

JFK MEDICAL CENTER
MUHLENBERG HAROLD B. AND DOROTHY A. SNYDER SCHOOLS

NURSING RADIOGRAPHY DIAGNOSTIC MEDICAL SONOGRAPHY

APPLICATION DIRECTIONS

This packet contains the application and required forms to help you apply to JFK Medical Center Muhlenberg Harold B. & Dorothy A. Snyder Schools. Please complete the entire application.

Use the included Application Checklist for directions and record keeping. The JFK Muhlenberg Snyder Schools' programs admit students twice a year, for either the Fall semester or the Spring semester.

**ONGOING ADMISSION – APPLY ANYTIME
RECEIVE A RESPONSE FOR THE NEXT OPEN SEMESTER.**

DEADLINES

SCHOOL OF MEDICAL IMAGING

(Radiography & Diagnostic Medical Sonography)

SPRING 2017 SEMESTER DEADLINE: DECEMBER 22ND

FALL 2018 SEMESTER DEADLINE: AUGUST 3RD

**ALL APPLICATION MATERIALS MUST BE COMPLETED AND RECEIVED
NO LATER THAN THE DEADLINE**

Incomplete applications will be considered for the following semester.

The application must be completed by the deadline. However, it is not necessary to wait until the deadline to apply. Completed applications are reviewed and decisions are made on a continuing basis. Applicants will be notified by mail.

APPLICANT CHECKLIST

The following checklist is for your record-keeping. Applications must be complete by the appropriate deadline. Applications may be mailed to the Schools or brought in person.

STEP 1: Mail in your application, \$75 non-refundable application fee (paid on-line on the Schools' website or money order), essay, completed references and the appropriate signed Consumer Information form. References and transcripts may arrive separately, if necessary.

STEP 2: Request **official** transcripts from **all** the schools you have attended (high school, all colleges, vocational schools, schools of practical nursing, radiography, etc.). Only official transcripts will be considered in processing your application

Official transcripts are those transcripts sent directly from one school to another school without student receipt and include the official seal of the sending school. Official transcripts in envelopes sealed with the respective school's seal, hand carried by the applicant, will also be accepted.

If you attended school under another name, please have the school include your current name as well as your former name(s). This applies to all transcripts and evaluations.

If you have been home schooled, you must also submit a copy of your transcript or home school record. If a home school record/transcript is not available, a GED may be submitted instead. SAT scores, complete recommendation and the essay must be submitted as well.

It is the applicant's responsibility to notify high schools and colleges to forward the requested information directly to the Schools by the appropriate deadline. *Incomplete applications will not be considered.*

FOR HOLDERS OF GED (General Education Development Diploma): You must have your official GED test results sent to the Schools. For information about taking the GED, having scores forwarded, or for more information about the requirements for the thirty (30) college credit route to a state-endorsed High School Diploma, contact:

NEW JERSEY

GED Testing Program
Bureau of Adult Education and
Family Literacy
New Jersey
Department of Education
P.O. Box 500
Trenton, NJ 08625-0500
Telephone: (609) 777-1050
E-mail: GED_INFO@doe.state.nj.us

NEW YORK

The New York State
Education Department
HSE Office
P.O. Box 7348
Albany, NY 12224 - 0348
Hotline: (518) 474-5906
www.acces.nysed.gov/ged

FOR APPLICANTS WITH TRANSCRIPTS FROM SCHOOLS OUTSIDE OF THE UNITED STATES

Applicants with educational credentials from schools outside of the United States must first have their transcripts translated and **evaluated**. Contact the evaluation agency listed below or another current member of NACES (the National Association of Credential Evaluation Services), www.naces.org for international transcript evaluations.

Allow ample time for processing by the deadline. The Schools are not affiliated with any accrediting agency. **If you would like to receive credit for specific courses that you have completed, this evaluation must be done on a course-by-course basis. The evaluation must also include verification of high school graduation.**

World Education Services, Inc.,
P.O. Box 5087, Bowling Green Station,
New York, NY 10274-5087,
Telephone: (212)966-6311, Fax(212)739-6100,
Email: support@wes.org
or visit the website, www.wes.org.

