

Dear Applicant,

Thank you for inquiring about our General Diagnostic Ultrasound & Vascular Technology Program. It is a 40-hour per week, hospital-based certificate program covering studies in Abdomen, OB/GYN, Physics, Vascular Technology and Vascular Physics. Program length is 18 months (5 academic semesters).

The prerequisites to apply are as follows (no exceptions are made):

1. Applicant must have completed, or be currently enrolled in, at the minimum a 24-month Radiologic Technology Program (60 semester credit hours or 84 quarter credit hours). Please note: this program is not available at the University of Kansas – please visit our Web site for a list of schools for the AART certification.
2. Applicants must be a Registered Radiologic Technologist (A.R.R.T.) or must be registry-certified before program start date in September.
3. Post-secondary credits are required in the following courses:
 - English/Communication Skills
 - Physics –general (If Radiology transcript does not reflect Radiation Biology credit)
 - Biology-basic (If post-secondary transcript does not reflect anatomy and physiology or biology credit)
 - Algebra

The student will be required to pass the X-ray registry before entrance into the ultrasound program.

If you meet the prerequisites to apply, please carefully read the documents in this packet and complete all forms. Use the checklist as a guide and mail all required materials to the address provided. **Deadline for application materials to be returned is February 1.** The program cost is \$1,000 per semester, subject to change.

For the sonography-related profession these websites might be of interest:
www.ardms.org and www.sdms.org

Thank you,

Candace S. Spalding, BA, RDMS, RVT, RT (L)
Co-Program Director & Supervisor, Ultrasound

Vicky Martin, BSRT (R), RDMS, RVT
Co-Program Director

KUMC subscribes to equal opportunity in its programs and activities. Consequently, it prohibits discrimination based on race, religion, color, sex, disability, national origin, ancestry, sexual orientation and as covered by law, age and veteran status.

KU Diagnostic Ultrasound Technology

Mail Stop 2007 | 3901 Rainbow Blvd. | Kansas City, KS 66160 | Office (913) 588-2729
Fax (913) 588-5254 | TDD (913) 588-7963 | www.alliedhealth.kumc.edu

**CERTIFICATE PROGRAM: DIAGNOSTIC ULTRASOUND TECHNOLOGY
DOMESTIC STUDENT APPLICATION PROCEDURE AND CHECKLIST**

Application Deadline: Feb. 1

Start Date: September

Many of the forms can be filled out on your computer prior to printing and we strongly encourage you to take advantage of this feature. Completing your application on the computer prior to printing will expedite your application by eliminating questions or concerns due to illegible handwriting.

<p>1 Students need to provide the following items to the KU School of Allied Health:</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> KU School of Allied Health Application Please complete all fields. <input type="checkbox"/> Application fee of \$60 Please make payable to "University of Kansas Medical Center". This fee is required whether or not you are currently enrolled at the University of Kansas. Your application will not be processed without the fee. Please do not send cash. <input type="checkbox"/> Essay Please explain in your own words (typed, 500 words or less) why you are interested in the KU Diagnostic Ultrasound Technology program and the field of sonography in general. 	<ul style="list-style-type: none"> <input type="checkbox"/> Program Information Please read all program information contained in this application packet. <input type="checkbox"/> Technical Standards Please carefully read all technical standards, found on our Web site. <input type="checkbox"/> Proof of ARRT certification Students currently in school may substitute proof of certification with a signed letter from a current program director stating the applicant is in good standing. Please note: KU does not offer a Registered Radiologic Technology program; please visit our Web site for a list of schools which may provide the ARRT registry certification.
<p>2 These required items are <u>not provided by the applicant</u> but must be received to process the application:</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Official transcripts One transcript must be sent directly to KU from each college or university attended. <input type="checkbox"/> Three (3) completed reference forms Please include references from at least one instructor/professor and a manager of a current or former work/volunteer organization. The third reference may be anyone the student feels can best inform the committee of his/her abilities. References from family members will not be accepted. Letters will also be accepted. <p>At the top of each of the Personal Recommendation forms, print your name and sign one of the confidentiality options. Distribute the forms, giving the individuals who are writing the recommendations enough notice to thoughtfully complete the form before you plan to send in your application. Instruct them that after they have completed the recommendation, they should put it in an envelope, seal the envelope, sign over the seal, then return the sealed envelope to you.</p>	
<p>Mail all application documentation to:</p>	<p>KU School of Allied Health Attn: Ultrasound Applications Mail Stop 2007 3901 Rainbow Blvd. Kansas City, KS 66160</p>

Term (please select one):

Date Received
Date Fee Rec'd
Payment Method

Use Only For KU

KU School of Allied Health Application for Undergraduate Study

Please carefully enter information into each field and print two copies when complete; keep one for your personal records.

