



In consideration of accepting an appointment in the Radiography Program as offered by Saint Joseph Hospital, I the undersigned, agree to remain in the program for a period of twenty-four (24) months. If I withdraw from the program, or if I am dismissed for any reason, I understand that I will receive no credit towards the American Registry of Radiologic Technologists' requirements. I also understand I will not be considered for reacceptance if I have previously been dismissed for disciplinary reasons.

- ❖ It is understood and agreed that a student can be dismissed from the Radiography Program **at any time** for violation of any of the situations including but not limited to the following:

1. Inability to maintain passing grades.
2. Disciplinary infractions.
3. Alcohol or drug use as determined by a Fitness for Duty test.
4. Failure to develop qualities essential to the ethical practice of the profession.
5. Any criminal act including felony, gross misdemeanor or misdemeanor, alcohol and/or drug related violations.
6. Being identified as an "Excluded Provider".
7. Misleading or fraudulent information.

I understand there is an annual tuition fee of \$4000.00 and an additional \$1,500.00 for the purchase of all textbooks.

All fees are non-refundable. The textbook fee will be due May 1st once acceptance has been verified.

Annual tuition: \$4000.00 is payable the first week of June the first year and the final \$4,000.00 tuition payment is payable the first week of June of the following year.

** Acceptance is contingent upon review of background checks and urine drug screen results.

** Fees and/or policies are subject to change.

I understand that I will not be entitled to any wages for the time required in the program. I understand that I am under no obligation to work for Saint Joseph Hospital after graduation nor is the hospital obligated to furnish me employment. However, every effort will be made to assist me in obtaining a position in the area of my choice.

I agree that upon completion of my education, I will perform the duties of a radiologic technologist only under the supervision of a radiologist or other qualified physician. I will give no oral or written diagnoses of radiographs.

Applicant Signature

Date

Parent Signature (if required)

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Saint Joseph Hospital Radiography Program - Student Agreement

RADIOGRAPHY PROGRAM MISSION STATEMENT

Saint Joseph Hospital Radiography Program is dedicated to providing a quality education for individuals in the field of radiologic technology. The program incorporates the core values of Catholic Health Initiatives, which includes reverence, integrity, compassion and excellence. Our mission is to produce competent technologists for the various aspects of the profession.

Conditions for Enrollment / Technical Standards:

A. Maintain established health and physical capabilities. After admission into the program, a health physical must be completed by a licensed physician, physician's assistant or nurse practitioner.

1. Vision capabilities:
 - a. Normal or corrected refraction within the range of 20/20 to 20/60.
 - b. Able to distinguish color shade changes.
2. Auditory capabilities:
 - a. Possess normal or corrected hearing within 0-45 decibel range.
3. Tactile capabilities:
 - a. Possess in at least one hand the ability to perceive temperature change and pulsation and to differentiate between various textures and structures.
 - b. Recognize an object by touching or handling.
4. Language capabilities:
 - a. Possess the ability to verbally communicate.
5. Minimal motor capabilities:
 - a. Grasp securely with two (2) functional upper limbs.
 - b. Push and/or pull moveable objects weighing 100-150 lbs.
 - c. Lift at least 25 lbs. without assistance.
 - d. Stand for long periods of time.
 - e. Walk without assistance of canes, crutches, walkers and or humans.
 - f. Reach above shoulders and below waist.
 - g. Twist, bend, stoop/squat, and move quickly.
6. Mental health:
 - a. Possess the ability to adapt to the environment, function in everyday activities and cope with stressors.
7. Freedom from transmittable disease as documented by:
 - a. Negative PPD and/or chest x-ray within immediate past 12 months.
 - b. Rubella and Rubeola antibody test (titer values that indicate immunity) and documentation of MMR (Rebella and Rubeola and Mumps) vaccine.
 - c. Hepatitis B vaccine series.
 - d. Varicella zoster live-virus vaccine or reliable history of varicella (chicken pox) or serologic evidence of immunity.
 - e. Immunization as recommended by the Advisory Committee on Immunization Practices of the U.S. Public Health Service and the Committee of Infectious Disease of the American Academy of Pediatrics.

B. Maintain current certification in Basic Life Support for Health Care Providers (CPR) by the American Heart Association.