

ADMISSION CRITERIA

*****Early Application is STRONGLY recommended! This application MUST be received no later than June 1st. If June 1st falls on a weekend, the application will be due no later than close of business on the Friday prior to the deadline. Applications arriving LATE due to issues with the mail or other delivery services will not be accepted.***

1. Completed applications must contain the following:

- A. Completed application form with the \$50 non-refundable fee.
Please make all checks payable to: Sovah School of Health Professions
- B. An essay (Guidelines included below)
- C. 3 letters of reference (Forms included below)
- D. Official high school transcripts and college transcripts if applicable (sealed envelopes)
- E. Hesi A² Pre-Assessment Examination Scores
- F. SAT and/or ACT Test scores if applicable

(We ask that ALL information be sent in one packet to reduce processing time and errors.)

2. All information will be kept strictly confidential.

3. Applicants are selected in accordance with nondiscriminatory policies.

4. Permission is granted to consult previous educators, employers, and agencies.

5. Sovah School of Health Professions Radiologic Technology Program will perform criminal background checks on all applicants; any false statements will be grounds for non-acceptance or dismissal.

6. Minimum APPLICATION pre-requisite educational requirements:

- A. High School Diploma or its equivalent with the following courses which MUST be completed at time of application: (no exceptions, coursework “in progress” will not be counted)**

- ✓ A minimum cumulative high school GPA of 2.5.
- ✓ Two units of the following high school math courses with a grade “C” or above:
☐ Algebra I ☐ Algebra II or ☐ Geometry
- ✓ Two units of the following high school science courses with a grade “C” or above:
☐ Anatomy ☐ Biology ☐ Chemistry or ☐ Physics.

- B. Applicants must also complete the Hesi A² Pre-Assessment Examination and submit the score sheet with your application. See the Hesi A² Pre-Assessment Examination link on our website.**

7. IF ACCEPTED into the program, the following pre-requisite courses will be required prior to the start of the program.

- ✓ Human Anatomy & Physiology I
- ✓ Math 154/155 or higher
- ✓ Medical Terminology I

**Final grade of “C” or better is required
(these courses are NOT required to APPLY)**

8. Co-requisite Courses: Additional required general education courses (Check with the Program Director for specific class information.)

- ✓ College Success Skills (or equivalent)
- ✓ English (College Composition I or equivalent)
- ✓ Humanities Elective (CST 100-Principles of Public Speaking or its equivalent preferred. Note: CST 100 will become a mandatory co-requisite after June 1, 2023)
- ✓ Social/Behavioral Science Elective (PSY 230-Developmental Psychology or its equivalent preferred. Note: PSY 230 will become a mandatory co-requisite after June 1, 2023)

**(All item “8” General Education Courses
MUST be completed with a “C” or higher
prior to graduation.)
(These courses are NOT required to
apply)**

9. Acceptance is a two-part process based upon results of, Part 1. Completed application score and Part 2. Personal interview score. Each candidate's application and transcripts will be reviewed with a score being obtained from academic grades in math, science, and other relative courses. (Advanced/college prep courses will carry more weight than standard course work.) Based on these scores the most qualified individuals will be granted a personal interview. The interview scores will be added to the application score to make our final decisions.
10. Acceptance into the Sovah School of Health Professions' Radiologic Technology Program is also contingent upon potential students passing a pre-enrollment drug screening and physical examination. Results of these tests are confidential and are maintained by the institution.
11. Technical standards: Due to the nature of this profession and considering the safety of our patients and our students, applicants must be able to meet all the following technical standards in order to be considered for enrollment.
 - A. Sufficient corrected eyesight to observe patients, manipulate equipment and evaluate radiographic quality.
 - B. Sufficient corrected hearing to assess patient needs and communicate verbally with other healthcare providers.
 - C. Sufficient verbal and written skills to communicate needs promptly and effectively in English.
 - D. Sufficient gross and fine motor coordination to respond promptly, manipulate equipment, lift a minimum of 30 pounds and ensure patient safety.
 - E. Intellectual and emotional functions needed to exercise independent judgment and discretion in the safe technical performance of medical imaging procedures.
12. Transfer of Credit:
 - A. Transfer to other programs
 - Semester equivalent credit hours have been applied, based on academic semesters, in order to facilitate transfer of credits to institutions which may offer credit for such course work. However, an A.A.S. Degree is deemed a TERMINAL occupational /technical degree and the degree and/or credits *MAY or MAY NOT* transfer to other institutions of higher learning. These credits are not generally applicable to other degrees. The decision on transferability will be determined on a case-by-case basis according to the policies of the institution considering the receipt of such transfer credits.
 - B. Transfer into the Sovah School of Health Professions
 - Sovah School of Health Professions will consider all applicable courses from institutions recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). Currently, the Sovah School of Health Professions does not accept credits from foreign nations.
 - This program will consider transfer students as space comes available and requests for transfer are received.
 - Consideration will be given based on the following:
 - Availability of space
 - Academic level when transfer is requested
 - Grade point average
 - Completed clinical competencies
 - Results of a required faculty interview
 - A minimum of 30% of the required CORE credit hours must be completed through the Sovah School of Health Professions Radiologic Technology Program.
 - All required general education (Gen Ed) courses must be completed prior to graduation.
 - A transfer application must be completed, with all transcripts attached.

