Box 1129, Eunice, LA 70535 or register online at www.lsu.edu. There will be a \$25 general admission application fee. The university application must also be completed **by March 1**.
3. **ATTACH** a \$10 non-refundable radiologic technology application fee. **MONEY ORDER** only made payable to LSU EUNICE.
3. **Health Examination Record** is attached. You will have to see your physician to complete the health examination and return with this application by **March 1**. Immunizations do not need to be completed at this point. Only after you have been accepted will you have to complete immunizations.
4. **LIST ALL COLLEGES OR UNIVERSITIES WHICH YOU HAVE PREVIOUSLY ATTENDED IN CHRONOLOGICAL ORDER INCLUDING LSU EUNICE.** All institutions must be listed regardless of whether credit was earned or desired. Also, please list if you are going to two universities at the same time. Failure to indicate attendance at another college or university may result in admission being denied or subsequent dismissal.

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5. **Please read important information regarding Financial Aid attached.**

CERTIFICATION: I certify that I have read this application and instructions and that to the best of my knowledge the information given is correct and complete. I understand that if it is later determined to be otherwise, my application will be invalid. I am enclosing the appropriate application fee and am aware of the application deadline as stated in the instructions. I understand that before an admission decision can be made, completed applications, fee, and all scholastic records must be on file.

Signature _____ ID# _____ Date _____

RADIOLOGIC TECHNOLOGY PROGRAM APPLICATION FORM

Name _____ ID# _____ Circle One M F

Please check all programs you are applying for in the Health Sciences & Business Technology Division and select in numerical order your preference.

_____ Radiology _____ Nursing _____ Respiratory _____ DMS

List any other names under which your records may be filed: _____

Mailing Address _____ City _____ State _____

Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail Address _____ (used for application purposes only)

Social Security #: _____

Are you currently enrolled in a college or university? Yes _____ No _____

If so, please specify institution _____

BE SURE TO HAVE A COMPLETE TRANSCRIPT SENT TO THE HEALTH SCIENCES & BUSINESS TECHNOLOGY DEPT. AS SOON AS SEMESTER ENDS IF YOU ARE ATTENDING A COLLEGE OTHER THAN LSU EUNICE.

Have you completed all of the prerequisite and priority courses for the Radiologic Technology Program?

Yes _____ No _____

Will you be complete after the Spring Semester? _____

List all courses in which you are currently enrolled: _____

Please list below any health-care experience that you feel would be pertinent to this application. For work experience, include job title, duties, and dates (use additional pages as necessary).

DOCUMENTATION OF CERTIFICATES

If you are certified or registered in a health-care field, please attach a copy of documentation to validate this.

DO NOT WRITE BELOW THIS LINE

Date Received _____ Bursar Stamp _____ Accepted _____ Alt.# _____

PAID

HEALTH SCIENCES & BUSINESS TECHNOLOGY PREGNANCY POLICY

DO NOT SEND BACK WITH APPLICATION.

A female student is given the option of whether or not to inform program officials of her pregnancy. If the student chooses to **voluntarily** inform officials of her pregnancy, it must be in writing. In the absence of this **voluntary** written disclosure, a student cannot be considered pregnant. However, due to the sensitivity of the unborn child to radiation, it is necessary to inform female applicants of the possible health risks involved as a result of occupational exposure during pregnancy.