STEP 3: Each program requires three complete letters of reference. Make sure you complete your section of the [reference form](#). **The individual completing the letter of reference must complete and sign the form; they must also write a letter of reference.**

- High school seniors, or those who have graduated from high school within the last three years, must include a complete reference from a guidance counselor, teacher or high school administrator.
- LPN graduates must include a complete reference from the director of their LPN program or a faculty instructor (not required if they graduated more than five years ago).
- Applicants, who have previously attended another nursing school within the last five years, must submit at least one letter of reference from either the program's director or from a faculty instructor(s).
- All other applicants must obtain complete references from an employer, supervisor, previous college instructor or any other non-family professional contact who can address character and academic abilities. References from friends or family members are NOT acceptable.
- Applicants seeking readmission to the Schools should consult the Catalog for instructions.

STEP 4: Candidates who graduated from high school within the last three years must submit SAT or ACT scores. This requirement is waived for all other applicants. The Schools' SAT code is 2452. SAT information is available at www.collegeboard.com.

STEP 5: Applications may be mailed or personally delivered to the Schools

- **If you are not a U.S. citizen**, you must bring your application in person to the Schools' Administrative Offices. You will be required to show your Permanent Resident card and/or Naturalization paper at that time. Permanent residency is a requirement for school entrance consideration.
- **If you are a licensed practical nurse (LPN)**, you must bring your application in person to the Schools' Administrative Offices. You will be required to show your valid LPN license at that time.

The Schools cannot proceed with your application without this information. This must be done in person; copies are not acceptable.

STEP 6: The applicant must select **one** of the [essay topics](#) listed on the application and write an essay of 250 words or more. Include this essay when submitting the application.

STEP 7: Read, sign and return the **appropriate** Consumer Information Sheet:

STEP 8: Please [complete the survey](#) asking how you heard about the Schools.

It is the applicant's responsibility to submit, or directly forward to the Schools, all the requested information by the appropriate deadline. *Incomplete applications will not be considered.*

All the above materials should be mailed to:

**JFK Muhlenberg Harold B. and
Dorothy A. Snyder Schools
P.O. Box 4649
Metuchen, New Jersey 08840
Attn: Admissions**

All decisions by the Admissions Committee are final.

If accepted to the school, you may be required to take the College Placement Test, the English for Speakers of Other Languages Test and/or the RAD102 Math Test. The information regarding these tests is included in the acceptance packet. All remediation work, if needed, must be completed prior to registering for any credit-bearing courses and will be arranged through the JFK Muhlenberg Snyder Schools' Office of Registration and Enrollment.

Date application mailed: _____

School: _____

Date transcript requested: _____

School: _____

Date transcript requested: _____

School: _____

Date transcript requested: _____

High School/GED: _____

Date transcript requested: _____

If evaluation is needed, date requested: _____

Person completing your reference form:

1. _____ Date requested: _____

2. _____ Date requested: _____

3. _____ Date requested: _____

If needed, date SAT scores mailed: _____

Notes: _____

APPLICATION FOR ADMISSION

**This application is appropriate for all Medical Imaging programs offered by
JFK Medical Center Muhlenberg Harold B. and Dorothy A. Snyder Schools**

Failure to complete the entire application may void your application. Report any changes (name, address, telephone number, college information, etc.) to the Schools.

GENERAL INFORMATION

Name: _____
Last
List All Former Last Names
First
Middle Initial

Home Address: _____
Number and Street
City

State _____ Zip Code _____ County _____

(_____) _____ (_____) _____ (_____) _____
Area Code Home Telephone Area Code Work Telephone Area Code Cell Telephone

Email Address: _____
Print clearly

Mailing Address if different from above: _____
Number and Street
City

State _____ Zip Code _____ County _____

Social Security Number :

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Medical Imaging

Select Program and Semester:

Radiography Fall semester 20____ Spring semester 20____
Diagnostic Medical Sonography Fall semester 20____ Spring semester 20____
Graduate Refresher Fall semester 20____ Spring semester 20____

Have you ever applied to JFK Medical Center Muhlenberg Snyder Schools of Medical Imaging before? _____

If yes, which program? _____

When: Semester _____ Year _____

Did you ever attend? ____

If yes, Reason you left: _____

Pay your non-refundable \$75.00 application fee [on-line](#) or by
money order. Payment should be made to:

**JFK Medical Center Muhlenberg Snyder School of
Radiography**

(for all SOMI programs)

Accredited by JRCERT and CAAHEP

EDUCATION

ALL APPLICANTS MUST COMPLETE THIS SECTION INCLUDING THOSE WITH A BACCALAUREATE DEGREE (OR HIGHER) OR THOSE WITH FOREIGN EDUCATION.