- This application must include a ***non-refundable \$50 application fee (Checks or money orders only).***
 - DO NOT MAIL AS SIGNATURE REQUIRED! This may delay the processing of the application. Return receipt is acceptable.
 - Please make checks or money orders payable to:
 - **SOVAH School of Health Professions** and
 - **Include the applicants first and last name in the memo section of the check.**
 - Please do not mail cash!
 - Mail to: SOVAH School of Health Professions
137 S. Main Street
Danville, VA 24541
 - To reduce delays and potential errors, please place all documents in a sealed envelope and mail as **one complete packet.**
- Applicants are selected in accordance with non-discriminatory policies.
- Due to limited enrollment, applicants who meet all requirements are not guaranteed acceptance into this program, however, those who already have an associate degree will be awarded additional points. Applicable College Prep, Honors and Advanced courses will also receive bonus points.
- Completely fill in all items on this application; type or print legibly.

Title IX - Notice of Non-discrimination Policy

All applicants MUST be 18 years of age no later than January 1 of the year of entry!

If different, include your last name as it appears on your High School and/or college transcript:

Telephone: *Home* () *Work* () *Cell* ()

**Email Address: _____ Are you a U.S. citizen? ☐ Yes ☐ No

(This is our PRIMARY means of communicating with you. Please check email frequently!)**

In case of emergency call:

Phone Number: () **Relationship** _____

APPLICANT INFORMATION

Have you ever been convicted of or are you presently under indictment for any felony or misdemeanor offense **other than** traffic violations? * ☐ Yes ☐ No If yes, please explain in an attached letter.

***Information is subject to verification through a REQUIRED Criminal History Background check.**

Attention Applicants: The Board of Health Professions and/or the American Registry of Radiologic Technologists “may refuse to admit a candidate to any examination or may refuse to issue a license or certificate to any applicant” based on a number of both criminal and/or unprofessional conduct reasons. If there is any question, applicants may wish to complete the ARRT Ethics Review Pre-Application. This may be found on the ARRT web site at

<https://www.arrt.org/pages/earn-arrt-credentials/initial-requirements/ethics/ethics-review-preapplication>

Do you have a mental, physical, or chemical dependency condition, which could interfere with your current ability to practice in the healthcare field?

☐ Yes ☐ No If you answered yes, please explain in detail on a separate sheet and attach to this application.

EMPLOYMENT HISTORY

Include all employment within the past five years, beginning with your present or last employment.

1. Employer _____
City/State _____ Dates Employed: From _____ To _____
Job Responsibilities _____
Reason for Leaving _____
2. Employer _____
City/State _____ Dates Employed: From _____ To _____
Job Responsibilities _____
Reason for Leaving _____

RECOMMENDATIONS/REFERENCES

Submit three (3) completed professional or academic recommendation/reference sheets (such as a recent employer, teacher, and/or counselor.), **NOT RELATIVES, FRIENDS, OR CLERGY**. Each person serving as a reference must complete the form, place it in an envelope, seal the envelope and sign across the back flap, and return the sealed envelope to you. Include these sealed envelopes with your application. References not meeting the above criteria are considered invalid.

STUDENT ESSAY

On a separate sheet, please write a brief essay addressing each of the following:

- Your experiences and activities including **awards/honors, volunteer, or community service**.
- Your reason for selecting this career and your reason for desiring to enter this school.
- Research the field and describe the field and the job responsibilities of a Radiologic Technologist.
- Describe what you found in your research regarding what future opportunities exist for a Radiologic Technologist.
- Your plans and aspirations for the future
- Why do you think communication and critical thinking are important skills for a health professional to possess?