Personal Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle	Last Name	Date of Birth: MM/DD/YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
Preferred Name, if different from above	Other name(s) under which your records might be found		Male Female
<input type="text"/>	<input type="text"/>		
Social Security Number*	Email Address		
Home (Current) Address:		Permanent Address (if different from current address):	
<input type="text"/>		<input type="text"/>	
Number and Street		Number and Street	
<input type="text"/>		<input type="text"/>	
City & State		City & State	
<input type="text"/>		<input type="text"/>	
Country	Zip /Postal Code	Country	Zip /Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Mobile Phone Number	Phone Number	Mobile Phone Number
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what is your first language? <input type="text"/>			
I am a: <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident of United States <input type="checkbox"/> International Student (see below)			
If you selected "International Student" above, please provide citizenship and visa information below.			
Visa Status: Current	<input type="text"/>	Requested	<input type="text"/>
		Birthplace (City/Country):	<input type="text"/>
		Country of Current Citizenship:	<input type="text"/>

Ethnicity

Are you Hispanic or Latino?
 Yes, I am Hispanic or Latino.
 No, I am not Hispanic or Latino.

What is your race? Select one or more races.
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American Other

NOTE: Disclosure of ethnicity/race information is optional. The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with federal government regulations under Title VI of the Civil Rights Act and Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. A decision not to provide this information will not negatively affect decisions on admission, assistantships, or awards.

Academic Program Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Department offering degree	Degree	Academic Program	Academic Plan
Term: <input type="text"/>	<input type="text"/>	Degree Level	<input type="checkbox"/> Non-degree-seeking or special student

Educational Information

Applicants must request one (1) official set of transcripts be sent directly from **each** academic institution attended to the department at KU in which the desired academic program resides. Starting with most recent, please list every higher education institution you have attended. Attach an additional list if needed.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name of College/University	Full Name of College/University	Full Name of College/University
<input type="text"/>	<input type="text"/>	<input type="text"/>
City/State	City/State	City/State
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Degree Major	Degree Major	Degree Major
<input type="text"/> To <input type="text"/>	<input type="text"/> to <input type="text"/>	<input type="text"/> to <input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates of Attendance (MM/YY)	Date Awarded or Expected	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Information

Please check any which apply to you:

Current KU/KUMC student

Have APPLIED to KU/KUMC before

Have ATTENDED KU/KUMC before

Member of US Armed Forces,
or a dependent of one

My parents or I have moved to take
a job in Kansas before I enter KU

If you have been, or currently are, a student of the University of Kansas (any campus) please enter your student ID:

Residency

For purposes of reporting and analysis, KU is asked to provide student counts by state and county of origin. Please enter information below for what you consider to be your hometown and your place of birth.

Hometown Street Address City & State Country Zip /Postal Code

Place of Birth Street Address City & State Country Zip /Postal Code

Please indicate the high school from which you graduated.

High school name City/State graduation year

Are you currently a resident of the State of Kansas? Yes No When did you begin continuously living in Kansas?

Please indicate address when you began continuously living in Kansas:

Street Address City & State Country Zip /Postal Code

If anyone claimed you as a dependent for income tax purposes last year, please indicate name and address:

Name Relationship to you

Street Address City & State Country Zip /Postal Code

Exam Scores, References and Additional Requirements

Additional information and documentation may be required. Complete all forms included in the application packet for this academic program. Check with the admissions coordinator of the desired academic program for questions about application instructions and requirements.

Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas. I hereby grant permission to KU to release applicable personal information, including my social security number, as needed to complete background checks and/or other approval processes for clinical practice. I understand that my admission is conditional upon completion of the background check and that it could provide grounds for rejection of my admission. I further understand and agree that should I be admitted after a background check, that check could be grounds for clinical sites to reject my participation in a clinical training rotation.

