

## 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, & Magnetic Resonance Imaging 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 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: Applicants may only apply to A or B.**

**A.** Students may apply to both of these programs BUT must indicate 1<sup>st</sup> & 2<sup>nd</sup> choice

Radiation Therapy

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

**B.** Students may apply to one, two or three of these programs BUT must indicate 1<sup>st</sup>, 2<sup>nd</sup> & 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, & Magnetic Resonance Imaging

#### 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
- **All application materials must be submitted by February 1 and unless noted, sent 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 – How have or will you complete these required courses?

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	
<b>Human Anatomy &amp; Physiology I</b> GVSU BMS 250 or BMS 202					
<b>Human Anatomy &amp; Physiology II</b> GVSU BMS 251 or BMS 208 & 309					
<b>Medical Terminology</b> GVSU AHS 100					
<b>College Algebra or Calculus</b> GVSU MTH 122 or MTH 201					
<b>Physics I</b> (GE: physical science) GVSU PHY 220					
<b>Physics II</b> GVSU PHY 221 ( <i>Radiation Therapy students only</i> )					
<b>Introductory Psychology</b> (GE: social science) GVSU PSY 101					
<b>Social Problems</b> (GE: social science & US diversity) GVSU SOC 205					
<b>Introductory Applied Statistics</b> (GE: math) STA 215					
<b>Research Methods</b> (in psychology or health care) PSY 300 (SWS) <u>or</u> AHS 301					
<b>Remaining General Education (GE) Courses</b>	refer to your myPath	<b>F15</b>	<b>W16</b>	<b>SS16</b>	
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
Life Sciences	___ 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
WRT 150 (C grade or higher)	___ 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 technologist 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.) could you 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 scan the recommendation directly to the following address:

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 • stokesv@gvsu.edu