

APPLICATION FOR ADMISSION
RADIOGRAPHY PROGRAM
LAFAYETTE GENERAL MEDICAL CENTER
LAFAYETTE LA

Please give careful consideration to each question on this form. Fill out the application completely, and return it by the deadline to the Radiography Program Director. A \$30 non-refundable application fee must accompany this application on submission. Make checks payable to: **Lafayette General Medical Center.**

Date _____, 20_____

1. **Print** name in full _____
(Ms., Mrs., Mr.) Last Name First Name Middle Name Maiden Name

2. Social Security Number _____

3. Present Address _____

4. Permanent Address _____
Number and Street City State Zip Code

5. Telephone Number (_____) _____
Home Cell

6. Email address _____

7. Provide information below concerning high school(s) attended.

Name of School	City and State	Date of Entrance	Date of Exit	GPA

8. Provide information below concerning college, university, or other post-secondary schools attended.

Name of School	City and State	Date of Entrance	Date of Exit	GPA

9. Have you ever before submitted an application to this school? _____ Date _____

9. Work experience: enter all positions held, listing the most recent first.

Position	Employer	From	To	Reason for leaving

10. Person to be notified in case of emergency:

Name _____ Telephone # (_____) _____

Address _____
Number and Street City State Zip Code

11. Please submit three (3) letters of recommendation from people who know you either on an academic or a professional basis. Recommendations should not be from relatives. These letters should be submitted to: **Radiography Program Director, Lafayette General Medical Center, 1214 Coolidge Ave, Lafayette LA 70503.**

12. **Technical Standards** required for individuals performing the duties required of a radiographer.

- a. Transport patients by wheelchairs and stretchers to and from the radiology department. Assist patients from their wheelchair or stretcher onto and off the x-ray table.
- b. Utilize various types of radiographic equipment, including fixed and mobile x-ray units. Manipulate the patient, x-ray tube, image receptor, and accessory items to perform established radiographic procedures accurately and expeditiously.
- c. Handle stressful situations involving patients, physicians, hospital employees, peers, and the public.
- d. Provide for the well being and safety of the patients. Provide basic life support when required.
- e. Read, interpret, and verify requisitions, doctor's orders, and patient charts. Initial all doctor's orders.
- f. Communicate verbally with the patient to provide him/her with instructions necessary for successful performance and completion of procedures.
- g. Document all required information onto patient's charts, requisitions, computers, and x-ray files.
- h. Calculate and select proper exposure factors depending upon patient size and any unique existing conditions to produce diagnostically acceptable radiographic images.

- i. Evaluate radiographic images for technical and positioning accuracy, proper identification, and other necessary information depending on the procedure performed.
- j. Prepare sterile trays and draw up sterile solutions using aseptic technique. Assist with procedures performed under sterile conditions.
- k. Answer the telephone and assist or redirect callers appropriately in an accurate and professional manner. Use effective verbal and written communication skills.
- l. Properly utilize the computed radiology and PACS systems of image acquisition and image archival.
- m. Utilize the department's filing system. Purge files as needed.
- n. Keep procedure rooms clean and stocked with needed supplies.
- o. Be able to lift heavy objects and be on your feet eight hours a day.

Can you perform these technical standards with or without a reasonable accommodation?

Yes _____ No _____

If a reasonable accommodation is necessary, please explain that reasonable accommodation.

Applicant's Signature

Date

In the space below, please write an account of why you are pursuing a career in Radiologic Technology and why you have chosen to apply to the program at Lafayette General Medical Center.

Please return this completed application, a non-refundable application fee of \$30, official high school and college transcripts, and the form for your choice of test dates to:

Radiography Program Director
Lafayette General Medical Center
1214 Coolidge Ave
Lafayette LA 70503

NOTE: Please make check or money order payable to Lafayette General Medical Center. Please do NOT send cash.