Submit all Application Materials to:

Good Samaritan Hospital
Radiography Program
ATTN: Marsha Cox
520 S. 7th Street
Vincennes, IN 47591
APPLICATION PROCESS
The application involves several steps, which include: an Application form, Essay, copies of College Transcripts, copy of high school diploma / transcript or GED Certificate (if applicable), three Reference Letters, Clinical Observation, Entrance Examination (PSB), Hospital HSI assessment and an Interview. The sooner the application process is started the better chance we have to review your records and determine whether you meet the Minimum Academic Requirements. If there are courses that are needed to meet the requirements, we may be able to direct your attention to those courses to better enable your chance of completing the application process for this year. We encourage individuals to go ahead and submit the application items as they are completed or become available.

Individuals must submit a new application and associated application items to the Good Samaritan Hospital Radiography Program each year. New application packets for the next year will be available after the Spring Interview date (March). Applications are accepted year round. The deadline for the application and associated items is the first Friday of January.

The program start date for the new class is in May. Specific dates will be included in the acceptance package.

Effective January 1, 2015, graduates must document an associate degree to be eligible for the certification examination administered by the American Registry of Radiologic Technologists (ARRT) after Program Completion.

APPLICATION CHECKLIST
Deadlines listed in parentheses are absolute deadlines in which any application material must be post marked by. Applicants are encouraged to fulfill the requirements in advance of the deadline, January 5th. No applications or other application materials, with the exception of college transcripts, will be accepted after January 5th.

___ 1. Submission of a completed GSH Radiography Program application (January 5th).
   The application must be completed accurately and legibly.

___ 2. Official College Transcripts from each college or university attended is to be requested and mailed to the Program office along with confirmation of any courses to be taken in the spring term. An official transcript will be due when course(s) are completed. (January 5th)

___ 3. An Essay. See the following instructions on topic and format. Please include this essay with your application. (January 5th)

___ 4. Clinical Observation (Min. 24 hrs) must be completed prior to the January 5th deadline. We strongly suggest completing the observation early. It is an excellent opportunity to examine the
daily work requirements of a radiographer. Please refer to "Clinical Observation Verification Statement" form contained in this application packet. Observation time is to be scheduled by contacting the Program office at GSH or the Administrative Technologist at the Radiology Facility of your choice. If observing at GSH you will need to contact the Program office to request an observation packet. The packet must be completed prior to scheduling an observation at GSH. Individuals must also show proof of a recent, negative, TB test and Influenza vaccine before observing at GSH.

5. Completion of Program required Entrance Examination (PSB).
The applicant must have an overall minimum score of 30 percentile in the Academic areas of the entrance exam and have meet all other minimum requirements to be eligible for an interview; the final step in the application process. If the applicant scores below the 30 percentile the will not be eligible for this year and must reapply next year. Exam can only be attempted once per application year.

The examination is given on scheduled dates arranged by the Education Coordinator.
Examinations will be scheduled in October, November, and December. Candidates will be contacted to schedule this examination.

6. Three reference letters must be submitted by a non-relative by January 5th.
(Examples: former employers, teachers, counselors, radiographers, etc.) Reference forms are provided for this purpose, but letters from such individuals are acceptable if pertinent information is given relating to an applicant's character, academic ability, physical and/or emotional health and other applicable information. The individuals submitting reference letters should be listed as references on the application form. Reference letters should be placed in a sealed envelope by the individual completing it.

7. Provide documentation of any health care related activities by January 5th. (CNA, CPR, or other certifications or letters of verification)

8. HSI assessment. After review of your application materials, applicants scheduled for an interview will be asked to complete the GSH Human Resources HSI assessment. This step will be only for those applicants meeting all criteria for interview and by invitation only.

9. A Personal Interview with the Interview Committee. Only those applicants who fulfill the academic requirements: all pre-admission requirements met or schedule for completion, pass the entrance examination, and have submitted all paperwork before the January 5th deadline, will be scheduled for an interview.
Pre-requisite courses in progress during the spring semester should be confirmed by submitting a copy of your course schedule or courses listed on submitted transcript as “In Progress”. This confirmation should be submitted by the January 5th deadline. The class position of the accepted applicant completing required courses in the spring will be contingent upon completion of these courses with a minimum grade of “C-”. An updated transcript at the end of the spring semester must be submitted by the second Friday of the Program year. *The program faculty encourages applicants to apply early.*

**APPLICATION ESSAY INSTRUCTIONS**

As part of the application process you are to write and submit a short essay of about 2 pages with your application materials.

**Explain the following topics.**

1) **Your Interest in Radiography:**
   - Why are you interested in becoming a radiographer?
   - How did you determine you were interested in radiography?
   - Who helped you make the decision to apply?

2) **What research did you do to learn about radiography?**

3) **Describe your favorite part of your observation hours.**

4) **Writing skill:**
   - Use full sentences and paragraphs to differentiate between topics.
   - Use proper terminology
   - Use spell check or a dictionary
   - Use Times New Roman or Arial, 12 pt or equivalent font

The essay will be scored and points used as part of the calculation of your interview score.

