School of Diagnostic Imaging

General Radiology • MRI • CT • Mammography
Ultrasound • Nuclear Medicine

A program of Rhode Island Hospital, a Lifespan partner

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3 Davol Square - Building "A"
4th Floor – Box 162
Providence, Rhode Island 02903
Telephone: (401) 528-8531
Fax: (401) 457-0219
Website: www.rihsdi.org

Application for Admission

For office use only:

Student ID Number: _____

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: ( )_____ E-Mail: _____

Social Security Number: _____ - _____ - _____

Residency Status: (Circle One) Citizen Permanent Resident Other

If Permanent Resident: Alien Number: _____ Date of Entry: _____

All students accepted into any program are done so contingent upon passing a health physical examination and criminal background check, and submitting documentation of health insurance.

Employment

Employer Name / Address	Employed		Position	Reason for Leaving
	From	To		

Education

	Name / Address	Dates Attended		Graduate		Degree
		From	To	Yes	No	
College						
College						
Imaging School						

How did you find out about the School of Diagnostic Imaging?

- ☐ Internet
- ☐ Hospital Employee
- ☐ Previous Graduate
- ☐ Other: _____

Are you aware that Imaging Professionals are required to perform many physical duties including (but not limited to); pushing imaging equipment throughout the hospital, assisting disabled patients in and out of wheelchairs, standing during long procedures, as well as other physically demanding duties?

☐ Yes ☐ No

Have you applied to the School of Diagnostic Imaging before (any program)?

☐ Yes ☐ No

Are you aware that Imaging Professionals come in contact with blood and bodily fluids?

☐ Yes ☐ No

Are you aware that Imaging Professionals come in contact with infectious patients such as those with Hepatitis and AIDS?

☐ Yes ☐ No

****A separate application form is required for each program****

Computed Tomography Program

All information must be received by **August 1st**

Admission Requirements

All applicants must be a graduate of an accredited imaging program and be in good standing with the American Registry of Radiologic Technologists (ARRT) and/or Nuclear Medicine Technology Certification Board (NMTCB).

ARRT number	_____	Expiration Date: _____
NMTCB number	_____	Expiration Date: _____
RI Radiation License number	_____	Expiration Date: _____
Are you CPR certified? (BLS for Healthcare Providers)	☐ Yes	☐ No
Are you applying through:	☐ School of Diagnostic Imaging	
	☐ Rhode Island College	

Applicant Checklist:

- ☐ Completed Application
- ☐ Short essay explaining your interest in Computed Tomography
- ☐ Three (3) letters of reference: one (1) personal and two (2) professional
  (Reference letters must be dated within six (6) months of application)
- ☐ Official transcripts: imaging program and/or college
  (Must be sealed)
- ☐ Copy of ARRT and/or NMTCB card
- ☐ Copy of RI Radiation License
- ☐ Job Shadow Date Completed _____

Diagnostic Medical Sonography Program

All information must be received by **April 15th**

Admission Requirements

All applicants must be a graduate of an accredited imaging program and be in good standing with the American Registry of Radiologic Technologists (ARRT) and/or Nuclear Medicine Technology Certification Board (NMTCB).

ARRT number	_____	Expiration Date: _____
NMTCB number	_____	Expiration Date: _____
Radiography Clinical Education	1st Year: _____	2nd Year: _____
Are you applying through:	☐ School of Diagnostic Imaging	
	☐ Rhode Island College	

Applicant Checklist:

- ☐ Completed Application
- ☐ Short essay explaining your interest in Diagnostic Medical Sonography
- ☐ Three (3) professional letters of reference
  (Reference letters must be dated within six (6) months of application)
- ☐ Official transcripts: imaging program and/or college
  (Must be sealed)
- ☐ Copy of ARRT and/or NMTCB card

Magnetic Resonance Imaging Program

All information must be received by **August 1st**

Admission Requirements

All applicants must be a graduate of an accredited imaging program and be in good standing with the American Registry of Radiologic Technologists (ARRT) and/or Nuclear Medicine Technology Certification Board (NMTCB).

ARRT number	_____	Expiration Date: _____
NMTCB number	_____	Expiration Date: _____
Are you CPR certified? (BLS for Healthcare Providers)	☐ Yes	☐ No

Applicant Checklist:

- ☐ Completed Application
- ☐ Short essay explaining your interest in Magnetic Resonance Imaging
- ☐ Two (2) professional letters of reference
  (Reference letters must be dated within six (6) months of application)
- ☐ Official transcripts: imaging program and/or college
  (Must be sealed)
- ☐ Copy of ARRT card and/or NMTCB card
- ☐ Prerequisite course requirements:
  - ☐ Communications
  - ☐ Mathematical/Logical Reasoning
  - ☐ Arts and Humanities
  - ☐ Information Systems
  - ☐ Social/Behavioral Sciences
  - ☐ Natural Sciences

Mammography Program

Admission Requirements

All applicants must be a graduate of an accredited imaging program and be in good standing with the American Registry of Radiologic Technologists (ARRT).

ARRT number	_____	Expiration Date: _____
RI Radiation License number	_____	Expiration Date: _____

Applicant Checklist:

- ☐ Completed Application
- ☐ Short essay explaining your interest in Mammography
- ☐ Two (2) professional letters of reference
  (Reference letters must be dated within six (6) months of application)
- ☐ Official transcripts: imaging program and/or college
  (Must be sealed)
- ☐ Copy of ARRT card
- ☐ Copy of RI Radiation License

Nuclear Medicine Technology Program
All information must be received by **August 1st**
Applicant Checklist: ☐ Completed Application ☐ Job Shadow ☐ Short essay explaining your interest in Nuclear Medicine Technology ☐ Two (2) professional letters of reference (Reference letters must be dated within six (6) months of application) ☐ Rhode Island College student – Medical Imaging major ☐ Official college transcripts (Must be sealed)

Radiologic Technology Program
All information must be received by **January 15th**
Applicant Checklist: ☐ Completed Application ☐ Two (2) professional letters of reference (Reference letters must be dated within six (6) months of application) ☐ Short essay explaining your interest in Radiologic Technology ☐ Rhode Island College student – Medical Imaging major ☐ Official college transcripts (Must be sealed)

Please read carefully before signing

I authorize all previous employers to furnish the School of Diagnostic Imaging my records, reason for leaving and all information they have concerning me, and I hereby release them and Rhode Island Hospital from all liability from any damage arising there from. I also authorize the hospital to investigate all statements contained in this application. I understand that this application will be considered on the basis of the information that I have furnished. Any false, misleading, or incomplete statement made by me, or any omissions of material fact shall prevent this application from being fully being totally processed or shall be cause for immediate discharge in the event of my acceptance to the program.

Rhode Island Hospital follows the spirit of the Civil Rights Act of 1964 and title IX of the Education amendments of 1972 (prohibiting sex discrimination in education). Race, religion, sex, color, age, or nationality, are not considered in the admission process.

The institution also agrees and concurs with the purpose and intent of section of the Rehabilitation Act of 1973. Therefore, it is the hospital's policy that no qualified handicapped individual will be denied admission based solely on their handicap.

_____ _____

Applicant Signature Date

revised August 2012