RADIOLOGIST ASSISTANT MASTER’S PROGRAM
APPLICANT PROCEDURES & CHECK LIST

APPLICATION PROCEDURES

Please read the following procedures carefully.

Applications will not be reviewed by the Radiologist Assistant Admissions Committee unless all documentation has been received.

Send all applications material to: Office of Enrollment Services, Rutgers-SHRP SSB Building, Rm.101, PO Box 1709, 65 Bergen Street, Newark, New Jersey 07101-1709 (973) 972-5454.
PERSONAL STATEMENT

Directions: The following instruction contains information about your personal statement, which is a required part of your application to SHP Radiologist Assistant Program. Please include information requested below. You are encouraged to include additional items in your personal statement. You are strongly encouraged to carefully proof read, grammar check, and spell check your goal statement. Overall writing presentation and clarity are very important.

Content: There are 4 sections described below. Please include the following information when preparing your goal statement. While not required, we strongly suggest that you format your goal statement by heading each section with the headings shown below. Write your information in paragraph form and do not use bullet format under the section headings.

Personal/Professional Goals
- Why you are interested in becoming a Radiologist Assistant and what are your plans after you receive your degree?
- What influenced you to continue your education in the field of Radiology?
- What are the most compelling reasons you can give for the admissions committee to be interested in you?

Academic Experience
- Describe your previous undergraduate academic experience;
- You may include any experiences (e.g., study abroad, unique work or research experience) that influenced your choice of graduate program in becoming a Radiologist Assistant.
- Explain any inconsistencies in academic record or work experience. If your GPA is not what you would have liked, explain special personal, physical or family circumstances that may have adversely affected your GPA.

Work /Other Experience
- What is your prior work experience? Include any volunteer work and/or extracurricular activities that complement your career decision. You can also address any cultural knowledge or experiences you may have acquired that may better prepare you for the field.

Personal Qualities
- Include in this section personal qualities (e.g., interpersonal skills, team work skills, etc.) you possess that you believe will contribute to your success in your field and graduate study.
Mentoring Radiologist Agreement

Thank you for your interest in the Radiologist Assistant Programs at Rutgers- School of Health Professions. You, as a Radiologist Mentor, are a fundamental factor in making this program possible. Our students will depend on you for the greatest part of their education; their clinical skills acquisition. In turn, we hope to produce a valuable asset for your practice. Below you will find your responsibilities as well as the responsibilities of the student.

Responsibilities of the Radiologist Mentor

1. As a Radiologist Mentor, you will be responsible for supervising, teaching, guiding and documenting the Radiologist Assistant Intern’s performance of radiologic patient care. You will be asked to document clinical hours and verify competency of radiologic procedures. An evaluation form will be provided for you at the conclusion of each academic quarter so that you may assess the student’s progress.

2. Through your mentorship, the RA Intern will receive invaluable hands on skills required in order to perform radiologic procedures competently. Under the appropriate supervision of the supervising Radiologist the RA Intern will be permitted to participate in-patient assessment, patient management, and patient education, perform radiology procedures, and participate in the systematic analysis of the quality of patient care delivered in the radiology environment.

3. Under your guidance, the RA student will be taught to screen medical images for image quality, exam completeness and abnormalities. The RA Intern will be permitted to sit with the radiologist while interpretation of images is being done and be allowed to evaluate images for critique and review.

4. Work with the Medical Advisor, as needed, to ensure that the medical components of the clinical preceptorship meet acceptable standards.

5. Maintaining communication with the program director about the progress of the RA intern in the program and the overall quality of the educational process.

6. If, for any reason, the preceptor cannot continue to serve as this RA intern’s mentor, the radiologist preceptor will immediately notify the RA program director with at least 30 days’ notice, if possible. The RA intern must then identify another radiologist willing to serve as preceptor to remain in the program.

Responsibilities of the Radiologist Assistant Student

1. As a Radiologist Assistant Intern, you will be responsible for learning and attaining clinical skills while working under the supervision of the mentor.

2. Under the appropriate supervision level of the mentor, you will be permitted to participate in patient
assessment, patient management, patient education, perform radiology procedures, and participate in the systematic analysis of the quality of patient care delivered within the radiology environment.

3. At the conclusion of the end of the program of instruction, the mentoring radiologist will provide a final overall evaluation of the student designed to verify the student’s final competency and eligibility to sit for national board exams.

The **Mentoring Radiologist Agreement** sets forth provisions of an understanding between:

______________________________________________________________, (Preceptor Group) a board certified Radiologist hereinafter referred to as “Preceptor”, and Rutgers University, on behalf of its School of Health Related Professions (“Rutgers-SHP”), to provide clinical preceptorship supervision for

______________________________________________________________,

a Radiologist Assistant (RA) Intern.

Facility Name:  
______________________________________________________________

Address:  
______________________________________________________________

Radiologist Mentor Printed Name:  
______________________________________________________________

Radiologist Mentor email address:  
______________________________________________________________

Radiologist Mentor contact number:  
______________________________________________________________

Radiologist Mentor Signature and Date:  
______________________________________________________________

*(Please attach a copy of your Curricula Vitae and ABR Board Certification)*

Student Signature and Date:  
______________________________________________________________

RUTGERS-SHP Program Directors Signature and Date:  
______________________________________________________________
Recommendation Form
For Radiologist Assistant Master’s Program

Please type

To the Applicant
Complete the section below and provide your recommendation writers with a stamped, self-addressed envelope.

Applicant’s name ____________________________________________________________ ____________________________
          LAST                      FIRST                      MIDDLE

Year Applying for: _____

In accordance with federal regulations, materials in student files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review this form is considered waived if you do not check a response.

I (check one) _____ Do _____ Do Not waive access to this recommendation

Applicant’s signature: __________________________________________________________

Date: ____________________

Applicant’s address:

__________________________________________________________________________

CITY                      STATE/PROVINCE          ZIP CODE
To the Recommendation Writer

This form should be typed and returned in the envelope provided by the applicant; please seal it and sign across the seal. The applicant will forward the recommendation unopened to Rutgers - School of Health Professions with his/her other application materials. We are aware of the time and care necessary to prepare this evaluation and gratefully acknowledge your assistance.

Name of individual completing this form:

PRINT Name

Signature of individual completing the form:

__________________________________________________________  Date

Position/Title: ________________________________________________

Organization/Institution Name & Address:

________________________________________________________________________________

Address: ______________________________________________________

________________________________________________________________________________

Daytime Telephone Number: _______________________________________

E-mail Address: ________________________________________________
Please compare the applicant with others you have known during your professional career. For each of the categories below, check the appropriate box.

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<th>EXCELLENT</th>
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**Additional Questions**

*Please type and address the following subjects, if you need to make more comments please attach an additional letter.*

1. How long have you known the applicant and under what circumstances?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. What do you consider the applicant’s most outstanding talents or characteristics?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

3. What are the applicant’s chief liabilities or weaknesses?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

4. The admissions committee would appreciate any additional statement you may wish to make concerning the applicant’s aptitude for advanced study.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
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