

# Sanford Medical Center Fargo School of Radiography Application

## Requirements and Instructions

Sanford Medical Center Fargo School of Radiography is open to all candidates who have satisfactorily met or will meet the following admission requirements:

1. Be a high school graduate or equivalent (GED);
2. Completed all internship prerequisite course requirements prior to the start of the internship;
3. Earned a minimum grade point average (GPA) of 3.00 on a 4.00 scale by internship application deadline.

To apply, the candidate must submit the following:

- A completed application for admission form. (See attached)
- Read and sign the technical standards appropriate to radiologic technology. (See attached)
- An official high school transcript.
- Official copies of transcripts in envelopes sealed by the registrar from the campus of enrollment.
- Official scores of the American College Testing (ACT) Program or the Scholastic Aptitude Test (SAT) of the College Entrance Examination Board. (If available, not required)
- Two completed professional reference forms. References cannot be relatives of the applicant.
- A description of several personal and professional goals you would like to achieve in the next five years and a description of why these goals are important to you. (See attached)
- A description of characteristics, attitudes, values and/or skills that you think will make you a good candidate for your professional role. (See attached)

Your application and all supporting documentation must be received by the deadline set by the NDSU department of Allied Sciences.

If you are considered for the internship, you will be scheduled for a personal interview with the school faculty. These interviews will be scheduled the first or second week in January. Selection will be completed one week following the interview and you will be contacted by email regarding selection.

Student selection is made by the admissions committee on the basis of grade point average, science and math courses completed, past experiences in the health care field, personal interviews, and career motivation.

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## **TECHNICAL STANDARDS:**

Please read the following statements identifying the TECHNICAL STANDARDS appropriate to radiologic technology and answer the inquiry provided below.

Radiographers perform x-ray examinations on patients in a variety of clinical settings. These examinations can vary from a simple hand x-ray to an examination of the kidneys following injection of a contrast media. Radiographers perform complex procedures in surgery and utilize portable radiographic units in the hospital setting. Examinations are performed on patients of all ages.

To perform their required duties, radiographers must have sufficient strength, motor coordination and manual dexterity to:

- Lift more than 50 pounds routinely.
- Work with their arms above their head routinely.
- Push and pull, bend and stoop, and kneel routinely.
- Transport, move, lift and transfer patients from a wheelchair or cart to an x-ray table or to a patient bed.
- Move, adjust and manipulate a variety of radiographic equipment, including the physical transportation of mobile radiographic machine, in order to arrange and align the equipment with respect to the patient and the image receptor according to established procedures and standards of speed and accuracy.

Radiographers must be capable of:

- Handling stressful situations related to technical and procedural standards and patient care situations.
- Providing physical and emotional support to the patient during the radiographic 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.
- Writing and speaking effectively to direct patients before, during and after radiographic procedures and communicate with members of the health care team.
- Sufficient hearing to identify pagers, alarms, distress calls from patients and verbal orders.
- Sufficient vision necessary for patient observation and assessment, reading written orders and viewing computer monitors.
- Reading and interpreting patients' charts and requisitions for radiographic examinations.

Radiographers must have the mental and intellectual capacity to:

- Calculate and select proper technical exposure factors according to the individual needs of the patient and the requirements of the procedure's standards of speed and accuracy.
- Review and evaluate the recorded images for the purpose of identifying proper patient positioning, accurate procedural sequencing, proper radiographic exposure, and other appropriate and pertinent technical qualities.

Do you have any physical or mental handicaps that would interfere with the satisfactory performance of the TECHNICAL STANDARDS identified above?

Yes \_\_\_\_\_ No \_\_\_\_\_

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**SIGNATURE**

**DATE**

# Sanford Medical Center Fargo School of Radiography

## Application:

Instructions to Applicants: Please complete and place your signature at the end of the application. Give complete answers on all information.

### PERSONAL DATA

Name \_\_\_\_\_  
Last First Middle

Please note any other name that might appear on your transcript(s)

**Present Address** \_\_\_\_\_  
Street

City State Zip

Phone \_\_\_\_\_ (cell) Phone \_\_\_\_\_ (other) Date of Birth \_\_\_\_\_

**Permanent Address** \_\_\_\_\_  
Street

City State Zip

E-Mail Address \_\_\_\_\_

Have you ever been convicted of a felony, a gross misdemeanor, or a misdemeanor with the sole exception of speeding and parking violations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

*(Note: Students who have been convicted of a misdemeanor or felony are encouraged to complete the ARRT's Ethics Review Preapplication to determine eligibility for certification and registration)*

Have you ever been convicted of an offense that involves abusing, neglecting, or mistreating individuals?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever entered a plea of "nolo contendere" in such circumstances or otherwise disposed of an allegation short of conviction but without dismissal? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL INFORMATION**

Beginning with your most recent experience, please list all schools and colleges attended, including high school/GED. Attach additional pages if necessary. Transcripts will be required. See instructions in the application requirements.

Name of School	City / State	Dates Attended		Major	Degree Awarded, if applicable
		From Mo/Yr	To Mo/Yr		

**EMPLOYMENT EXPERIENCE**

List your two most recent jobs, to include any job-related military service assignments. Please list volunteer activities and additional employment on your resume and include with your application. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap, or other protected status. Other omissions will be considered a falsification of this application.

1	Dates Employed From - _____ To - _____
	Employer: _____
	Address: _____
	Telephone Number(s) _____
	Job Title/Duties: _____
	Reason for Leaving: _____
	May we contact this employer Yes _____ No _____ If No, please explain: _____
2	Dates Employed From - _____ To - _____
	Employer: _____
	Address: _____
	Telephone Number(s) _____
	Job Title/Duties: _____
	Reason for Leaving: _____
	May we contact this employer Yes _____ No _____ If No, please explain: _____

**References**  
(Excluding Relatives)

Give the names and addresses of individuals who have knowledge of your character. Healthcare related references are preferred.

1. Name \_\_\_\_\_ Profession \_\_\_\_\_ Phone \_\_\_\_\_

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

2. Name \_\_\_\_\_ Profession \_\_\_\_\_ Phone \_\_\_\_\_

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

\*\*Please have the above references fill out the Sanford Medical Center Fargo School of Radiography Professional Reference Form. Instruct the reference to place the completed form in a sealed envelope and mail it to **Dept. of Allied Sciences, NDSU Dept. 2680, P.O. Box 6050, Fargo, ND 58108-6050** to be included with your application.

Person to be notified in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

*(Please Print)*

Address: \_\_\_\_\_

*(Please Print)* Street City State Zip

**AGREEMENT**

Please read carefully and sign below.

The information in this application is accurate and complete to the best of my knowledge. I understand that falsifying or omitting information on this application may disqualify me as an applicant or subject me to dismissal from the educational program.

\_\_\_\_\_  
Signature *(required before application can be processed)*

\_\_\_\_\_  
Date

Please return this completed application and required documents to:

By Mail

Department of Allied Sciences  
NDSU Dept 2680, P.O. Box 6050  
Fargo, ND 58108-6050

Drop-Off

Materials can be placed in a  
sealed envelope addressed to  
Kris Erret and placed in the secure  
mailbox outside of Suddro 123

## Sanford Medical Center Fargo School of Radiography

In the space below, please write a description of the following:

1. Several personal and professional goals you would like to achieve in the next five years and why these goals are important to you.
2. Characteristics, attitudes, values and/or skills you think will make you a good candidate for your professional role.