Fairview Health Services
School of Radiation Therapy
Application for Admission-
Track I & Track II- FALL 2014

****This application deadline is February 10th, 2014 for program start September, 2014**

Admission to the Fairview Health Services School of Radiation Therapy, headquartered at University of Minnesota Medical Center, Fairview is granted without regard to race, religion, color, sex, national origin, handicap, age, veteran status, or sexual orientation. University of Minnesota Medical Center, Fairview abides by all other federal and state laws regarding equal opportunity.

1. **Name** (first, middle, last) _____ Maiden Name_____
2. Social Security Number_____
3. Home Address_____

   City_____ County_____ State_____ Zip_____

4. Daytime Telephone Number_____ Evening Telephone Number_____
5. Cell Phone Number_____ Email Address_____
6. Name & telephone number of contact person_____
7. Address of contact person_____
8. Are you a U.S. citizen? Y N If not, what type of visa do you hold? _____
9. **EDUCATIONAL RECORD:** Names of secondary schools, colleges, and technical schools attended.

High School	**City**	**State**	**Dates**
Colleges / Universities / Technical Schools	**City/ State**	**Dates**	**Certificate / Degree**

Standardized Testing – Official test scores must be submitted at time of application

ACT – Date of Test	**SAT** – Date of Test	**GRE** – Date of Test
English Score:	Math Score:	Analytical Score:
Math Score:	Verbal Score:	Analytical Writing Score:
Reading Score:		Quantitative Score:
Science Score:		Verbal Score:
Reasoning Composite Score:		Total:

10. If you have ever attended any school for radiation therapy, please provide the following information:

Name of school_____

Address_____

Date of entrance_____ End Date_____ Reason for leaving_____

11. Have you ever applied for admission to the University of Minnesota Medical Center, Fairview, School of Radiation Therapy?

Y N If yes, when? _____

12. Have you ever been dismissed from any radiology or radiation therapy program? Y N

If yes, please indicate the program and provide a short explanation._____

_____

13. **Employment**

Recent Employers	Location	Title	Dates

14. **Disclosure Questions**

Are there any criminal or legal charges pending, or are you currently charged with, or have you ever been indicted or found guilty of a felony, misdemeanor (other than a minor traffic violation) or other offense involving fraud, misrepresentation, dishonesty or deceit? YES or NO
Have you ever been found liable, guilty or responsible for sexual impropriety or misconduct or sexual harassment? YES or NO
Do you have a condition that would affect your ability, with or without reasonable accommodation, to perform the essential functions of a therapist in radiation therapy at the University of Minnesota Medical Center, Fairview School of Radiation Therapy? YES or NO

15. CPR Certification? Y N Expiration Date_____

16**. Career Goal Statement Essay:** The admission committee will use your statement to evaluate your interest, understanding, and qualifications in the radiation therapy profession. Using a separate sheet of paper, write your goal statement as a Word document in essay format. Keep it to 2 pages or less. Answer the following questions:

1. How did you become interested in the radiation therapy field?
2. What are your professional career goals?
3. What community activities do you or have you participated in? What outside interests do you have? Have you received any honors, awards, degrees, etc that might apply to the radiation therapy field?
4. Tell us about your observation experience; procedures, interactions, and what you learned about the profession.
5. Describe any personal attributes or experiences that make you a competitive program candidate.
6. Describe your thoughts on excellence in healthcare; explain the kinds of things you feel most confident doing, what motivates you to put forth your greatest efforts. How you measure your own effectiveness.

Return this application, personal goal statement and all required information & forms to UMMC, Fairview.
The application deadline is February 10th, 2014.

Additional Application Requirements

The University of Minnesota Medical Center, Fairview has specific application requirements in addition to the information requested on this form. They include:

Fluency; in written and spoken English is essential for success in the program and to ensure patient safety. If English is a second language, competency must be demonstrated objectively through satisfactory performance within the last 2 years on the TOEFL examination or the Michigan test for English Language Proficiency.

UMMC, Fairview requires that all students who are enrolled comply with the following prior to program start:

- Documentation of their current health status and immunizations for the protection of patients, students and employees and in compliance with Minnesota state regulations,
- Tuberculin test in the past 6 months
- Varicella, rubella, and rubeola immunity
- Up to date diphtheria and tetanus shots
- Hepatitis B vaccination or signed declaration
- Documentation of successfully passing a physical examination
- Evidence of medical insurance coverage prior to program start
- Successfully pass a mandatory Background Check (failure to pass will disqualify the applicant)
- **Complete 24 hours of observation in a radiation therapy clinic.** Download the Observation Form and give it to the clinic staff where the observation occurred. The observation form must be completed by radiation therapy staff and **faxed** (**612-273-3589**) to the UMMC, FV Radiation Therapy Program. It is recommended that you observe in more than one clinic.

Agreement (please read and sign):

The information in this application is accurate and complete to the best of my knowledge. I understand that falsifying or omitting information on this application may disqualify me or subject me to dismissal. I understand that I may not be allowed to begin the program if I fail to complete all pre-requisite courses prior to the start of the program and/or fail to achieve the required grade of "C" or better in any of those courses. I understand that I may not be allowed to begin the Track I program if I do not graduate from my radiology program and/or not become certified in radiology prior to the start of the radiation therapy program or during the first two months of the program.

Applicant's signature_____ Date _____

Application Materials:

***** ALL of the application items listed below may be submitted in one mailing or separately. The 3 recommendation forms/letters may be sent directly from the recommender or may be sent along with the other material if they are placed in a sealed envelope with the person's name written across the seal. The clinical observation forms should be faxed directly from the clinic where the observation occurred.

- Completed Application Form including the Goal Statement (See # 16 on the application)
- Application Fee of $25.00 (check made to UMMC, Fairview School of Radiation Therapy)
- Official Transcripts from colleges and radiology program (mailed with application or directly from the school)
- 3 Reference letters/forms
- All of the components must be received by the **February 10th, 2014 application deadline.**

If using US Mail- Send to:

UMMC, Fairview- School of Radiation Therapy
MMC 400
420 Delaware St. SE
Minneapolis, MN 55455

If using UPS/FedEx/DHL/Overnight- Send to:

UMMC, Fairview- School of Radiation Therapy
500 Harvard Street
Unit J, Room 1-208
Minneapolis, MN 55455

QUESTIONS? Call Pat Fountinelle at (612) 273-5107 or email: *pfounti1@fairview.org*