APPLICATION CHECK LIST (Things to be submitted)

- | | |
|--|--|
| <input type="checkbox"/> Completed Application | <input type="checkbox"/> Application Fee |
| <input type="checkbox"/> 3 Recommendations/References | <input type="checkbox"/> Essay |
| <input type="checkbox"/> High School & College Transcripts | <input type="checkbox"/> HESI Testing Scores |

EDUCATION

Please request transcripts from each institution you attended and either send to us or include with application!

Do you have a high school diploma? ☐ Yes ☐ No If not, do you have a G.E.D.? ☐ Yes ☐ No

HIGH SCHOOL PRE-REQUISITE COURSES

These requirements MUST be met prior to application.

Please check all that apply: Two units of high school math with a grade “C” or above

☐Algebra I ☐Algebra II ☐Geometry

Two units of high school science with a grade “C” or above

☐Anatomy ☐Biology ☐Chemistry ☐Physics

High School Attended _____

City/State _____ Graduation Date _____

List in chronological order all colleges, universities, and vocational/technical schools which you have attended. (Attach an additional sheet if needed!)

1. Name of School _____ City/State _____

Dates Attended: *From* _____ *To* _____ Graduation Date _____

Degree Obtained: _____

2. Name of School _____ City/State _____

Dates Attended: *From* _____ *To* _____ Graduation Date _____

Degree Obtained: _____

Have you previously attended or applied to this program? ☐ Yes ☐ No

Have you attended another school or program similar to this one? ☐ Yes ☐ No

If yes, what program and school did you attend? _____

Graduation Date: _____

COLLEGE LEVEL COURSES

Courses marked with an * **must be completed by end of Fall term prior to entry into the program (pre-requisites), these courses are not required prior to application.** Please include “official transcripts” for these courses. However, **ALL** the courses (co-requisites) listed below **MUST be completed before graduation.** Please check with the Program Director @ (434)799-2271 before scheduling placement tests or enrolling in any general education courses!

Please indicate your status in the following college courses and include transcripts as applicable:

(Course numbers are current VCCS numbers, out of state course numbers will vary, but must be their equivalent.) All courses require a “C” or higher to be accepted!

Course # (or equivalent)	Course	Credit Hours	Completed- “C” or higher. (Y or N)	Currently Enrolled (Y or N)	College
*BIO 141	*Human Anatomy and Physiology I	4			
*HLT 143	*Medical Terminology I	3			
*MTH Elective	MTH 154/155 or higher	3			
SDV 100	College Success Skills	1			
ENG 111	English Composition I	3			
CST 100	Principles of Public Speaking	3			
PSY 230	Developmental Psychology	3			

LICENSE

Do you have a license in another healthcare field? ☐ Yes ☐ No

Have you ever applied for licensure or certification in Virginia or another state? ☐ Yes ☐ No

If yes, and you took the licensing examination, give the date, and indicate whether you passed.

Exam: _____ State _____

Date(s) _____ Passed ☐ Yes ☐ No

Please check the appropriate box.

Has your license ever been:	Yes	No	N/A
Voluntarily surrendered to any licensing authority?			
Placed on probation?			
Suspended?			
Revoked?			
Otherwise disciplined?			
Have you ever been the subject of an investigation by any licensing board?			

If you answered yes to any of the above questions, explain in detail on a separate sheet and attach to this application.

DISCLOSER

CERTIFICATION, ACKNOWLEDGEMENT, AND AUTHORIZATION:

Please read the following statement carefully before signing.

I certify that the information contained in this application is true and complete. I understand that if I am found to have provided false or incomplete information on this application, the Program may cancel my application or, if I have been accepted, remove me from the Program.

I understand that if I am enrolled in the SOVAH School of Health Professions, I will be subject to and required to abide by all of the School's policies, procedures, and practices, including (among others) their Program on Illegal Drugs and Alcohol. I agree that I will abide by these policies, procedures, and practices, including any that the School may add or modify during my enrollment.

I understand and acknowledge that the SOVAH School of Health Professions has a legitimate need to know the details of my education and employment history to consider my application. I hereby authorize and request for my former schools, employers, and other institutions or persons with information about my education and employment history to provide to the Sovah - School of Health Professions any information or records the School may request about my education or employment history. I hereby release from any liability of any kind any institution, company, or person who provides such information or records and any authorized representative of the School who requests such information or records.

