



## DEPARTMENT OF RADIATION THERAPY

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### Upper Division Application for Admission

**Application Deadline: March 11**

**All non-Howard University Students must complete two applications:**

1. A Howard University Undergraduate Application
2. The Upper Division Radiation Therapy Application For Admission

Return this completed application to:

[Radiationtherapyprogram@howard.edu](mailto:Radiationtherapyprogram@howard.edu)

or

**College of Nursing and Allied Health Sciences**

**Howard University Hospital  
Towers Building 6th Floor  
2041 Georgia Ave NW  
Washington, DC 20059**



**Department of Radiation Therapy Admission Application for Upper Division**

<b>Name</b>		
<i>Last</i>	<i>First</i>	<i>Middle Name</i>
<b>Local Address</b>		
Present _____		
<i>Apt/ Street Address</i>	<i>City/State</i>	<i>Zip Code</i>
<b>Telephone Numbers</b>		
_____		
<i>Home</i>	<i>Work</i>	<i>Cell</i>
<i>E-mail</i>		
<b>Permanent Address</b>		
_____		
<i>Street Address</i>	<i>City/State</i>	<i>Zip Code</i>
<b>Howard University Years</b>	<b>HU College(s)</b>	<b>Major(s)</b>



**Other Accredited Colleges/Universities Attended (additional information, please use additional sheet)**

<i>COLLEGE/ UNIVERSITY</i>	<i>CITY/STATE</i>	<i>MAJOR</i>	<i>DATE(S) OF ATTENDANCE</i>	<i>DEGREE OBTAINED, if any</i>

**Health Care/Work Experience**

<i>Official Position</i> <i>DATES: From-To</i>	<i>Employer/Institution</i>

**Please list the names, titles, organizations, and phone #s of persons who are instructors and/or health professionals used for references.**

<i>Name</i>	<i>Title</i>	<i>Organization</i>
<i>Telephone Number</i>		



Are you licensed/ registered in a medical field?\* Yes \_\_\_ No \_\_\_ If yes, indicate type (RT(R), NM, RN, ASCP, etc.): \_\_\_\_\_

Please include a copy of the current license/certification card with the application.

**\*To be verified by Department Admission Committee\***

Verified by \_\_\_\_\_

Date \_\_\_\_\_

Have you ever applied to a radiation therapy program before? Yes \_\_\_ No \_\_\_ If yes, please attach typed explanation and status.

**DEPARTMENT OF RADIATION THERAPY**

**Prerequisite Courses for Upper Division**

	<b>Credit Hours</b>	<b>Letter Grade</b>	<b>Quality Points*</b>	<b>When Was The Course Taken Sem/Year</b> <b>Include: 1-Plan to take;</b> <b>2-Currently enrolled</b>	<b>*College/University</b> <b>City, State</b>
<b>Math &amp; Science Courses*</b>					
College Algebra I / Chemistry Lec	3				
Precalculus	4				
Gen Physiology (Howard University) Taken within 3 yrs	4				
Biology I Lec/Lab	4				
Human Anatomy & Lab (Howard University) Taken within 3 yrs	4				
Physics for Allied Health or General Physics Lec/Rec/Lab	5				
<b>Non- Science Courses*</b>					



Freshman Composition I	3				
Freshman Composition II	3				
Intro to Psychology	3				
Intro to Sociology	3				
**African American Cluster	3				
Physical Ed (Active):	1				
Physical Ed (Active):	1				
Radiation Therapy Orientation	2				
Medical Terminology	2				
General Orientation	2				
Comps for Allied Hth/Comp Technology/Literacy	3				
Ethics for Health Professionals	2				
Principles of Reasoning/Intro to Philosophy/Logic/ Critical Thinking	3				
Principles of Speech	3				
Elementary Statistics	3				

Quality Points (QP) =Number of Credit Hours (CH) X Grade \*\*\* Grade Point Average (GPA)= QP/CH total

\*\*\* Numeric Conversion of Letter Grades: A=4, B=3, C=2, D=1

To determine the **Non Science GPA**, follow the conversion instructions for the **Science GPA**, substituting the **Non-Science QP** and **CH**. For **Overall GPA**, total the sums of the **Science** and **Non Science QP** and **CH** and submit below accordingly

**Note:** Grades less than "C" are not transferrable or acceptable.



**To determine the Math/Science Courses GPA:**

Sum the Math/Science Courses QP \_\_\_\_\_

Sum the Science Courses CH \_\_\_\_\_

Divide the QP by the CH \_\_\_\_\_

Math/ Science GPA \_\_\_\_\_

Overall GPA \_\_\_\_\_

**To determine the Non Science Courses GPA:**

Sum the Non Science Courses QP \_\_\_\_\_

Sum the Non Science Courses CH \_\_\_\_\_

Divide the QP by the CH \_\_\_\_\_

Non-Science GPA \_\_\_\_\_

\* Courses must be from a regionally accredited U. S. postsecondary institution with documentation of official transcript(s).

\*\*Choose one course from the African American Cluster (see Howard University's website regarding list of approved courses)



### **Health and Medical Information\***

Applicants must successfully pass a mandatory criminal background check and drug screen as well as provide proof of the following health and medical information upon acceptance into Howard University for the Upper Division:

- Medical history and a physical exam
- Verified immunization record
- Verification from a doctor of injury or disability requiring special accommodations submitted to Student Special Services prior to upper division enrollment

\*All health-related information will be received, maintained and kept confidential by the Howard University Student Health Center.

