



Questions regarding this application can be directed to Laurie Richards, Academic Advising Center Office Manager, (574)520-4540.

Timeline

April 1

All application materials are due by 5pm EST to Laurie Richards, IUSB, Vera Z. Dwyer College of Health Sciences, Northside Hall 416, 1700 Mishawaka Avenue, South Bend, IN 46634-7111. All materials must be submitted together.

May 1-31

The Admission, Progression and Graduation (APG) Board conducts a comprehensive review of each eligible application.

June 1

Application decisions are sent out.

June 15

Admission acceptance intents are due.

July 15

All prerequisite courses and program requirements must be completed.

All clinical site requirements are due (a list will be provided).

Registration in all required courses (a list will be provided).

Individual Coursework Requirements

- _____ A grade of C or better in all program prerequisite courses by the second attempt.
 - _____ A maximum of 2 repeated science courses from the 10 program prerequisite courses (non-science courses limit of 3).
 - _____ All program prerequisite science courses were taken within 7 years of your program start date.
 - _____ A University passing grade in all other required courses taken regardless of the number of times taken.
-

Checklist

All of the following documents must be printed and submitted together in one envelope.

Partial applications will not be accepted.

- _____ Admission application (all pages of this current document)
- _____ Unofficial transcripts from the institutions where you completed the program prerequisites course
- _____ **Highlight the program prerequisites courses on your transcripts**
- _____ A copy of your valid health insurance card
- _____ Criminal background history check completed on-line at:
<https://consumer.backgroundchecks.com/affiliates/indianauniversity.html>
This may take up to two weeks for a report to generate. Once available; it will be listed under reports, then certifications on the website. **Print the 1 page PDF certificate.**

Applicant Information

First Name

Middle Name

Last Name

IUSB Student #

Mailing Address (Street Address, City, State and Zip/Postal Code)

Phone Number

E-mail Address

Education

(List all post-high school institutions that you have attended in chronological order with current institution listed first)

Institution Name

Institution Mailing Address

Dates of Attendance

Major (if applicable)

Degree Awarded

Graduation Date

Institution Name

Institution Mailing Address

Dates of Attendance

Major (if applicable)

Degree Awarded

Graduation Date

Institution Name

Institution Mailing Address

Dates of Attendance

Institution Name

Degree Awarded

Graduation Date

Have you ever been admitted into any clinical program before and not completed it?

No Yes

If yes, please explain.

Personal Essay

Please describe how you selected radiology as your chosen profession and how you have prepared yourself to enter into the professional field.

IUSB Student #

1000-2000 Character Limit.

Essential Abilities Statement

Applicants to the program must possess the following general qualities (be able to):

Communication- speech, reading, writing

- The ability to communicate information and ideas in speaking so that others will understand. The ability to speak clearly so that it is understandable to the listener
- Establish rapport with patients, families and classmates
- Have proficient use of the English language in speech, reading and writing
- Communicate abilities for effective interaction in verbal, non-verbal, and written form
- Obtain and disseminate information relevant to patient care and work duties
- Respect cultural diversity

Visual and Perceptual Skills

- Near vision – The ability to see details at close range
- Far vision – The ability to see details at a distance
- Reading computer screens, documents with small printing, and hand-written notations

Hearing and Auditory Abilities

- Have auditory abilities necessary to monitor and assess patient health needs
- Recognize sounds of alarms and emergency signals
- Correctly interpret procedure orders, patient needs or complaints, faculty instructions

Motor Skills- physical ability, coordination, dexterity

- Performing physical activities that require moving one's whole body, such as in climbing, lifting, balancing, walking, stooping where the activities often also require considerable use of the arms and legs, such as in the physical handling of materials
- Static Strength – The ability to exert maximum muscle force to lift, push, pull, or carry objects
- Dynamic Strength – The ability to exert muscle force repeatedly or continuously over time. This involves muscular endurance and resistance to muscle fatigue
- Full manual dexterity which includes the function of both arms, both wrists, both hands and fingers, and both legs.
- Reaching above shoulder level to push and pull
- Bend at knees or waist
- Lift and assist in lifting patients 50 pounds routinely
- Standing and walking the majority of the time
- Possess the strength to assist a patient in transferring in a cart, wheelchair or bed
- Physically perform CPR (upper body strength for effective chest compressions)

Emotional Stability and Personal Temperament

- Being aware of others' reactions and understanding why they react as they do.
- Explain procedures and observe patients to ensure safety and comfort during scan.
- Provide assistance in dressing or changing seriously ill, injured, or disabled patients.
- Job requires being sensitive to others' needs and feelings and being understanding and helpful on the job.
- Job requires preferring to work with others rather than alone, and being personally connected with others on the job.
- Job requires being pleasant with others on the job and displaying a good-natured, cooperative attitude.
- Have high levels of mental and emotional stability to provide a safe environment
- Provide all compliant and non-compliant patients with emotional support and maintain a consistent professional attitude and appearance
- Deal with stress of the program didactic and clinical demands while performing multiple tasks concurrently
- Focus in an environment with multiple interruptions, noises, distractions, and unexpected patient needs