1. Pregnant students **should** notify the Program Director (PD), Clinical Coordinator (CC), and the Radiation Safety Officer as soon as pregnancy is suspected/determined so that appropriate radiation safety measures can be instituted. Even though this written notification is **voluntary**, the Division of Nursing & Allied Health encourages the pregnant student to perform this measure.
 - 1.1 If the student chooses to **voluntarily** inform officials of her pregnancy, a physician statement verifying the pregnancy shall be submitted by the student. This statement **must include** a medical release which allows the student to continue with clinical assignments. If, for medical or personal reasons, the student is unable to complete the clinical assignments, she may initiate a request for authorization of an “**I grade**” through the office of **Academic Affairs and Services**. The student **must** subsequently remove the “**I grade**” following the regulations in the University catalog. Should the student choose to withdraw from a clinical course, the “**Withdrawal**” guidelines in the University catalog **must** be followed. Should the student choose to resign from the program, the “**Resignation**” guidelines in the University catalog **must** be followed.
2. Upon verification of pregnancy, the PD will review all appropriate and applicable principles of proper radiation safety with the student.
 - 2.1 Notify all appropriate radiology department personnel of the expectant status of the student in order to insure proper clinical education experience while maintaining the standards of radiation safety.
 - 2.2 The student will be given the following documents to review:
 - A. NCRP Report No. 54**
 - B. NCRP Report No. 128**
 - 2.3 Changes in the clinical assignments may be instituted in order to insure compliance with the recommended **Effective Dose Equivalent** standards upon completion of the declared pregnancy form (**Appendix C1**).
3. Following completion of the declared pregnancy form, the **Effective Dose Equivalent** to the fetus from occupational exposure of the expectant mother **should not exceed 0.5 rem during the remaining gestation period**. The monthly exposure **shall not exceed 0.05 rem**. The student will be furnished an OSL fetal radiation monitoring device. **This device must be worn at waist level at all times and underneath the protective lead apron during fluoroscopy.**
4. If pregnancy occurs during the first semester of the program and the student is unable to fulfill the required clinical objectives, the student will withdraw from the program and may reapply the following spring semester. If pregnancy occurs after the completion of the first semester and the student is unable to fulfill the required clinical objectives, the student may request authorization of an “**I grade**” through **Academic Affairs and Services** for the clinical course. The student may either withdraw or re-enter the same semester of the following year if guidelines for removal of the “**I grade**” have been followed and a letter of intent to re-enter the program is turned in to the PD by **April 1st**.

**LOUISIANA STATE UNIVERSITY EUNICE
HEALTH SCIENCES & BUSINESS TECHNOLOGY
Radiologic Technology Program**

TECHNICAL PERFORMANCE STANDARDS FOR ADMISSION

(Please keep this form. Do not return with application.)

Students accepted into the program must be physically capable of successfully performing the following standards related to the occupation safely, accurately, and expeditiously. Please read the following standards carefully, make an assessment of your physical capabilities, and determine if you have any physical limitations that may restrict or interfere with your satisfactory performance of any of the standards listed below.

- 1) Lift, move, and transport patients (from bed to wheelchair/stretchers or from wheelchair/stretchers to radiographic table) without causing undue pain or discomfort to the patient or one's self.
- 2) Position patients for various radiographic examinations without injury to the patient.
- 3) Manipulate x-ray equipment into proper positions including fixed and mobile units.
- 4) Respond instantly to emergency situations that may otherwise jeopardize a patient's physical state if speedy care is not administered.
- 5) Evaluate written requisitions for radiographic procedures.
- 6) Communicate the explanation of procedures and give effective instructions to patients.
- 7) Obtain medical histories of patients and communicate this information to the Radiologist.
- 8) Evaluate radiographic images in relation to exposure factors, image quality, and proper positions of anatomical parts.
- 9) Transport mobile equipment to assigned areas of the hospital in a timely and precautions manner.

Reviewed January 2012

**DIVISION OF HEALTH SCIENCES & BUSINESS TECHNOLOGY
TRANSCRIPT RELEASE FORM**

THIS IS NOT AN APPLICATION FORM. THIS IS ONLY A REQUEST FOR DOCUMENTS TO BE TRANSFERRED TO THE DIVISION OF HEALTH SCIENCES & BUSINESS TECHNOLOGY.

BRING THIS FORM TO MANUEL HALL ROOM 102 AFTER YOU HAVE COMPLETED THE APPLICATION TO THE DIVISION OF HEALTH SCIENCES & BUSINESS TECHNOLOGY.

NAME: _____ ID# _____

I have completed an application for admission to:

_____ **Nursing**

_____ **Radiology**

_____ **Respiratory**

_____ **DMS**

Please forward copies of the following documents to the Division of Health Sciences & Business Technology for each program applied to:

_____ **College transcripts from (List colleges)**

LSU EUNICE

_____ **High school transcript (RESPIRATORY ONLY)**

I understand it is my responsibility to ensure that all required documents are received by the Division of Health Sciences & Business Technology.

Signature

Print Name

LOUISIANA STATE UNIVERSITY AT EUNICE
Division of Nursing & Allied Health

Health Examination Record

Prior to experience in the clinical area, a health examination is required to assist the faculty in determining if a student has any physical disabilities which would hinder the student's ability to meet the requirements of the curriculum. This information will be kept confidential. It will be filed in your student folder in the division office.