(Note: The SOVAH School of Health Professions is firmly committed to maintaining an environment free of the influence of illegal drugs and alcohol. The School maintains the right to require any student to undergo testing to determine his or her fitness for duty, such as to determine whether the student may pose a potential danger of harming patients or may have a medical problem that interferes with his or her ability to perform duties safely or effectively. In keeping with this practice, a student may be tested for drugs or alcohol to help determine that person's fitness for duty. For more information, please refer to the School of Health Professions Policy on Illegal Drugs and Alcohol.)

Applicant's Signature

Date

CONFIDENTIAL RECOMMENDATION/REFERENCE FORM

Section 1 (to be completed by applicant)

Indicate your decision regarding a waiver of the right of access before giving it to the person who will submit it. Give the form and a self-addressed and stamped referral envelope to the person making the recommendation. Have him or her place the completed recommendation into the envelope, seal it and sign across the seal. The envelope should be returned to you, and you should return it with your application. Do not return separately.

Applicant's Name _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First M.I. </div>

The Family Educational Rights and Privacy Act of 1974 and its amendment's guarantee students access to their educational files and all information concerning them. Students are also permitted to waive their right of access to recommendations. The following signed statement is the applicant's wish regarding this recommendation.

<input type="checkbox"/> I waive my right to inspect the contents of the following recommendation. <input type="checkbox"/> I do not waive my right to inspect the contents of the following recommendation. _____ Applicant's Signature
--

This individual wishes you to write a letter of recommendation on behalf of his or her application to the SOVAH School of Health Professions Radiologic Technology Program. Your objective evaluation of the applicant's qualifications would be most appreciated.

Section 2 (to be completed by the person making this recommendation)

Name of person making recommendation. _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Last First M.I. </div>
--

How long and in what capacities have you known the applicant?

Please specify the group to which you are comparing this applicant:

☐ Other high school students
 ☐ Undergraduate college students
 ☐ Employees

Characteristic	Excellent Upper 10%	Good Upper 11-20%	Average 21-59%	Below Average <60%	No Basis For Judgment
Overall intellectual ability					
Understanding fundamentals of chosen occupation					
Written communication skills					
Verbal communication skills					
Ability to organize and apply facts and ideas					
Manual dexterity					
Ability to handle stressful situations					
Aptitude for higher education					
Intellectual curiosity					
Motivation					
Potential as a health care provider					
Overall, how do you rate this applicant?					

We realize that check off items sometimes do not provide the opportunity to characterize the applicant as fully as you would like. Please give any additional comments regarding the potential of the applicant to be a health care practitioner including remarks concerning maturity, personality, extracurricular activities, or any other factors that you feel are important concerning the applicant's aptitude for successful performance within the educational process and/or profession.

Your overall assessment of the applicant as to his or her ability to complete an educational program in Radiologic Technology:

- ☐ Strongly recommended
- ☐ Recommend with reservations*
- ☐ Recommended
- ☐ Do not recommend

*Please explain on separate sheet if necessary.

Signature

Date

Name

Title

Street Address

City

State

Zip

Please place the completed form in the envelope provided by the applicant.
Please be sure to seal the envelope and sign across the seal before returning it to the applicant.
Thank you for assisting us with our self-managed application process.

CONFIDENTIAL RECOMMENDATION/REFERENCE FORM

Section 1 (to be completed by applicant)

Indicate your decision regarding a waiver of the right of access before giving it to the person who will submit it. Give the form and a self-addressed and stamped referral envelope to the person making the recommendation. Have him or her place the completed recommendation into the envelope, seal it and sign across the seal. The envelope should be returned to you, and you should return it with your application. Do not return separately.

Applicant's Name _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last First M.I. </div>

The Family Educational Rights and Privacy Act of 1974 and its amendment's guarantee students access to their educational files and all information concerning them. Students are also permitted to waive their right of access to recommendations. The following signed statement is the applicant's wish regarding this recommendation.

<input type="checkbox"/> I waive my right to inspect the contents of the following recommendation. <input type="checkbox"/> I do not waive my right to inspect the contents of the following recommendation. _____ Applicant's Signature

This individual wishes you to write a letter of recommendation on behalf of his or her application to the SOVAH School of Health Professions Radiologic Technology Program. Your objective evaluation of the applicant's qualifications would be most appreciated.

