



Department of Medical Imaging  
Radiologic Technology Program Application

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**WASHINGTON ADVENTIST UNIVERSITY  
DEPARTMENT OF MEDICAL IMAGING**

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## **PROGRAM OVERVIEW**

The Department of Medical Imaging is committed to providing quality associates level radiologic technology education. The radiologic technology program is endorsed by the Maryland Higher Education Commission (MHEC) and The Joint Review Commission of Education Radiologic Technology (JRCERT). The associate's degree curriculum has been designed to develop professional competence in the scholarly practice of radiologic technology. The program of study offers interrelated theoretical and clinical learning experiences. Multiple agencies are utilized for clinical experiences including: Washington Adventist Hospital, Shady Grove Adventist Hospital, and Shady Grove Adventist Emergency Department.

The Radiologic Technology program admits a maximum of 8 students per year. Graduates of this 2 year program receive an Associate of Applied Science degree in Radiologic Technology. Employment opportunities for graduates extend beyond hospitals to community health agencies, health maintenance organizations, private industry, educational institutions, and mission and foreign services.

## DEADLINE FOR APPLICATION TO THE RADIOLOGIC TECHNOLOGY PROGRAM

***For Fall Semester Admission:***

- |  |                        |
|--|------------------------|
| • Application/Acceptance to WAU                    | No later than April 14 |
| • Application to the Radiologic Technology Program | April 15               |
| ○ Submit to Department of Medical Imaging          |                        |
| • Candidate Interviews                             | April-May              |
| • Notification of acceptance to the program        | June                   |
| • Criminal Background Check/Physical/Immunizations | No later than July 15  |
| ○ Submit to Department of Medical Imaging          |                        |

Refer to the **radiologic technology section of the most recent WAU Academic Bulletin** for more information on how students are selected for the program. Notification of admission status into the radiologic technology program will be mailed.

# WASHINGTON ADVENTIST UNIVERSITY

Department of Medical Imaging  
Associate Degree Program  
**PROCEDURE FOR ADMISSION**

## *Application*

1. Apply to the University through the Admissions Office. Applications may be obtained by calling (301) 891-4502 or online at [www.wau.edu](http://www.wau.edu). **Please note: Acceptance to the University does not guarantee acceptance into the Radiologic Technology Program.** The Admissions Office will inform the student of what must be submitted along with the application to the University (see page 6).
2. After acceptance to Washington Adventist University and payment of the application fee has been made, previous college credits (if applicable) will be evaluated by the Registrar's Office. (Note: Official transcripts must be submitted to the Registrar's Office in order for the official evaluation to be completed). This process may take up to eight weeks and must be completed **before** applying to the radiologic technology program. International transfer students wishing to transfer credits must submit official international transcripts, as well as an official WES transcript.
3. Once the student has been accepted to Washington Adventist University and the official transcript evaluation has been completed, the student will contact the Department of Medical Imaging for an appointment with the department Chair.
4. The student will meet with the Chair of the Department of Medical Imaging, who will answer questions about the radiologic technology program and will set up an individualized degree plan. The student **must** be accepted to Washington Adventist University and have the official transcript evaluation completed before an individual degree plan can be created.
5. The **semester before** the student plans on entering the radiologic technology program, a radiologic technology application must be submitted to the department by the appropriate deadline (*see page 4*).
6. Along with the radiologic technology application it is a requirement that the department is supplied with three completed recommendation forms (*see pages 10-18*). These forms should be completed by individuals who are able to assess your performance in an academic or work setting. **(Please do not have peers or family members complete these forms).**
7. An observation day must be scheduled by each prospective student before the application deadline. The observation day can be scheduled Monday through Thursday from 8:00 am to 12:00 pm. Please contact the program Chair to select a date.

## HOW TO APPLY TO WAU

### Step 1: Complete the Application

Fill out the [online application](#) or submit a paper application to the Admissions Office.

### Step 2: Send Transcripts

**Freshmen** must send high school transcripts with at least 6 completed semesters. After graduation final transcripts will be required.

**Transfer students with less than 24 credit hours** will need both college transcripts and high school transcripts.

**Transfer students with more than 24 credit hours** should submit only college or university transcripts. We require that transcripts be sent from all colleges or universities a student has attended.

### Step 3: Send Test Scores

**Freshmen or Transfer students with less than 24 credit hours** should submit test scores for admissions and financial aid purposes (see the Academic Bulletin for specific requirements).