This form is to be completed by you and your physician and delivered in person to this office. When you bring in this form, you will have to give evidence of a TB skin test or chest x-ray within the last year and completion of the following immunizations: (1) Polio original series, (2) DPT original series, (3) DT booster within the last ten (10 years), (4) Rubella (titer or immunization), and (5) Hepatitis B Vaccine. You must also submit verification of completion of CPR for the Healthcare Provider.

THIS SIDE TO BE COMPLETED BY STUDENT

Name: _____ Social Security No.: _____

Date of Birth: _____ Sex: _____

I. APPLICANT: Have you had any of the following? Respond by answering **YES** or **No**.

- | | | | |
|--|-------|---------------------------------------|-------|
| a. Visual defects | _____ | m. Back injuries | _____ |
| b. Hearing defects | _____ | n. Joint injuries or problems | _____ |
| c. Heart trouble | _____ | | |
| d. High blood pressure | _____ | o. Missing digits | _____ |
| e. Tuberculosis, lung, or respiratory problems | _____ | p. Mental Illness | _____ |
| f. Hepatitis, liver disease | _____ | q. Other serious illness (List below) | _____ |
| g. Stomach trouble | _____ | r. Any surgeries (List type and year) | _____ |
| h. Hernias | _____ | s. Allergies (list below) | _____ |
| i. Fainting spells, epilepsy, or convulsions | _____ | | |
| j. Diabetes | _____ | | |
| k. kidney or bladder disease | _____ | | |
| l. skin disease | _____ | | |

I have read the above and declare that I have no injury or illness other than as specifically herein noted. Any falsification or misrepresentation will be sufficient grounds for my release from the Division of Health Sciences & Bus. Technology.

Date: _____ Student's Signature: _____

II. **PHYSICIAN'S EXAMINATION:**

Skin _____
Eyes _____
Vision _____
Ears _____
 Hearing _____
Nose and Throat _____
Neck _____
Chest _____
Heart _____
Abdomen _____
Hernia _____
Extremities _____
 Varicose Veins _____
Musculoskeletal _____
Neurological _____
Menstrual History _____
Mental Status _____
BP _____ T. _____ P. _____ R. _____
Laboratory:
 CBC _____
 Urine _____
 VDRL _____
 TB Skin or CXR _____

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- 3) _____ Manipulate x-ray equipment into proper positions including fixed and mobile units.
- 4) _____ Respond instantly to emergency situations that may otherwise jeopardize a patient's physical state if speedy care is not administered.
- 5) _____ Evaluate written requisitions for radiographic procedures.
- 6) _____ Communicate the explanation of procedures and give effective instructions to patients.
- 7) _____ Obtain medical histories of patients and communicate this information to the Radiologist.
- 8) _____ Evaluate radiographic images in relation to exposure factors, image quality, and proper positions of anatomical parts.
- 9) _____ Transport mobile equipment to assigned areas of the hospital in a timely and pre-cautious manner.

Date: _____ Signature: _____ M.D.

FOR LSUE NURSING OFFICE USE ONLY

TB: _____ Polio: _____ DPT Series: _____ DT: _____ CPR: _____
Rubella: _____ Flu _____ Hepatitis: #1 _____ #2 _____ #3 _____ /or Signed Waiver _____
Second Year: TB: _____ CPR: _____ Flu _____

IMPORTANT PLEASE READ

ATTENTION APPLICANTS FOR CLINICAL PROGRAMS

- You must complete the correct FASFA for the year you wish to apply. (Example: You must file the 2012-2013 FASFA form if you are applying for aid for the fall of 2012)
- If you are relying on financial aid to pay your fees, you are **STRONGLY** urged to complete your FAFSA and submit all requested documents by **March 1st**. Failure to meet this deadline may require you to be responsible for **ALL** required fees (tuition, books, supplies, etc.)
- You must submit a Financial Aid Appeal Form (<http://www.lsu.edu/site146.phpif>) if you have attempted over 123 hours which includes any withdrawals (W's), failed courses (F's), or academic bankruptcy on your official academic transcript. This form is to be returned to the Office of Student Affairs prior to June 1st.
- You must be **fully** admitted to the University. You must submit to the LSU Eunice Office of Admissions official transcripts from every college or university at which you were previously enrolled.
- You must continue to check the status of your financial aid on your "MyLSUE" account for current updates or notifications regarding your file.