

The CT Imaging Program at The Johns Hopkins Hospital

The Johns Hopkins Hospital Schools of Medical Imaging is now accepting applications for the Program in Computed Tomography. This is a full time five month program that offers comprehensive didactic and clinical training. We have two options for attending the program. The first is a paid hired position and the other is a tuition option. This program is ASRT approved for the post primary structured education requirements. In order to be eligible to apply you must be ARRT certified in Radiography, have a Maryland License from the Maryland Board of Physicians, CE compliant and have a desire to learn CT.

The Fall program will begin August 2017 with an application deadline of June 2, 2017.

The Spring program will begin January 2018 with an application deadline of September 1, 2017.

The application form and other details are available at <http://schoolsofmedicalimaging.rad.jhmi.edu/>

Any questions please contact:

Bea Mudge RT (R) (CT)
CT Imaging Manager
bmudge@jhmi.edu

Becky Ryan RT (R)(CT)
CT Program Director
rstinso1@jhmi.edu



The Johns Hopkins Hospital Schools of Medical Imaging
8 Market Place, Suite 600
Baltimore, MD 21202

Computed Tomography Program Application

- 1) Please type or print legibly.
- 2) Send all application materials to the address above.
- 3) Attach a check or money order for \$40.00 payable to The Johns Hopkins Hospital.
- 4) Failure to answer any required section or failure to submit an application fee will be grounds to disqualify the applicant from consideration.
- 5) Request all previous school/college transcripts and TOEFL iBT scores (if applicable) to be sent to the address above.
- 6) Reference forms must be submitted in a sealed envelope with a signature across the seal.

Personal Data:

Name: _____
Last First Middle

Present Address: _____
Street Address

City State Zip Code

Permanent Address: _____
Street Address

City State Zip Code

Contacts:

Home() _____ Cell() _____ Work() _____

Is it acceptable to contact you at work? YES / NO

E-mail Address: _____

Describe any volunteer work you may have done (use additional page if necessary)

Reference Forms: All applicants are required to submit two references in sealed envelopes with a signature across the seal. ONLY THE ATTACHED REFERENCE FORM WILL BE ACCEPTED.

Applicants must request a reference from a professor or instructor of one of your prerequisite science courses (Anatomy & Physiology is preferred) and a reference from your current employer.

****Applicants certified in a clinical health care specialty must request a reference from the program director of your training course and a reference from your current employer.*

Application Questions: Contact Bea Mudge at bmudge@jhmi.edu

I hereby certify that the statements set forth in the above application are true and complete to the best of my knowledge. I understand that, if accepted, falsified statements on this application will be considered sufficient cause for dismissal from the program.

I also understand that admission into the CT Program implies my agreement to adhere to all hospital and Radiography Program policies and regulations.

If selected to the CT Program, I agree to submit to a pre-employment physical administered by the occupation health department of The Johns Hopkins Hospital prior to beginning classes.

SIGNATURE: _____ **DATE:** _____

Please tell us how you heard about the CT Program at The Johns Hopkins Hospital Schools of Medical Imaging _____

The Johns Hopkins Hospital Schools of Medical Imaging admits students of any race, color, sex, disability, and national or ethnic origin and extends to all the rights, privileges, program benefits and activities generally accorded or made available to students of the Schools of Medical Imaging.



Recommendation Form – Computed Tomography Program Academic / Employer Reference

Part 1: This part to be completed by the applicant

Name: _____
Last First Middle

Address: _____
Street Address City State Zip

I hereby authorize the release of an evaluation to assist in the admission process by The Johns Hopkins Hospital Schools of Medical Imaging. I understand that such materials will be kept confidential, both from the public and me. I waive any right of access that I might have by law. I further understand that the Schools of Medical Imaging does not require that I sign this statement. I understand that the application will be reviewed without the waiver.

Signature: _____ Date: _____

Part 2: This part to be completed by the reviewer

Please make every attempt to complete this document in a timely fashion as it is an integral part of the applicant's packet. The application may be declined if this is not received by January 15th. Please complete the evaluation candidly and carefully. Your professional opinion is an important part of the selection process. Once the form has been completed, please return the form in a sealed envelope with your signature across the flap of the envelope to the student or mail it directly to:

The Johns Hopkins Hospital
Schools of Medical Imaging
8 Market Place, Suite 600
Baltimore, MD 21202

Name of Referrer: _____

Title of Referrer: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Telephone: () _____ Email: _____

Please rate the applicant using the following scale

Criteria	Outstanding Top 5%	Above Average Top 25%	Average Top 50%	Below Average	No Opportunity To Observe
Ability to avoid and resolve conflict					
Ability to complete a task					
Academic ability					
Accepts constructive criticism and makes attempts to improve					
Attendance					
Attention to detail					
Coping skills in a stressful environment					
Judgment and maturity					
Leadership capability					
Morale booster vs. morale depressor					
Motivation					
Oral Communication					
Problem solving ability					
Quality of written expression					

Please add any remarks that you feel the admissions committee may find helpful. You may attach a separate paper if you choose.

What is your recommendation for the admission committee of the Schools of Medical Imaging?

- Strongest recommendation**
- Recommend with confidence**
- Recommended**

- **Recommend with reservation**
- **Not recommended**

Signature of referrer: _____ Date: _____

Thank you for your time and thoughtfulness in assisting in this applicant's admission process

Revised February 2012

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Signature of referrer: _____ Date: _____

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