### **Physical/Technical Considerations**

Applicants must have satisfactory abilities and skills to perform medical procedures with accuracy and precision.

In order to practice radiation therapy, speed, safety and accuracy are of primary importance. In order to be considered for admission, applicants must be able to perform the following tasks:

- Read and comprehend technical and medical terminology and information
- Communicate (orally and in written form) using active listening with patients, staff and other personnel clearly and effectively
- Demonstrate ability to follow oral and written directions/instructions
- Sit or stand up to eight hours per day
- Lift or carry approximately fifty pounds of weight
- Move or transfer patients safely to and from wheelchairs, stretchers, beds and simulation/treatment couches
- Demonstrate normal or corrected vision and hearing to discern visual/audible signals, sounds on equipment and communication devices (ability to see details at close range or within a few feet of the observer, as well as in a darkened/poorly lit room)
- Show dexterity and strength to perform daily on-the-job tasks



- Work compassionately with individuals that have illnesses and conditions by assisting or caring for patients by providing personal assistance, medical attention, emotional support, or other personal care to patients, staff, classmates, or other customers
- Accurately and efficiently organize and perform tasks as assigned
- Observe patients visually or via monitors during simulation or treatment procedures
- Demonstrate knowledge of arithmetic, algebra, geometry, precalculus, statistics, and their applications
- Demonstrate use of the English language including the meaning and spelling of words, rules of composition, and grammar for verbal or written comprehension
- Ability to apply deductive and inductive reasoning to form general rules or conclusions
- Demonstrate time management skills; ability to multi-task, and work in strenuous environment(s)
- Ability to arrange things or actions in a certain order or pattern according to a specific rule or set of rules (for example, patterns of numbers, letters, words, pictures, mathematical operations)

### **Pregnancy Policy**

Disclosure of pregnancy is voluntary. Following a written, voluntary disclosure, an additional radiation badge will be issued to monitor fetal exposure. A safe working environment will be coordinated by the Program Director, Clinical Coordinator, and the Radiation Safety Officer. Options include continuation in the program without modifications or to revoke declaration in writing at any time (Undeclare). Each pregnancy disclosure will be handled on a case-by-case basis.

#### **IMPORTANT:**

You must sign and date the application. By doing so, you agree, to the best of your knowledge, the information given is accurate. You also agree to abide by the policies and regulations of the Department of Radiation Therapy and Howard University.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_





### Upper Division Admission Application

Have you at anytime in your college experience been placed on probation, suspended or expelled for any reason? Yes\_\_\_ No\_\_\_ If yes, explain the details in a brief, separate statement. You are not obligated to disclose sealed or expunged records of convictions.

Have you at any time been convicted of any crime other than a minor traffic violation? Yes \_\_\_No \_\_\_ If yes, explain the details below.

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If yes to the above, please refer to the <http://www.arrt.org> website for policy. Felony and misdemeanor convictions, regardless of resolution, may cause a student to be ineligible to take the national certification examination given by the American Registry of Radiologic Technologists (ARRT). Please contact the ARRT for any questions regarding the policy prior to admission into Upper Division.

Use the checklist below as a guide in completing your application form/package. Indicate that an action has been taken by checking each box. When completed, return application/package with required items below to the Department of Radiation Therapy.

**NOTE: Deadline is February 18, 2017.**

- Howard University Application, official transcripts, and requisite requirements as noted on the HU website for prospective students (If not currently enrolled at Howard University)
- Department of Radiation Therapy Upper Division Admissions Application (typed, original only). This application should not be duplicated or copied.
- Completion of Criminal Background Screening and Drug Panel Screening (If accepted into Upper Division, you will be notified of process. Do not send with the application.)
- Evidence of satisfactory physical, mental and emotional health upon acceptance
- If an applicant's native language is **not** English, you **must submit evidence of TOEFL test results** with the application. Please see website for international student score requirements:



- Statement of Reason for Professional Choice/Intent and Goals (Why do you want to be a radiation therapist and future goals) (2 pages typed, 12 font, and doubled-spaced)
- Three Separate Applicant Evaluation and Recommendation forms (Typed, on official letterhead must be submitted; in addition letters and forms should be sealed and signed on the outside back of envelope.) Note: a math/science faculty/director, an academic advisor, an employment supervisor and/or health care professionals that are not family members must complete Recommendations.
- Prerequisites completed (include a typed plan for outstanding courses; if to be taken outside of HU, you must include the school's course description(s) for approval); prerequisite Grade Point Average (minimum 2.8); minimum Science GPA = 2.5; overall Cumulative Grade Point Average (minimum 2.8)
- Submit a copy of completed First Aid and CPR Certifications for health professionals (Adult and Child) by the **American Red Cross only.**
- Signature attesting that all information submitted is accurate and up-to-date

**Note: If selected, an assessment exam on (College-level courses in Precalculus, Biology, Physics, Anatomy/Physiology, Essay Writing, Critical Thinking, and Medical Terminology may be required during the interview process by the Program.**

### **Equal Opportunity Policy**

Howard University is committed to equal opportunity and treatment in all aspects of its relations with faculty, students and staff members, without regard to race, color, national or ethnic origin, gender, marital status, religion, disability, age, sexual preference, political affiliation, or any other basis prohibited by federal or District of Columbia law. The requirement not to discriminate in education programs and activities extends to employment and to admission.

Please direct inquiries regarding accessibility for persons with disabilities, Equal Opportunity and Title IX to the Section 504 Coordinator at (202) 806-2650, Office of Special Student Services (202) 238-2420, prior to or at the beginning of enrollment each semester.