Diploma-Granting High School

Name of School _____

Address _____
Street City State

Dates Attended _____ To Graduation Date ____/____/____

G.E. D. Date Received _____ Adult Education Diploma Date Received _____

List all High Schools/Secondary Schools Attended:

POST-SECONDARY EDUCATION is education beyond high school. It includes all courses/programs attended at colleges and technical or business schools throughout an academic year. Each applicant must list ALL courses/programs ever attended.

NAME OF POST-SECONDARY SCHOOL

1.

Name of School	Location
Dates attended	# of credits completed
	Degree/Diploma

2.

Name of School	Location
Dates attended	# of credits completed
	Degree/Diploma

3.

Name of School	Location
Dates attended	# of credits completed
	Degree/Diploma

4.

Name of School	Location
Dates attended	# of credits completed
	Degree/Diploma

5.

Name of School	Location
Dates attended	# of credits completed
	Degree/Diploma

Note: You must list **all schools** attended (including Union County College), even if you took only one course. It is not necessary to attend Union County College prior to applying to any of the JFK Muhlenberg Snyder Schools' programs. However, **if** you have attended, or are currently attending Union County College, you must have achieved a minimum GPA of 2.0. All other admission criteria apply as well.

ESSAY

Please complete one of the following essays on a separate sheet of paper. Your essay should be a minimum of 250 words and typed.

1. Please tell why you would like to become a nurse or medical imaging technologist (specify discipline). Describe some of the experiences that have influenced your decision.
2. If you were able to spend the day with a famous individual, real or fictional, whom would you pick, and why?
3. If you were to write your autobiography, what might it say on page 200?

NON-DISCRIMINATION POLICY

It is the policy of JFK Medical Center Muhlenberg Harold B. and Dorothy A. Snyder Schools to comply with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the Older Americans Act of 1975, and the American with Disabilities Act of 1991. These laws prohibit discrimination on the basis of race, color, religion, sex, national origin, age, disability or sexual orientation in all educational programs and activities as long as the handicapped person does not present a safety hazard to himself/herself or clients. JFK Medical Center, Inc. is an Equal Opportunity Employer.

PUBLISHED: JULY 2017

At the time of printing, all information contained herein was deemed accurate and current. However, the Schools reserve the right to change any provisions, requirements, charges, programs, offerings or services without notice or obligation.

Announcements published in this publication may not be regarded in the nature of binding obligations on the Schools. My signature below indicates that the foregoing information is correct and complete to the best of my knowledge. I certify I am a current resident and have / have not been a resident continuously for at least six months in the county indicated on this form. I will notify the institution of any change in address. I understand that any falsification or omission of information may result in immediate disqualification or dismissal from the program.

Signature _____ Date _____

Parent's signature if under 18 _____
(Revised July 2017)

SURVEY

How did you hear about JFK Muhlenberg Harold B. and Dorothy A. Snyder Schools?
(Select as many choices as are applicable.)

- | | | | |
|--------------------|--------------------------|----------------------------|--------------------------|
| _____ College Fair | _____ Internet | _____ Union County College | _____ Guidance Counselor |
| _____ Alumni | _____ Friend | _____ Parent/Relative | _____ Employee |
| _____ Physician | _____ Facebook | _____ Twitter | _____ Newspapers |
| _____ Billboards | _____ Bus Advertisements | _____ Other | |

Note to student: Each program offered by JFK Medical Center Muhlenberg Harold B. and Dorothy A. Snyder Schools requires three (3) complete references (form and letter). See the directions on the Application Checklist for instructions.