Date of Application _____ Signature of Applicant _____

*Social Security Number is required for admission into any program at KU Medical Center for background checks required to verify eligibility to work, train and participate in health care settings. Further, it is requested, but not mandatory under K.S.A. 76-725, for maintaining accurate records and servicing accounts.
If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, USA.

Submit Application

Please print, sign and mail this completed application form with the application fee (and any other materials which may be required) to the **KU department in which your desired academic program resides**. Print a second copy to keep for your records. Incomplete or unsigned applications will not be accepted.

PLEASE DO NOT WRITE BELOW THIS LINE

DEPARTMENTAL RECOMMENDATION

Admission granted with status (check only one):

Regular Regular non-degree

Provisional Provisional non-degree

Date admitted in SAKU

Calculation of cumulative GPA from official transcripts

Do not admit.

Comments/Remarks:

Department Signature _____

Date _____

THE UNIVERSITY OF KANSAS MEDICAL CENTER

THE SCHOOL OF ALLIED HEALTH

Department of Radiology Diagnostic Ultrasound Technology General / Vascular Program

THE

UNIVERSITY

The University of Kansas is a major comprehensive research and teaching university that serves as a center for learning, scholarship, and creative endeavor. The University of Kansas is the only Kansas Regent University to hold membership in the prestigious Association of American Universities (AAU), a select group of 58 public and private research universities that represent excellence in graduate.

THE UNIVERSITY OF KANSAS MEDICAL CENTER Mission Statement

The University of Kansas Medical Center, an integral and unique component of the University of Kansas and the Kansas Board of Regents system, is composed of the School of Medicine, located in Kansas City and Wichita, the School of Nursing, the School of Allied Health, the University of Kansas Hospital in Kansas City, and a Graduate School. The KU Medical Center is a complex institution whose basic functions include research, education, patient care, and community service involving multiple constituencies at state and national levels. The following paragraphs chart the KU Medical Center's course and serve as a framework for assessing programs, setting goals, developing initiatives and evaluating progress.

The University of Kansas Medical Center is a major research institution primarily serving the State of Kansas as well as the nation, and the world, and assume leadership in the discovery of new knowledge and the development of programs in research, education, and patient care. The KU Medical Center recognizes the importance of meeting the wide range of health care needs in Kansas – from the critical need for primary care in rural and other underserved areas of the state, to the urgent need for highly specialized knowledge to provide the latest preventive and treatment techniques available. As the major resources in the Kansas Board of Regents system for preparing health care professionals, the programs of the KU Medical Center must be comprehensive and maintain the high scholarship and academic excellence on which the reputation of the University is based. Our mission is to create an environment for:

Instruction. *The KU Medical Center educates health care professionals to primarily serve the needs of Kansas as well as the region and the nation. High quality educational experiences are offered to a diverse student population through a full range of undergraduate, graduate, professional, postdoctoral and continuing education programs.*

Research. *The KU Medical Center maintains nationally and internationally recognized research programs to advance the health sciences. Health related research flourishes in a setting that includes strong basic and applied investigations of life processes, inquiries into the normal functions of the human body and mechanisms of disease processes, and model health care programs for the prevention of disease and the maintenance of health and quality of life.*

Service. *The KU Medical Center provides high quality patient-centered health care and health related services. The University of Kansas Medical Center will be the standard bearer in the development and implementation of model programs that provide the greatest possible diversity of proven health care services for the citizens of Kansas, the region and the nation. (5-28-89;12-17-92).*

**THE UNIVERSITY OF KANSAS HOSPITAL
Mission Statement**

With dedication to excellence, it is the mission of the University of Kansas Hospital along with its partner physicians to maintain and enhance the health of all people living within the communities that we serve and to facilitate and support the education and public service activities of the University of Kansas Medical Center.

**DIAGNOSTIC ULTRASOUND TECHNOLOGY GENERAL/VASCULAR PROGRAM
Mission Statement**

The University of Kansas Medical Center's Diagnostic Ultrasound Technology General/Vascular Program will promote patient well-being, ensure patient safety, and offer the highest quality of care by providing an environment dedicated to educational instruction and clinical experience in the field of Diagnostic Medical Sonography.

**DEPARTMENT OF RADIOLOGY
Mission Statement**

"The Department of Radiology is committed to providing excellence in patient-centered radiologic care and consultation in a technologically superior environment integrating high quality radiological education and research."