Intellectual and Critical Thinking Skills

- The ability to tell when something is wrong or is likely to go wrong. Recognizing there is a problem.
- Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.
- Visualization – The ability to imagine how something will look after it is moved around or rearranged.
- Organizing and prioritizing work
- Use critical thinking skills necessary for sufficient clinical judgment
- Identify cause/effect relationships
- Problem solve, prioritize, evaluating outcomes
- Comprehend focus and process information
- Use long and short term memory skills

Procedure

1. The essential abilities criteria are incorporated into informational packets given to those demonstrating an interest in radiography and medical imaging.
2. Applicants accepting admission in the Radiography and Medical Imaging programs will be required to sign a letter of agreement that specifies the essential abilities criteria. This agreement states they have read and understand that they will be expected to meet the essential abilities. Students questioning their ability to meet these essential abilities criteria will be encouraged to address their inquiries to Director of the Radiography Program.
3. Faculty has the responsibility to determine whether a student has demonstrated these essential abilities. Faculty has the right to request consultation from recognized experts as deemed appropriate.
4. Students failing to meet these essential abilities, as determined by faculty, at any point in their academic program may have their progress interrupted until they have demonstrated their ability to meet these essential abilities within negotiated time frames. Prescribed standards of performance will be determined by the course instructor and/or the IUSB-CHS APG Board.
5. Students will be dismissed from their program of study if faculty and/or the IUSB-CHS APG Board determine that they are unable to meet these essential abilities even if reasonable accommodations are made.
6. Students failing to demonstrate these essential abilities criteria, as determined by the faculty, may appeal this adverse determination in accordance with Indiana University's and IUSB-CHS's appeal procedures.

Signature

IUSB Student # (if applicable)

Date

Criminal History Disclosure Statement

Health facilities will be prohibited from allowing students from providing care, treatment or services if an individual has been convicted of a certain crime. These certain crimes include:

Any endangerment to a child; Medicaid or Medicare Fraud; rape; criminal deviate conduct; exploitation of an endangered adult; failure to report batter, neglect, or exploitation of an endangered adult or child, murder; or voluntary manslaughter and a third offense for DUI/ OWL.

A conviction of any of the above crimes at any time during an individual's life prohibits entering clinical rotations. In addition, if an individual was convicted of involuntary manslaughter: felony batter; a felony offense relating to a controlled substance; or theft within five (5) years before the individual's start of clinical rotations, the individual may not enter clinical rotations. Background checks will be completed and all convictions will be reviewed.

Any criminal infraction (including OWI's) must be reported to the Assistant Dean for Student Success prior to the next assigned clinical day or within (5) days. This is in compliance with contracts held by the Vera Z. Dwyer College of Health Sciences with the clinical agencies and consistent with state and federal regulations.

I verify that I have not been convicted of a crime or offense that prohibits me from being granted clinical privileges in a clinical agency.

Signature

IUSB Student # (if applicable)

Date

Applicant Signature

I understand that my application will only be considered if all required information has been received by the established deadline.

I must inform IUSB of any changes to my mailing and e-mail addresses, and telephone numbers.

I also understand that IUSB reserves the right to request additional information from applicants, if needed, to assess their candidacy for admission. My signature to this application certifies that all of the information contained in my application is factually correct, honestly presented, and contains no significant omissions. If at a later date it becomes clear that this is not so, I agree that IUSB may revoke any offer of admission it makes to me.

Signature

IUSB Student # (if applicable)

Date

Applicant Summary: For IUSB staff use only

GPA

Required 2.0 Application GPA (35%) (the weighted GPA of all program prerequisite courses). _____

Required 2.0 Science GPA (30%) (the weighted GPA of all program prerequisite science courses). _____

Required 2.0 Cumulative GPA (listed as a student's IU undergraduate Summary GPA on their transcript). _____

Statement Scores (15%)

Reviewer 1 Score: _____ Reviewer 2 Score: _____ Reviewer 3 Score: _____

Required Program Prerequisite Non-Science Courses

ENG-W 131 _____

MATH-M 107 (or ALEKS exam) _____

SPCH-S 121 _____

Required Program Prerequisite Science Courses

CHEM -C 102 _____

AHLT-R 185 _____

PHSL-P 261 _____

PHSL-P 262 _____

(Ivy Tech sequence 101, 102, and 201) _____

Campus Enrollment Score (5%)

5: All program prerequisite courses taken at IUSB

4: Any transfer credits from another IU system institution

3: Any transfer credits from another bachelor degree granting institution

2: Any transfer credits from a 2 year institution with which IU has an agreement

1: Any transfer credits from a 2 year institution with which IU DOES NOT have an agreement

0: Incomplete transcripts provided

Program Prerequisites Course Repeat Score (15%):

4: No repeats of any program prerequisite courses

3: Repeat of 1 non-science course

2: Repeat of 1 science course

1: Repeat of 1 science course and 1 non-science course OR Repeat of 2 non-science courses

0: Repeat of 2 science courses OR Repeat of 3 non-science courses OR Repeat of 1 science and 2 non sciences

Applicant Pool Tier

_____ Tier 1: Applicants who meet all requirements at the time of application.

_____ Tier 2: Applicants who have NOT all requirements (registered for _____ hours) at the time of application.