LETTER OF REFERENCE FORM

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

APPLICANT'S NAME (Please Print)

Check One

EVALUATOR'S NAME (Please Print)

Radiography

Diagnostic Medical Sonography

An applicant may waive the right of access to written evaluations as provided for under the Family Educational and Privacy Act of 1974. Please indicate your wishes by signing below either section A or B.

- A. I hereby waive my right of access to the evaluation provided by the person named above and he/she should be hereby notified that the confidentiality of the evaluation is preserved.

Applicant's Signature _____ Date _____

- B. I do not waive my right to the evaluation provided by the person named above and he/she should be notified that I retain my right of access; thus, the confidentiality of the evaluation is not guaranteed.

Applicant's Signature _____ Date _____

IMPORTANT: DIRECTIONS TO THE EVALUATOR

Complete the information on side 2 legibly and attach a letter to this form which details your relationship to the applicant, in what professional capacity and length of time you know them, their major relevant strengths/weaknesses, and any other pertinent comments you may wish to share with the Admissions Committee.

STUDENT REFERENCE FORM CONTINUED

The traits described below are to be evaluated primarily on personal qualities believed relevant to an individual's performance and development. Rate the applicant according to the legend.

Applicant's Name _____

LEGEND

- 5 – Excellent
- 4 – Above Average
- 3 – Average
- 2 – Below Average
- 1 – Unsatisfactory
- 0 – Unable to Evaluate

	Rating #
1. Interpersonal skills (cooperative, tactful, ability to work with others)	
2. Manual dexterity (agile, dexterous, coordinated)	
3. Maturity (stability, self-disciplined, responsive to criticism)	
4. Ability to work independently (initiative, diligent, good organization)	
5. Problem-solving abilities (recognizes problems, analytical ability)	
6. Reliability (trustworthy, dependable, responsible, perseverance)	
7. Personality (warm, cheerful, positive, patient)	

DATE _____

EVALUATOR'S NAME: Please print _____

SIGNATURE OF EVALUATOR _____

TITLE _____

INSTITUTION/COMPANY _____

PLEASE RETURN THIS FORM, ALONG WITH A LETTER OF REFERENCE TO:

JFK Medical Center
Muhlenberg Harold B. and Dorothy A. Snyder Schools
Office of Admissions
P.O. Box 4649
Metuchen, NJ 08840

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Check One

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DATE _____

EVALUATOR'S NAME: Please print _____

SIGNATURE OF EVALUATOR _____

TITLE _____

INSTITUTION/COMPANY _____

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7. Personality (warm, cheerful, positive, patient)	

DATE _____

EVALUATOR'S NAME: Please print _____

SIGNATURE OF EVALUATOR _____

TITLE _____

INSTITUTION/COMPANY _____

PLEASE RETURN THIS FORM, ALONG WITH A LETTER OF REFERENCE TO:

JFK Medical Center
Muhlenberg Harold B. and Dorothy A. Snyder Schools
Office of Admissions
P.O. Box 4649
Metuchen, New Jersey 08840

Consumer Information Sheet - School of Radiography

Only Complete for Radiography Applicants

Student Right-to-Know

The following information is being provided as required under the Student Right-to-Know and Campus Security Act, Public Law 101- 542, as amended by the Higher Education Technical Amendments of 1991, Public Law 1022- 26, and the Higher Education Technical Amendments of 1993, Public Law 103-208.

Information on the School of Radiography Program Effectiveness Data

Of the 17 + 1 (Advanced Placement Student) graduates from JFK Muhlenberg Harold B. and Dorothy A. Snyder Schools' Program in Radiography in 2015, sixteen (16) students passed the ARRT Boards, 93% of first-time examinee pass rate. The majority of the School of Radiography students are "transfer-ins", and, therefore, are not considered first-time, full-time degree-seeking students.

Employment data is not yet available for the 2015 graduates. Of the 2014 graduates, there was 100% job placement within 12 months after graduation.

PHYSICAL/TECHNICAL REQUIREMENTS FOR ADMISSION

Applicants to the School of Radiography must be able to perform specific skills in order to perform clinical assignments of the School and to perform all procedures required of a diagnostic radiographer in the work force.