RADIOLOGY VISION

"Radiology is committed to providing exceptional care in an environment that embraces learning with unsurpassed clinical care."

**UNIVERSITY OF KANSAS HOSPITAL
VALUES**

Our shared values set us apart and support KU Hospital as a place of caring and a place for caring.

Well delivered, compassionate service
Excellence--every day in every way
Community involvement
Achievement through partnering
Responsibility and personal growth
Ethics, honesty and openness

PHILOSOPHY OF THE EDUCATIONAL PROGRAMS

The philosophy of the radiology programs is to produce competent technologists through requisite education and clinical experiences. Graduates should be able to correlate their academic and clinical knowledge to perform quality diagnostic examinations. Academic performance is evaluated by standard testing methods, and clinical evaluations reflect the student's ability to perform the technical aspects of the diagnostic procedure as well as to care for the patient's physical and emotional needs.

DIAGNOSTIC ULTRASOUND TECHNOLOGY GENERAL/VASCULAR PROGRAM

PHILOSOPHY STATEMENT

The University of Kansas Medical Center's Diagnostic Ultrasound Technology General/Vascular Program strives to ensure that the sonographer in training acquires the knowledge, skills and competencies necessary to enter the profession of Diagnostic Medical Sonography.

This is accomplished through didactic and clinical training, as well as practical experience with a diverse patient population. Graduates will be able to safely perform high quality ultrasound procedures, and thereby actively contribute towards excellent patient care.

Performance is evaluated by standard testing methods and a competency based monitoring process that evaluates the sonographer in training's technical competence and ability to promote the well being of the patient.

Upon completion of the program the graduate will have satisfied all prerequisites necessary to apply for professional certification and registration.

GENERAL DESCRIPTION OF PROGRAM AND CURRICULUM

Diagnostic Ultrasound is a branch of medicine, which utilizes high frequency sound waves for diagnostic imaging. The Ultrasound Program is eighteen months in length and prepares the student to enter as an entry level Sonographer in this field. A certificate from the University of Kansas Medical Center is awarded to the student upon successful completion of the program. Graduates are candidates to take the national registry examinations given by the American Registry of Diagnostic Medical Sonographers (ARDMS) in the areas of Abdomen, OB/GYN, Breast, Vascular Technology, General and Vascular Ultrasound Physics.

The Diagnostic Ultrasound Division of the Department of Radiology performs a wide variety of diagnostic and vascular exams. The student will receive experience in patient care, imaging the abdomen, kidney, OB/GYN, small parts, neonate head/abdomen, pediatrics, and vascular.

Professional Curriculum: Training will include patient care, ultrasound physics, instrumentation, vascular physics and instrumentation, departmental organization and function, clinical imaging procedures, medical law and ethics and supervised clinical education.

* classes may be added and deleted

Classes commence in September of each year. The application deadline is February 1. No assurance can be given that later applications will be considered.

STUDENT SELECTION

The education requirements include:

Registered Radiologic Technologist with the American Registry of Radiologic Technologists or a registry candidate from an accredited U. S. A. school.

{ 1) 24 calendar months of education, or 2) 60 semester credit hours, or 3) 84 quarter credit hours }
(The student will be required to pass the x-ray registry before completing the ultrasound program)

The following classes from an Accredited U.S. College must be completed with a passing grade of a "C" in each:

1. Algebra
2. English

* A cumulative grade point average of 2.5 on a 4.0 scale is required from post-secondary education.

Student selection is based on the following criteria: educational background, professional experience, recommendations and reason(s) for selecting Diagnostic Ultrasound as a career. In addition, a personal interview is mandatory before acceptance.

Applications are **not reviewed** until all of the following information is received by the deadline of **February 28th of each year** to the Program Director:

1. Completed Application Form and application fee of \$60.00
2. Official transcripts from all educational institutions attended (this does not include high school or elementary education)
3. Three recommendations on the appropriate forms
4. Reason essay for selecting the professional program

The Admissions Committee reviews all completed applications and then selects those students who meet the basic criteria for admittance, and personal interviews are then arranged. The Admissions Committee makes final student selections after the interviews are completed.