This is not a grade and will only count as 5 points of your interview score. The interview counts for a total of 25% of your total application score; Academic is 50% and Career & Life Experience is 25%.
Good Samaritan
School of Radiography

520 South 7th Street
Vincennes, Indiana 47591
Office: 812-885-8011 Fax: 812-885-3445
Email: radeduc@gshvin.org

(Please Print in Ink or Type)

Social Security Number ___________________________ DOB ___________________________
Phone ___________________________ Email ___________________________

Name ____________________________________________ (Last) (First) (Middle) (Previous Last Name)

Home Address ____________________________________________ (Street) (City) (State) (Zip)

Present Address _______________________________________ (If Different from home address)

EDUCATION
Transcripts and/or verification of GED are required.
Please circle the highest grade level completed: High School College Technical Training.

<table>
<thead>
<tr>
<th>High School</th>
<th>9 10 11 12</th>
<th>GED Y</th>
<th>College</th>
<th>1 2 3 4</th>
<th>Graduate School</th>
<th>1 2 3 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Attended</td>
<td>Name and Address of School</td>
<td>Dates Attended</td>
<td>Field of Study</td>
<td>Credit Hours</td>
<td>Degree / Diploma</td>
<td></td>
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<tr>
<td>High School</td>
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<td>Other</td>
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</tbody>
</table>

EMPLOYMENT HISTORY (Please List in reverse order - Most recent First)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Address</th>
<th>Job Title</th>
<th>Dates From - To</th>
<th>Reason for Leaving</th>
</tr>
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<tbody>
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REFERENCES: Give the name, address and phone number of three individuals who know you well and can give information about you. Do not use a family member or relative. These three should be the same individuals to whom you have given the Reference Letter Form included with the application packet.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE NUMBER</th>
<th>OCCUPATION</th>
</tr>
</thead>
<tbody>
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</table>
MILITARY SERVICE: (10 points)
Have you had any military training? Yes _____ No _____ Date Entered ________________
Date Discharged ___________________________ Type of Discharge _____________________________

Please provide a copy of your DD214 form. Please provide explanation of anything other than Honorable or General discharge.

HEALTH CARE RELATED ACTIVITIES
Check the appropriate box that pertains to you. Any other medical experience, not listed, may or may not be granted points. The Interview Committee will determine how many, if any, points will be awarded for any medical experience that is not listed below. The applicant must provide documentation by the January deadline of all health care related activities by either copy of certificate(s) or letters from employer, instructor, etc.

<table>
<thead>
<tr>
<th>Medical Experience</th>
<th>Eligible Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPR</td>
<td>Current-2 points, Not current-1 point</td>
</tr>
<tr>
<td>First Aid Certification</td>
<td>Current-2 points, Not current-1 point</td>
</tr>
<tr>
<td>First Responder</td>
<td>Current-5 points, Not current-2 points</td>
</tr>
<tr>
<td>EMT</td>
<td>Current-10 points, Not current-7 points</td>
</tr>
<tr>
<td>Advanced EMT</td>
<td>Current-12 points, Not current-9 points</td>
</tr>
<tr>
<td>Paramedic</td>
<td>Current-15 points, Not current-11 points</td>
</tr>
<tr>
<td>Military Corpsman</td>
<td>Recent 1-5 years- 10 points, &gt; 5 years-5 points</td>
</tr>
<tr>
<td>Nurse, RN</td>
<td>15 points</td>
</tr>
<tr>
<td>Nurse, LPN</td>
<td>10 points</td>
</tr>
<tr>
<td>Certified Nursing Assistant, CNA</td>
<td>8 points</td>
</tr>
<tr>
<td>Limited Radiography Certification</td>
<td>15 points</td>
</tr>
<tr>
<td>Employment in a Medical Office</td>
<td>5 points</td>
</tr>
<tr>
<td>Twin Rivers Medical Careers</td>
<td>Non CNA-5 points, CNA - check CNA only</td>
</tr>
<tr>
<td>Volunteer in patient care area, other than Twin Rivers</td>
<td>2-8 hours-2 points, 9 or more hours-3 points</td>
</tr>
<tr>
<td>Volunteer in medical office, other than Twin Rivers</td>
<td>2-8 hours-1 point, 9 or more hours-2 points</td>
</tr>
<tr>
<td>Other medical experience not listed, please provide below</td>
<td>To be determined by Interview Committee</td>
</tr>
</tbody>
</table>

Have you ever been convicted of a felony or misdemeanor? Yes_____ No_____

(If answer is yes, please enclose an attachment to this application including the nature of the offense, sentence, and status of sentence fulfillment.) A conviction of, or a plea of guilty to, or a plea of nolo contendere to a crime which is either a felony or a misdemeanor must be investigated by the ARRT in order to determine eligibility for Registration in accordance with the ARRT Standards of Ethics. You will need to contact the ARRT at (651) 687-0048 for a Pre-Application Form to determine if you would be eligible to take the national Registry Exam upon completion of the program. The ARRT does charge a fee for this.

