

Department of Diagnostic & Treatment Sciences

Cook DeVos Center for Health Sciences, College of Health Professions, Suite 113
301 Michigan Street NE, Grand Rapids, Michigan 49503
Phone 616-331-5900, Fax 616-331-5643

Diagnostic Medical Sonography & Radiation Therapy Programs 2016 Application

The Diagnostic Medical Sonography, Radiation Therapy, and Magnetic Resonance Imaging programs at GVSU are competitive and require completion of secondary application materials. Applicants must complete the DMS & RT Prerequisites AND all the GVSU General Education courses (excludes Issue courses) prior to the start of the program. Students may apply to the program February 1 if they can demonstrate that the prerequisites and general education courses will be complete by the time the program starts in August. There are no waiting lists.

Application deadline: **FEBRUARY 1, 2016**

SELECT THE PROGRAM:

Radiation Therapy

NEW: Students may apply to one, two or three of these programs BUT must indicate 1st, 2nd & 3rd choice

Diagnostic Medical Sonography - Echocardiography & Vascular

Diagnostic Medical Sonography - General (Abdominal & OB-GYN)

Magnetic Resonance Imaging: 37 online credits through the MiRIS consortium of schools

PLEASE TYPE OR PRINT LEGIBLY

Name: _____ Student G#: _____
First M. Initial Last (if applicable)

Email Address: _____ Date of Birth: _____

Local Address: _____
Street City, State Zip

Permanent Address: _____
Street City, State Zip

Local Phone: _____ Permanent Phone: _____
Cell, home or work (please circle) Cell, home or work (please circle)

EMERGENCY CONTACT: _____ Relationship: _____

Emergency Contact Address: _____
Street City, State Zip

Emergency Contact Phone: _____
Work Home Cell

List previous colleges and universities attended. Include ALL schools AND cumulative GPA from each school.

Are you currently admitted to GVSU? Yes No In process
 Have you completed a bachelor's degree? Yes No

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Application Process and Admission Criteria

Diagnostic Medical Sonography & Radiation Therapy Programs

Application Materials

- **GVSU Undergraduate Application** – students must apply and be admitted to GVSU
- **Program Application**
- One to two page **statement of professional goals**
- **Two recommendations** on program specific forms
- Official and updated copies of **ALL non-GVSU transcripts** sent directly to the Admissions Office
- **Resume** – **ALL health care experiences (volunteer, paid, job shadow) must be listed under one section of the resume**; all other experiences can be listed below health care
- **Verification of Course Completion** form
- **Submit all application materials by February 1 directly to:**
 - College of Health Professions
 - Grand Valley State University,
 - 301 Michigan St., NE Suite #113
 - Grand Rapids, MI 49503-3314
 - phone (616) 331-5900 • fax (616) 331-5643

Admission Considerations

- Academic grade point average from prerequisite courses (40%)
- Academic grade point average from previous two calendar years (10%)
- Interview and/or Writing Assessment completed on-site at the College of Health Professions (30%)
- Health Care Experience – minimum of 16 hours volunteer or paid AND 2-3 hours job shadow (5%)
- Recommendations (5%)
- Additional leadership considerations (10%)

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VERIFICATION OF COURSE COMPLETION

Prerequisite Courses	School & Course Code	Insert grade or expected completion date			
		F15	W16	SS16	Grade
<i>Example: Introductory Applied Statistics</i>	<i>GRCC MA 215</i>				A
<i>Example: Research Methods</i>	<i>GVSU PSY 300/SWS</i>			x	
Human Anatomy & Physiology I GVSU BMS 250 or BMS 202					
Human Anatomy & Physiology II GVSU BMS 251 or BMS 208 & 309					
Medical Terminology GVSU AHS 100					
College Algebra GVSU MTH 122					
Physics I (GE: physical science) GVSU PHY 220					
Physics II GVSU PHY 221 (<i>Radiation Therapy students only</i>)					
Introductory Psychology (GE: social science) GVSU PSY 101					
Social Problems (GE: social science & US diversity) GVSU SOC 205					
Introductory Applied Statistics (GE: math) STA 215					
Research Methods (in psychology or health care) PSY 300 (SWS) <u>or</u> AHS 301					
Remaining General Education (GE) Courses	refer to your myPath	F15	W16	SS16	
WRT 150 (C grade or higher)	___ yes it is complete __ I plan to finish it:				not applicable
Life Sciences	___ yes it is complete __ I plan to finish it:				n/a
Arts	___ yes it is complete __ I plan to finish it:				n/a
Historical Perspectives	___ yes it is complete __ I plan to finish it:				n/a
Philosophy & Literature	___ yes it is complete __ I plan to finish it:				n/a
World Perspective	___ yes it is complete __ I plan to finish it:				n/a
Supplemental Writing Skills course	___ yes it is complete __ I plan to finish it:				n/a

Additional Comments/Clarification

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RECOMMENDATION FORM

APPLICANT NAME (print or type): _____

I waive my right to access this form

I do **NOT** waive my right to access this form

APPLICANT SIGNATURE _____ DATE: _____

In view of the technical and professional demands placed on radiation therapy, diagnostic medical sonography and magnetic resonance imaging professionals, it is important that we know more about her/his qualifications than is revealed by a transcript of the student's grades. We will rely heavily on your honest evaluation of this candidate, and appreciate your time and effort in this regard.

1. How long have you known the applicant? _____ month/years

2. In what capacity have you known the applicant? (Check all that apply)
 ___ undergraduate student ___ teaching assistant ___ graduate student ___ employee ___ advisee

Other (please specify) _____

3. Please rate the applicant in comparison to other students you have taught or persons who have worked for you. Place a check along the line provided.

CHARACTERISTIC EVALUATED	Excellent	Above Average	Average	Below Average	Unable to Assess
Work Habits:	a) Neatness				
	b) Cooperation				
	c) Integrity				
Communication Skills:	a) Oral				
	b) Written				
Motivation:	a) Attitude				
	b) Initiative				
	c) Punctuality				
Ability:	a) Learning				
	b) Comprehension & Correlation				
	c) Imagination/Originality				
Quality of Work:	a) Organization				
	b) Accuracy				
	c) Technical Competency				
	d) Judgment				
	e) Performance Under Stress				
	f) Responsibility				

4. Would you feel comfortable having this applicant assist you as a radiation therapist, diagnostic medical sonographer or magnetic resonance imaging technician if you were a patient in a hospital?

Yes No Not Applicable

5. What is your overall recommendation for this applicant? (circle one)

- a. I highly recommend this applicant.
- b. I recommend this applicant.
- c. I recommend this applicant, however, with some reservations.
- d. I do not recommend this applicant.

If your response was (c.) or (d.) please explain:

Additional comments about the student's abilities pertaining to one of the stated professions:

NAME (please print): _____

Signature: _____

Employer / Place of Employment (if applicable) _____

Position: _____ Date: _____

Email or Phone: _____

All application materials are due to the College of Health Professions by **February 1**.
Please return the recommendation form in a **SEALED AND SIGNED ENVELOPE**
to the student OR mail OR fax OR the recommendation directly to the following address:

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301 Michigan St., NE Suite #113
Grand Rapids, MI 49503-3314

phone (616) 331-5900 • fax (616) 331-5643 • stokesv@gvsu.edu