FOREIGN STUDENT POLICY

1. Students for whom English is a second language must satisfy the following requirements:
 - a.) Recent TOEFL (Test of English as a Foreign Language) with a minimum score of **23** (57 for paper based testing) is required on each of the three sections, with a minimum of **4.0** on the written essay. The TOEFL must have been taken within the *previous two* years of the first semester of enrollment.
 - b.) A minimum score of 40 on the TSE (Test of Spoken English) or *SPEAK* within the first semester of enrollment. *The TSE is offered by Educational Testing Services; the SPEAK is offered by the Office of International Programs, KUMC.*
2. Proof of U.S. citizenship or lawful permanent residency. If the applicant is not a citizen or permanent resident, then s/he must submit copies of her/his passport information pages, I-94 card, U.S. visa, and/or other documentation that establishes legal non-immigrant status. Depending on circumstances, it may be necessary to provide additional evidence; or, a change of status to F-1 may be required.

3. If the applicant's degree is not from an accredited U.S. College/University, official transcripts and/or credentials must be evaluated by the International Administrative Coordinator at the International Student Services Office at the University of Kansas - Lawrence. *Alternately, a course-by-course evaluation of credentials by a U.S. evaluation service may be submitted. Contact the Office of International Programs for a list of acceptable agencies.* If the evaluation warrants, the applicant must make up any deficiencies in the following areas:
 - a. Successful completion of an accredited U.S. Radiologic Technology Education Program (at least a 24- month program, or 60 semester credit hours, or 84 quarter credit hours)
 - b. Registry from the A.R.R.T. (American Registry of Radiologic Technologists)
 - c. The following classes from an Accredited U.S. College must be completed with a passing grade of a "C" in each:
 1. Algebra
 2. Biology
 3. English
 4. Physics (general)

ADMISSION

S POLICY

Applicants for admission to the Program of Diagnostic Ultrasound General/ Vascular should send their application to:

Candace S. Spalding, BA, RDMS, RVT, RT (R)
Co-Program Director
University of Kansas Medical Center
Division of Ultrasound –Mail Stop 4032
3901 Rainbow Boulevard
Kansas City, Kansas 66160-7234
TDD: (913) 588-7963
Kansas Relay Number (800) 766-3777

The starting date to the school will be **Tuesday after Labor Day.**

ADMISSIONS PROCEDURE

- A. The following required material must be sent
 1. Completed Application
 2. Application Fee of \$60.00
 3. All Official College and/or Post Secondary Transcripts
 4. Three completed reference forms
 5. Reason essay for selecting the professional program
- B. After review of the applicant's file the applicant may be called into view the Division of Ultrasound and proceed through the admission selection committee.
- C. After completion of the interview the applicant will be given a specific time period, in which the admissions committee will review the applicant's file and the interview process. The applicant may be called in for a second interview.
- D. The following criteria is scored on a scale of 5 – 1 (i.e. 5 Accept, 1 Do Not Accept) by each admissions committee member during the process.
 1. Personal interviews
 2. Letters of recommendation
 3. Academic performance in college and/or post secondary schools-GPA
 4. Academic Performance in prerequisite courses-GPA
 5. Reason Essay
- E. Scores for each applicant are tallied, averaged and ranked.

PERSONAL INTERVIEWS

1. Personal interviews will be conducted on a one-to-one basis. The person(s) conducting the interview will ask a series of questions. They will rate the applicants on a number assigned to the endorsement category 5 - 1.
i.e. 5 Accept
1 Do not accept
2. After the completion of all applicant interviews the Admissions Committee will meet, total and average scores from the interview questions, reference forms, transcripts and the reason essay, express any concerns and determine who will be accepted into the program.
3. After the Admissions Committee has finished the process the applicants will receive a "Letter of Acceptance, Alternate or Non-Acceptance." If the applicant receives a "Letter of Acceptance" he/she will need to send a "Letter of Intent" within the time period specified in the acceptance letter.

TUITION AND FEES

Fees are as follows:

Application Fees:

An application fee of \$60.00 should be sent along with the application form. **Please make check payable to School of Allied Health.** Please send check and all information to:

Candace S. Spalding, BA, RDMS, RVT, RT (R)
Co-Program Director
University of Kansas Medical Center
Division of Ultrasound-Mail Stop 4032
3901 Rainbow Boulevard
Kansas City, Kansas 66160-7234
TDD: (913) 588-7963
Kansas Relay Number (800) 766-3777

Tuition for the Diagnostic Ultrasound Technology Program will be divided into 5 semester tuition payments due according to the University's fee schedule. Tuition is always due prior to the beginning of the new semester and is **subject to change**. Currently it is approximately \$1000 per semester. If the student should decide to withdraw from the program a written notification will need to be submitted to the program director. Reimbursement of current semester tuition will be at 100% before the first day of class, the first through the fifth day will be at 90%, and the sixth through the twentieth day will be at 50%.

