



# UNIVERSITY OF SOUTHERN INDIANA

## BACHELOR OF SCIENCE RADIOLOGIC AND IMAGING SCIENCES Completion Program/Track 3

### ADMISSION APPLICATION

Name \_\_\_\_\_ SSN/Student ID (if known) \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_ Birth Date \_\_\_\_\_

#### Education Beyond High School

To be considered for enrollment you must be in the last year of Radiologic Technology course work or a registered technologist.

| Institution | Years Attended | Major/Degree |
|-------------|----------------|--------------|
| 1.          |                |              |
| 2.          |                |              |
| 3.          |                |              |
| 4.          |                |              |

**Please submit copies of final transcripts from the institutions listed above.**

Field of Interest (Circle one)    Clinical Education    Radiology Management    CT/MRI    Undecided

Please indicate which of the following applies to you:

\_\_\_\_\_ Radiologic Technology student                      Date of graduation \_\_\_\_\_

\_\_\_\_\_ Registered Technologist (a copy of ARRT is required)

Have you ever been on probation, suspended, or dismissed from any college or university?                      Yes                      No

Have you ever been convicted of a crime?                      Yes                      No

If you answered yes to either above questions, please submit a written explanation on a separate sheet of paper and attach it to the application. Failure to do so will void this application.

How did you hear about our program? (Circle One)                      Program Student referral                      Internet Search

ISRT journal or other ad                      Other \_\_\_\_\_

I certify that all information provided on this application is true and accurate to the best of my knowledge. I also authorize the Radiologic Imaging Sciences admission committee to review and verify my application and academic records.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## To complete the application process:

1. A separate admissions application and set of transcripts must be sent to the University Of Southern Indiana Office Of Admissions.
2. Send the completed application to:

Radiologic and Imaging Sciences Program  
College of Nursing and Health Professions  
University of Southern Indiana  
8600 University Boulevard  
Evansville, IN 47712

3. **For students enrolled in the CT/MRI concentration:** In order to complete clinical educational requirements for the BS degree in Radiologic and Imaging Sciences in CT/MRI, students will be required to complete and submit verification of the following prior to beginning clinical education. This is done through an online clinical management company called CertifiedBackground. Please contact Mrs. Joy A. Cook for more information on this program: [jacook3@usi.edu](mailto:jacook3@usi.edu). HIPPA and OSHA training is done through the University and completion documents of those program are also submitted to CertifiedBacjkground. Please request information on these programs from Mrs. Cook.
- 4.



## STUDENT INSTRUCTIONS FOR UNIVERSITY OF SOUTHERN INDIANA COMPLETION STUDENTS

### About CertifiedProfile

CertifiedProfile is a secure platform that allows you to order your Background Check , Drug Test & Medical Document Manager online. Once you have placed your order, you may use your login to access additional features of CertifiedProfile, including document storage, portfolio builders and reference tools. CertifiedProfile also allows you to upload any additional documents required by your school.

### Order Summary

- > **Required Personal Information** - In addition to entering your full name and date of birth, you will be asked for your Social Security Number, current address, phone number and e-mail address.
- > **Drug Test (Labcorp)** - Within 24-48 hours after you place your order, the electronic chain of custody form (echain) will be placed directly into your CertifiedProfile account. This echain will explain where you need to go to complete your drug test.
- > **Immunizations & Drug Test Results** - Document trackers provide secure online storage for all of your important documents. At the end of the online order process you will be prompted to upload specific documents required by your school for immunization, medical or certification records.
- > **Payment Information** - At the end of the online order process, you will be prompted to enter your Visa or Mastercard information. Money orders are also accepted but will result in a \$10 fee and an additional turn-around-time.

### Place Your Order

Go to: [www.CertifiedBackground.com](http://www.CertifiedBackground.com) and enter package code:

**UF29** – Background Check, Medical Document Manager & Drug Test \$130

**UF29imdt** – Background Check, Medical Document Manager & Document Manager w/drug test results \$90

You will then be directed to set up your CertifiedProfile account.

### View Your Results

Your results will be posted directly to your CertifiedProfile account. You will be notified if there is any missing information needed in order to process your order. Although 95% of background check results are completed within 3-5 business days, some results may take longer. Your order will show as "In Process" until it has been completed in its entirety. Your school's administrator can also securely view your results online with their unique username and password.

## Immunization Requirements

### Measles, Mumps & Rubella (MMR)

-There must be documentation of one of the following:

- 2 vaccinations
- Positive antibody titers for all 3 components (lab report OR physician verification of titer results required)

### Varicella (Chicken Pox)

-There must be documentation of one of the following:

- 2 vaccinations
- Positive antibody titer (lab report OR physician verification of titer results required)
- Medically documented history of disease

### Hepatitis B

-There must be documentation of one of the following:

- 3 vaccinations if administered more than 2 months ago
- 3 vaccinations AND positive antibody titer if vaccinations were administered less than 2 months ago Or in process
- Positive antibody titer (lab report required)

### TB Skin Test

-There must be documentation of one of the following:

- 2 step TB Skin test (1-3 weeks apart)
- QuantiFERON Gold Blood Test (lab report OR physician verification of results required)
- If positive results, provide a clear Chest X-Ray (lab report OR physician verification of results required)

### Tetanus, Diphtheria & Pertussis (Tdap)

-There must be documentation of a Tdap booster within the past 10 years.

### CPR Certification

-Must be the American Heart Association Healthcare Provider course OR American Red Cross CPR/AED for Professional Rescuer and Health Care Professionals. Copy must be front and back of the card, card must be signed.

### Influenza

-There must be documentation of one of the following:

- Flu vaccination administered between August 1 & October 10<sup>th</sup>
- Declination of Flu vaccine along with statement from Healthcare Provider

All documentation must be submitted along with Influenza Vaccination Notification Form. This form is available to download, print, complete and re-upload to this requirement.

### Physical Examination

-Download, print & complete the 2 page Immunization and Test Records form and upload to this requirement.

### Medical History

-Download, print & complete the 2 page Report of Medical History form and upload to this requirement.

### OSHA Results

-Print your OSHA score out and upload the document to this requirement.

### HIPAA Results

-Print your HIPAA score out and upload the document to this requirement.

### Confidentiality Statement

-Upload proof of your signed Confidentiality Statement to fulfill this requirement.