Corrective devices are permitted to meet the minimum requirements.

1. Communicate in English in order to converse and instruct patients, to relieve their anxiety and gain their cooperation during procedures.
2. Hear a patient talk in a normal tone from a distance of 20 feet.
3. Observe the patient in order to assess his condition and/or needs from a distance of at least 20 feet.
4. Read a patient's medical chart and/or physician's orders.
5. Evaluate radiographs using a view box to make certain that the films contain proper identification and are of diagnostic value.
6. Render services and/or assistance to all patients depending on the individual patient's needs and abilities when moving, turning, getting on and off the radiographic table or stretcher and when moving in and out of a wheelchair.
7. Push, pull and lift 40 pounds.
8. Push and manipulate a portable X-ray machine in turning corners, maneuvering on and off elevators and within a patient's room.
9. Manually move and maneuver the X-ray tube at standard and non-standard heights up to 7 feet.
10. Draw up sterile contrast media and other solutions without contaminating the syringe needle and/or injecting device.
11. Select the exposure factors necessary to produce a radiograph by manipulating dials, buttons and switches.
12. Place X-ray cassettes in Bucky trays and spot film devices and properly manipulate all locking devices.
13. Physically be able to administer emergency care including CPR as necessary.
14. Physically be able to stand for periods as long as 2 hours while wearing lead aprons and to walk a distance of 2 miles during a normal work day.

I have read the above Physical and Technical Requirements for admission into the JFK Muhlenberg School of Radiography. My signature below determines that I am capable of fulfilling these requirements.

Signature

Print Name Clearly

Date

RETURN WITH YOUR APPLICATION

JRCERT ACCREDITED

Consumer Information Sheet - School of Diagnostic Medical Sonography

Only Complete for Diagnostic Medical Sonography Applicants

Student Right-to-Know

The following information is being provided as required under the Student Right-to-Know and Campus Security Act, Public Law 101 542, as amended by the Higher Education Technical Amendments of 1991, Public Law 102-26, and the Higher Education Technical Amendments of 1993, Public Law 103-208.

Information on Graduation/Completion Rates

Of the fifteen graduates from the JFK Muhlenberg Harold B. and Dorothy A. Snyder Schools' Diagnostic Medical Sonography Program in 2014, the following Program Outcomes were achieved;

Class of 2014.....	Enrolled – 20	Graduated – 15	Did not graduate (Attrited) – 5
Employed in the profession.....	7 employed; 63% job placement within 2 years for those who took the registry.		
Registry examination.....	11 Graduates chose to sit for the ARDMS examinations; 73% passed the Registry within 2 years of graduation.		

Americans with Disabilities Act (ADA)

The following information is being provided as required by the Federal Government, Section 504 of the Rehabilitation Act of 1973.

Applicants to the Diagnostic Medical Sonography Program must be able to perform specific skills in order to care for patients safely and perform all procedures that would be required of a graduate Sonographer in the work force.

The JFK Muhlenberg Snyder Diagnostic Medical Sonography Program has accepted the following standards for applicants to the program. Corrective devices are allowed to meet the minimum requirements or standards.

To enter the Diagnostic Medical Sonography Program, the applicant must be able to:

1. Communicate clearly and succinctly in English to the patient, family and other support staff, both verbally and in writing.
2. Hear a patient talk in a normal tone from a distance of 20 feet.
3. Visually observe the patient in order to assess the patient's condition and/or needs from a distance of at least 20 feet.
4. Read all written medical information pertaining to the patient.
5. Assess all readings and functions of technical equipment pertaining to patient care.
6. Render services and/or assistance to all patients depending on the individual patient's needs and abilities in moving, turning and lifting.
7. Be able to push, pull and lift 40 pounds.
8. Manipulate a stretcher, wheelchair and/or portable equipment within the medical facility without Injury to self, patient and others.
9. Manipulate dials, buttons, and switches.
10. Physically be able to administer emergency care (CPR).
11. Be able to stand for periods as long as 2 hours.
12. Walk a distance of 2 miles during a normal work day.

I have read this form and understand the contents wherein:

Signature

Print Name Clearly

Date

RETURN WITH YOUR APPLICATION