Books = these fees are not listed due to varying costs of books.

Registration fees are approximately \$126.80 per fall and spring semesters and \$64.80 for the summer semester and are subject to change = these include the following:

- a. Library
- b. Student Health
- c. Student Activity
- d. Student Center
- e. ID Card
- f. Hepatovax Vaccination (if needed there will be an additional cost)
- g. Any other Vaccinations (if needed there will be an additional cost)
- h. Disability Insurance
- i. Student Governing Council Fee

Background Check - approximately \$50.00

Uniforms will be the responsibility of the student.

FINANCIAL

AID

Student financial aid is available through the Student Services located at the Support Services Bldg on 36th St. Rm 120B (near the US Post Office)..... (913) 588-5170

Services offered:

Educational funding

Loan Counseling

Budget Counseling

Short Term Loans

Debt Management Seminars

BACKGROUND CHECK

All students of the University of Kansas School of Allied Health will undergo background checks at the cost of the student for the school year (the estimated price is \$50.00). This requirement will be conducted at the discretion of the School of Allied Health. The background check must be completed before the start of the program. If background check is flagged, action will be taken according to the policy set forth by the School of Kansas School of Allied Health.

TRANSFER

POLICY

The Program of Diagnostic Ultrasound Technology General/Vascular, due to the eighteen-month intense training period, will not accept Advanced Placement, Part-time or transfer students.

HOUSING

Students are responsible for their own rooms, board, living expenses and transportation.

THERE ARE NO DORMITORY FACILITIES

A housing list of apartments, sleeping rooms, etc, near the Medical Center is available upon request.

DRESS

The Ultrasound Program dress code will adhere to the same dress code required by the Division of Ultrasound.

VACATIONS

A vacation of 18 working days is given to each student during the 18-month program period. This time off does not affect the program length. These vacation days are set by the Program Director with no exceptions.

HEALTH

CARE

All students are required to carry some form of hospitalization insurance. This insurance may be obtained through the University at a reasonable cost. Health service is available to each student during normal working hours through Student Services in the Student Center. Information of the insurance can be obtained through the Program Director.

Student schedules will be 7:00 AM until 17:30 PM.

Holiday schedules will be 7:00 AM until 16:30 PM.

Tuesday through Friday will be the assigned days for clinical/academic training, unless a holiday falls within a specific week. The holiday will be the assigned day off and the remaining four days will be the assigned clinical/academic training days.

The schedule will change to Monday through Thursday with Friday as the assigned day off after graduation of the senior students.

MEDICAL

LIABILITY INSURANCE

This is provided by the University.

STUDENT HEALTH POLICIES

Applicants who will be accepted into the program will be required to submit a Health History form and have a Physical Examination form completed by the time specified.

THE STUDENT AS A ROLE MODEL IN A HEALTH CARE INSTITUTION

Students are important members of the health care team in a teaching institution, and are often regarded by patients as a most important and caring contact during hospitalization. It is not unusual for patients to regard a student as a legitimate health care provider, although students are urged to dissuade patients from this conclusion. It is therefore incumbent upon every student to serve as a role model for their patients, not only in appearance, but also in their observance of accepted standards of healthy lifestyle. Students are therefore expected to refrain from smoking in accordance with medical center policy. The use of alcoholic beverages in the school or hospital is absolutely forbidden, with violations of this, institutional regulations will mandate disciplinary action.

SPECIAL QUALIFICATIONS OF THE DIAGNOSTIC ULTRASOUND STUDENT

The Ultrasound Student must have manual dexterity, visual acuity, sufficient hearing and speech, and good physical coordination in positioning patients and operating ultrasound equipment. Students must have full utility of arms, hands and fingers in order to perform examinations and operate equipment. This is necessary for the ability to help patients up off examination tables and to assist patients and other sonographers with lifting patients out of wheel chairs. The student must be able to push all the Ultrasound machines and maneuver this equipment plus patient equipment in the patient's room.