Have you ever been terminated from employment or discharged from school for illegal, unethical, or immoral activity? Yes_____ No______ If so, please provide details.

Have you ever been employed at Good Samaritan Hospital? Yes_____ No_____ If so, are you eligible for re-hiring? Yes_____ No_____

I understand that this application form is required as part of the application process for admission to the Good Samaritan Hospital Radiography Program.
I hereby authorize the Good Samaritan Hospital Radiography Program to contact former employers and references concerning me, my work habits, my character, or my actions. I further authorize Good Samaritan Hospital Radiography Program to receive my academic records or other material pertinent to my qualifications, and also authorize and request each reference, educational institution, or organization to provide all information that may be sought in connection with this application.
If admitted to the Good Samaritan Hospital Radiography Program, I agree that I will abide by the rules and policies established by the Radiography Program and Good Samaritan Hospital.
I further attest that all information on this application is true and accurate.

Signature: ___________________________________________ Date: ______________________

"AN EQUAL OPPORTUNITY INSTITUTION"  rev. 10/07; reviewed 8/12
CLINICAL OBSERVATION VERIFICATION

APPLICANT: ___________________________  HOSPITAL OR CLINIC: ______________________________

DATE(S) OBSERVED: _____________________  NUMBER OF HOURS OBSERVED: (Min. 24 hrs) ________

LIST THE RADIOGRAPHIC EXAMINATIONS THAT YOU OBSERVED. The following are exams that would be
good for the applicant to see, if available: UGI, BE, IVP. We also encourage you to observe many different exams,
such as: Extremities (hand, arm, foot, or leg), Abdomen, Chest, Skull, Spine, etc.

1. _____________________________________  6. ______________________________________

2. _____________________________________  7. ______________________________________

3. _____________________________________  8. ______________________________________

4. _____________________________________  9. ______________________________________

5. _____________________________________ 10. ______________________________________

WHAT DID YOU LIKE MOST ABOUT YOUR CLINICAL OBSERVATION?
_______________________________________________________________________________________
_______________________________________________________________________________________

WHAT DID YOU DISLIKE MOST ABOUT YOUR CLINICAL OBSERVATION?
_______________________________________________________________________________________
_______________________________________________________________________________________

ADDITIONAL COMMENTS:
_______________________________________________________________________________________
_______________________________________________________________________________________

Signature of Staff Radiographer: _________________________________________________

Signature of Applicant: _____________________________________________________________

Observation time is to be scheduled by contacting the GSH Radiography Program Office or the Administrative
Technologist at the Radiology Facility of your choice.

This form is part of the requirements to complete your application for the Radiography Program. Make a copy for
each day/facility you observe. You are requested to complete this form at the time of your observation(s) and return
it to the following address:

Good Samaritan Hospital
Radiography Program
520 S. Seventh Street
Vincennes, Indiana 47591

"AN EQUAL OPPORTUNITY INSTITUTION"

rev. 11/02; reviewed 3/16
REFERENCE LETTER

NAME OF APPLICANT: ___________________________________________________________

The above named individual has applied for admittance to the Radiography Program at Good Samaritan Hospital and has given your name as a personal reference. Your prompt reply will be greatly appreciated and we thank you for assisting both the applicant and the program. Place completed reference letters in a sealed envelope if given back to applicant.

ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL.

1. What is your relationship with this individual and how long have you known him/her?

____________________________________________________________________________________

2. Does this individual have any peculiarity that might interfere with his/her ability to successfully perform assigned duties and responsibilities? (Yes/No)________

If yes, please explain your response. ______________________________________________________
____________________________________________________________________________________

3. What do you consider the applicant's strongest characteristic? _____________________________

____________________________________________________________________________________

Weakest characteristic? _________________________________________________________________
____________________________________________________________________________________

4. The following traits are very important to job performance and success. Please indicate the applicant's level of competency in each on a scale of 1 to 5. 1 = Lowest to 5 = Highest Please make any written comments if so desired.

Honesty ___________________________________________________________
Dependability _______________________________________________________
Judgment ___________________________________________________________
Initiative ___________________________________________________________
Leadership _________________________________________________________
Cooperation _______________________________________________________

5. Please provide any further information as to his/her character and ability on the back of this form.

Please return to:

Signature: ______________________________

Good Samaritan Hospital
Radiography Program
520 S. Seventh Street
Vincennes, IN 47591
812-885-8011
Fax: 812-885-3445

Address: ______________________________

Date: ______________________________

"AN EQUAL OPPORTUNITY INSTITUTION"

rev. 4/2015 reviewed 4/15
NAME OF APPLICANT: __________________________________________________

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   Initiative _________________________________________________________
   Leadership _________________________________________________________
   Cooperation _______________________________________________________

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rev. 4/2015 reviewed 4/15