

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.

All applicants must observe at a hospital radiology department for a minimum of four (4) hours prior to the application deadline. Two (2) 8 a.m. to 12 p.m. appointments are available Monday, Wednesday, and Friday for applicants interested in observing at Saint Joseph Hospital. Appointments for observations will be on a first come first serve basis. Please schedule well in advance to ensure an appointment. Observations at Saint Joseph Hospital will be conducted until December 1st. No observations will be scheduled after this date for applicants to the next available cohort.

To schedule an appointment time for observations contact program faculty at 859.313.2827. For voice-mail please leave your name and a contact phone number. The program faculty will return your call in the order they are received to schedule your appointment date. The Clinical Instructor at the hospital will sign the observation form ONLY on the day of the observation.

Please wear professional dress clothes (no blue jeans and t-shirts) and comfortable shoes (no open-toed shoes or flip flops). Any application submitted without completion of this form will not be considered for the program.

I, _____ have read and understand the HIPAA regulations for
PRINT FULL NAME

By signing, I agree to uphold confidentiality for all patients and personnel of said healthcare institution. I agree to withhold any and all discussion of a personal nature regarding any procedures and patients observed today.

I, _____ have observed for four hours in the radiology department at

Name of Institution on _____
Date

AREAS OF OBSERVATION:

- | | | | |
|--------------------------|----------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Routine Radiography | <input type="checkbox"/> | Darkroom |
| <input type="checkbox"/> | Portable Radiography | <input type="checkbox"/> | Specialty Area |
| <input type="checkbox"/> | Fluoroscopy | <input type="checkbox"/> | Other (Surgery, etc.) |

CLINICAL INSTRUCTOR SIGNATURE

- over -

Conditions for Enrollment / Technical Standards:

- A.** Maintain established health and physical capabilities. After admission into the program, a health physical will need to 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 and 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) 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.

Applicant Signature

Date