Visual acuity is necessary for performing diagnostic procedures by producing, assessing, and evaluating ultrasound images. Hearing and speech needs to be sufficient to communicate effectively and efficiently with all customers (i.e. patients, patient's family, co-workers, physicians, and all other members of the health care team).

The Educational Programs of the University of Kansas Medical Center reserve the right to make changes without prior notice to any of the polices stated in this document.

Equal Opportunity/Affirmative Action Policies

KUMC is committed to equal opportunity and nondiscrimination in all programs and services, and does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, sexual orientation, marital status, disability or veteran status.

Retaliation. Retaliation against anyone reporting or thought to have reported illegal discrimination, including sexual harassment, is a violation of this policy and will be considered independently of the discrimination complaint. Encouraging others to retaliate also violates this policy.

Reporting Discrimination and Incidents of Sexual or Racial Harassment. Illegal discrimination may arise from actions by faculty or supervisors in the educational environment, or between students. Sexual harassment can occur between persons without regard to gender, age, appearance, or professional status. Individuals, who believe they have been subjected to illegal discrimination, including sexual or racial harassment, are encouraged to report incidents to the Equal Opportunity Office, or to the appropriate department head. Such reports will be treated with respect and diligence. Complaints are handled internally through the Discrimination Complaint Procedure.

Information and policies relating to Equal Opportunity and Affirmative action can be accessed on the following University Website: <http://www.kumc.edu/eoo>.

10/06

KU is an AA/EO/Title IX Institution

4. How would you rate the applicant on:

Category	Superior	Very Good	Average	Poor	Very Poor	Not Observed
Motivation						
Dependability						
Initiative						
Judgement						
Professionalism						
Critical Thinking/ Problem Solving						
Interpersonal Relations						

5. Please indicate whether or not you endorse the applicant as a suitable candidate for our program.
(Please state your primary reason if you do not endorse.)

- _____ Endorse with enthusiasm
- _____ Endorse
- _____ Do not endorse

Additional Comments:

Signature _____ Date _____
Position _____
Address _____

PLEASE RETURN TO THE ADDRESS BELOW. THANK YOU.

Diagnostic Ultrasound & Vascular Technology
ATTN: Candace Spalding
Mail Stop 4032
3901 Rainbow Boulevard
Kansas City, Kansas 66160

KU is an AA/EO/Title IX Institution

The University of Kansas Medical Center

Diagnostic Ultrasound & Vascular Technology
Mail Stop 4032
3901 Rainbow Boulevard
Kansas City, Kansas 66160

913-588-6802

FAX 913-588-8393

E-mail cspaldin@kumc.edu

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Candace S. Spalding BA, RDMS, RVT, RT (R)
Co-Program Director
Supervisor Ultrasound
TDD (913) 588-7963

Vicky Martin BSRT, RDMS, RVT
Co-Program Director

Name of Applicant (please print) _____

Name of referrer (please Print) _____

The above named applicant has applied for admittance to our Diagnostic Ultrasound Technology General / Vascular Program and has named you as a reference. Delay in completing and returning this form may adversely affect the applicant's acceptance into the program. The Family Education Rights and Privacy Act provides for applicants to see all personal material in their folders if they so choose.

1. How long have you known the applicant and in what capacity?
2. How well do you know the applicant? _____ Very well _____ Fairly well _____ Slightly
3. What do you consider the chief qualities of strength or weakness of the applicant?

4. How would you rate the applicant on:

Category	Superior	Very Good	Average	Poor	Very Poor	Not Observed
Motivation						
Dependability						
Initiative						
Judgement						
Professionalism						
Critical Thinking/ Problem Solving						
Interpersonal Relations						

5. Please indicate whether or not you endorse the applicant as a suitable candidate for our program.
(Please state your primary reason if you do not endorse.)

- _____ Endorse with enthusiasm
- _____ Endorse
- _____ Do not endorse

Additional Comments:

Signature _____ Date _____
Position _____
Address _____

PLEASE RETURN TO THE ADDRESS BELOW. THANK YOU.

Diagnostic Ultrasound & Vascular Technology
ATTN: Candace Spalding
Mail Stop 4032
3901 Rainbow Boulevard
Kansas City, Kansas 66160

KU is an AA/EO/Title IX Institution

The University of Kansas Medical Center

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