Section 2 (to be completed by the person making this recommendation)

Name of person making recommendation. _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last First M.I. </div>

How long and in what capacities have you known the applicant?

Please specify the group to which you are comparing this applicant:

☐ Other high school students
 ☐ Undergraduate college students
 ☐ Employees

Characteristic	Excellent Upper 10%	Good Upper 11-20%	Average 21-59%	Below Average <60%	No Basis For Judgment
Overall intellectual ability					
Understanding fundamentals of chosen occupation					
Written communication skills					
Verbal communication skills					
Ability to organize and apply facts and ideas					
Manual dexterity					
Ability to handle stressful situations					
Aptitude for higher education					
Intellectual curiosity					
Motivation					
Potential as a health care provider					
Overall, how do you rate this applicant?					

We realize that check off items sometimes do not provide the opportunity to characterize the applicant as fully as you would like. Please give any additional comments regarding the potential of the applicant to be a health care practitioner including remarks concerning maturity, personality, extracurricular activities, or any other factors that you feel are important concerning the applicant's aptitude for successful performance within the educational process and/or profession.

Your overall assessment of the applicant as to his or her ability to complete an educational program in Radiologic Technology:

- ☐ Strongly recommended
- ☐ Recommend with reservations*
- ☐ Recommended
- ☐ Do not recommend

*Please explain on separate sheet if necessary.

Signature

Date

Name

Title

Street Address

City

State

Zip

Please place the completed form in the envelope provided by the applicant.
Please be sure to seal the envelope and sign across the seal before returning it to the applicant.
Thank you for assisting us with our self-managed application process.

CONFIDENTIAL RECOMMENDATION/REFERENCE FORM

Section 1 (to be completed by applicant)

Indicate your decision regarding a waiver of the right of access before giving it to the person who will submit it. Give the form and a self-addressed and stamped referral envelope to the person making the recommendation. Have him or her place the completed recommendation into the envelope, seal it and sign across the seal. The envelope should be returned to you, and you should return it with your application. Do not return separately.

Applicant's Name _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last First M.I. </div>

The Family Educational Rights and Privacy Act of 1974 and its amendment's guarantee students access to their educational files and all information concerning them. Students are also permitted to waive their right of access to recommendations. The following signed statement is the applicant's wish regarding this recommendation.

<input type="checkbox"/> I waive my right to inspect the contents of the following recommendation. <input type="checkbox"/> I do not waive my right to inspect the contents of the following recommendation. _____ Applicant's Signature

This individual wishes you to write a letter of recommendation on behalf of his or her application to the SOVAH School of Health Professions Radiologic Technology Program. Your objective evaluation of the applicant's qualifications would be most appreciated.

Section 2 (to be completed by the person making this recommendation)

Name of person making recommendation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Last First M.I. </div>

How long and in what capacities have you known the applicant?

Please specify the group to which you are comparing this applicant:

☐ Other high school students
 ☐ Undergraduate college students
 ☐ Employees

Characteristic	Excellent Upper 10%	Good Upper 11-20%	Average 21-59%	Below Average <60%	No Basis For Judgment
Overall intellectual ability					
Understanding fundamentals of chosen occupation					
Written communication skills					
Verbal communication skills					
Ability to organize and apply facts and ideas					
Manual dexterity					
Ability to handle stressful situations					
Aptitude for higher education					
Intellectual curiosity					
Motivation					
Potential as a health care provider					
Overall, How do you rate this applicant?					

We realize that check off items sometimes do not provide the opportunity to characterize the applicant as fully as you would like. Please give any additional comments regarding the potential of the applicant to be a health care practitioner including remarks concerning maturity, personality, extracurricular activities, or any other factors that you feel are important concerning the applicant's aptitude for successful performance within the educational process and/or profession.

Your overall assessment of the applicant as to his or her ability to complete an educational program in Radiologic Technology:

- ☐ Strongly recommended
- ☐ Recommend with reservations*
- ☐ Recommended
- ☐ Do not recommend

*Please explain on separate sheet if necessary.

Signature

Date

Name

Title

Street Address

City

State

Zip

Please place the completed form in the envelope provided by the applicant.
Please be sure to seal the envelope and sign across the seal before returning it to the applicant.
Thank you for assisting us with our self-managed application process.