### Step 4: Send Recommendation Letter

Each student is required to submit one letter of character recommendation to the admissions office. Letters may not be filled out by a family member or friend. Letters should reflect the student's character and how that may affect their success being a student at WAU.

### Step 5: Complete the FAFSA Form

[www.fafsa.ed.gov](http://www.fafsa.ed.gov)

Add WAU's School code: 002067



Describe any other training, courses of study or skills related to radiology or patient care:

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Related license or certifications:

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## REFERENCES

**Provide three (3) recommendations (see attached forms). Recommendations must be submitted by persons who are not related to you, but who know you well.**

List the individuals who will be providing recommendation:

Name	Relationship

## EMPLOYMENT HISTORY

Begin with present employment or most recent including military service.

**Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_



Please give a brief reason why you are interested in the field of radiography.

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I hereby certify that this application was completed by me and all the entries on it and information in it are true and complete to the best of my knowledge. I understand that false or misleading information given in this application and/or in my interview will void this application or subject me to discharge at any time, if I am enrolled.

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



**WASHINGTON**  
ADVENTIST UNIVERSITY

**RECOMMENDATION FORM – RADIOLOGIC  
TECHNOLOGY PROGRAM**

**Instruction to applicant:** Please complete the information below and then give this form to the person who can provide a recommendation on your behalf. Also provide this person with an envelope addressed to the Department of Medical Imaging at WAU: 7600 Flower Avenue, Takoma Park, MD 20912.

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

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
Daytime Phone Number Evening Phone Number Email Address

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

**Instructions to recommender:** Please complete the information requested below by providing your candid assessment of the applicant's preparation, motivation, academic potential, and capacity for advancement in this program. If you need to use additional sheets of paper, please attach them to this form. Your assessment will be held completely confidential. Please seal the form in the envelope provided by the applicant, sign across the seal and return to the applicant.

\_\_\_\_\_  
Evaluator's Name (Please Print) Position/Title (Please Print)

\_\_\_\_\_  
Evaluator's Employer (Name and Address)

\_\_\_\_\_  
Evaluator's Business Telephone Number Evaluator's Email Address

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Knowledge of Applicant:**

How long have you known the applicant?  _____ Years  _____ Months	How well do you know the applicant?  <input type="checkbox"/> Very well <input type="checkbox"/> Moderately well <input type="checkbox"/> Slightly	In what capacity do you know the applicant? <input type="checkbox"/> Professor/Instructor <input type="checkbox"/> Employer/Supervisor <input type="checkbox"/> Colleague/Co-worker <input type="checkbox"/> Academic Advisor <input type="checkbox"/> Other (specify): _____
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	Excellent/ Outstanding	Above Average	Average/ Good	Below Average/ Fair	Not Satisfactory	Insufficient Opportunity to Observe
<b>Character and Personality</b>						
Emotional Maturity						
Dependability/Responsibility						
Moral qualities/Ethical standards						
Initiative, motivation						
Long term commitment						
Leadership						
Ability to work under pressure						
Personal integrity						
<b>Intellectual Capacity</b>						
Retention of information						
Analytical ability						
Judgment/critical thinking						
Ability to problem solve						
Creativity						
<b>Clinical Competence</b>						
Demonstrates potential for success						
<b>Communication/Interpersonal Skill</b>						
Ability to work effectively with others						
Quality of written communication						
Quality of spoken communication						

What are the applicant's areas of strength that you have observed?

What are the applicant's areas that could be improved upon that you have observed?

Based on your overall evaluation of the applicant's ability to pursue a career in Radiologic Technology, please indicate your recommendation:

- ☐ Strongly recommend
- ☐ Recommend
- ☐ Recommend with reservations
- ☐ Do not recommend, Why? Please explain:

**Please seal, sign across the seal and return the completed recommendation to the applicant**



**WASHINGTON**  
**ADVENTIST UNIVERSITY**

## RECOMMENDATION FORM – RADIOLOGIC TECHNOLOGY PROGRAM

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**Last Name**

First Name

**Middle Initial**

### Address 1

**Address 2**

Daytime Phone Number

**Evening Phone Number**

Email Address

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Instructions to recommender:** Please complete the information requested below by providing your candid assessment of the applicant's preparation, motivation, academic potential, and capacity for advancement in this program. If you need to use additional sheets of paper, please attach them to this form. Your assessment will be held completely confidential. Please seal the form in the envelope provided by the applicant, sign across the seal and return to the applicant.

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