

APPLICATION DIRECTIONS

MUHLENBERG

HAROLD B. AND DOROTHY A. SNYDER SCHOOLS

This packet contains the application and required forms to help you apply to Muhlenberg, Harold B & Dorothy A. Snyder Schools. Please complete the entire application. Use the included Application Checklist for direction and record keeping.

The Muhlenberg programs admit students twice a year, for either the Fall semester, or for the Spring semester. The applicant is required to submit all requested materials (except the Entrance Test scores) by the dates stated below.

NURSING:

Fall Semester Deadline March 1st
Spring Semester Deadline September 15th

RADIOGRAPHY:

Fall Semester Deadline March 1st
Spring Semester Deadline September 15th

NUCLEAR MEDICINE TECHNOLOGY:

Fall Semester Deadline March 1st
Spring Semester Deadline September 15th

RADIATION THERAPY:

Fall Semester Deadline March 1st
Spring Semester Deadline September 15th

DIAGNOSTIC MEDICAL SONOGRAPHY:

Fall Semester Deadline March 1st
Spring Semester Deadline September 15th

For the most current information, please review all inserts and visit the Schools' website,
www.muhlenbergschools.org.

APPLICANT CHECKLIST

The following checklist is for your record keeping. It will help you organize the steps you need to take. Applications must be received and complete by the appropriate deadline. Applications may be mailed to the Schools or brought in person to the Administrative Suite, Room 117.

STEP 1: Mail in your application, application fee (paid by certified check or money order), essay, completed references and the appropriate signed Consumer Information form.

STEP 2: Request **official** transcripts from **all** the schools you have attended (high school, all colleges, vocational schools, schools of practical nursing, radiography, etc.). Only official transcripts will be considered in processing your application

Official transcripts are those transcripts sent directly from one school to another school without student receipt and include the official seal of the sending school. Official transcripts in envelopes sealed with the respective school's seal, hand carried by the applicant, will also be accepted.

If you attended school under another name, please have the school include your current name as well as your former name(s). This applies to all transcripts and evaluations.

It is the applicant's responsibility to notify high schools and colleges to forward the requested information directly to the Schools by the appropriate deadline. *Incomplete applications will not be considered.*

FOR HOLDERS OF GED (General Education Development Diploma): You must have your official GED test results sent to the Schools. For information about taking the GED, having scores forwarded, or for more information about the requirements for the thirty (30) college credit route to a state-endorsed High School Diploma, contact

NEW JERSEY
GED Testing Program
Bureau of Adult Education
and Family Literacy
New Jersey
Department of Education
P.O. Box 500
Trenton, NJ 08625-0500
Telephone: (609) 777-1050
E-mail: GED_INFO@doe.state.nj.us

NEW YORK
The University of the
THE STATE EDUCATION
DEPARTMENT
GED Testing Office
P.O. Box 7348
Albany, NY 12224-0348
Hotline: (518) 474-5906
www.wmsc.nysed.gov/ged/otherserv

Or visit the website, www.ged123.org

FOR APPLICANTS WITH TRANSCRIPTS FROM SCHOOLS OUTSIDE OF THE UNITED STATES

Applicants with educational credentials from schools outside of the United States must first have their transcripts translated and **evaluated**. Contact the agency listed below for international transcript evaluations. Allow ample time for processing by the deadline. The Schools are not affiliated with any accrediting agency. **If you would like to receive credit for specific courses that you have completed, this evaluation must be done on a course-by-course basis. The evaluation must also include verification of high school graduation.**

World Education Services, Inc.
P.O. Box 5087
Bowling Green Station
New York, New York 10274-5087
Telephone: (212) 966-6311
Fax: (212) 739-6100
E-mail: support@wes.org

Or visit the website, www.wes.org

STEP 3: Each program requires three letters of recommendation. Make sure you complete your section of the reference form. **The individual completing the letter of reference must complete and sign the form; they must also write a letter of reference.**

- High school students must include a complete reference from a guidance counselor, teacher or high school administrator.
- LPN graduates must include a complete reference from the director of their SON (not required if they graduated more than five years ago).
- An applicant seeking to transfer any nursing courses must include a letter of reference from the director of the school of nursing or from the respective course instructor.
- Applicants to the School of Radiation Therapy must provide a complete reference from the director of their School of Radiography (not required if they graduated more than five years ago).
- All other applicants must obtain complete references from an employer, supervisor, previous college instructor or any other **non-family** professional contact who can address character and academic abilities. **References from friends or family members are NOT acceptable.**

These references should be included with the submitted application.

STEP 4: Candidates who graduated from high school within the last three years must submit SAT or ACT scores. This requirement is waived for all other applicants. The Schools' SAT code is 2452. SAT information is available at www.collegeboard.com.

STEP 5: All Muhlenberg applicants must take either the Nurse Entrance Test (NET), for the SON, or the Health Occupations Basic Entrance Test (HOBET), for the SOMITS. Upon receipt of an application, the Schools will assign a test date to the applicant. This date will be included with the applicant's follow-up letter. Further information is available on the Schools' website, www.muhenbergschools.org.

STEP 6: After mailing in your application to the Schools,

- **If you are not a U.S. citizen**, you will be required to show your Permanent Resident and/or Naturalization papers when you arrive for the entrance test.
- **If you are a licensed practical nurse (LPN)**, you will be required to show your current unexpired LPN license when you arrive for the entrance test.

The Schools can NOT proceed with your application without this information. This must be done in person; copies are not acceptable. Call 908-668-2450.

STEP 7: The applicant must select **one** of the topics listed on the application and write an essay of 250 words or more. Include this essay when submitting the application.

STEP 8: Read, sign and return the appropriate Consumer Information Sheet.

It is the applicant's responsibility to submit, or directly forward to the Schools, all the requested information by the appropriate deadline. *Incomplete applications will not be considered.*

All the above materials should be mailed to:

**Muhlenberg, Harold B. and Dorothy A. Snyder Schools
Park Avenue and Randolph Road
Plainfield, New Jersey 07061**

Attn: Admissions

Upon acceptance, you may be required to take the College Placement Test, the English for Speakers of Other Languages Test and/or the RAD102 Math Test. The information regarding these tests is included in the acceptance packet. All remediation work, if needed, must be completed prior to registering for any credit-bearing courses and will be arranged through the Muhlenberg Snyder Schools Office of Registration and Enrollment.

Date mailed: _____

School: _____

Date transcript requested: _____

School: _____

Date transcript requested: _____

Date requested: _____

Date evaluation requested: _____

Person completing your reference form: _____ Date mailed

1. _____

2. _____

3. _____

Date SAT scores were mailed: _____

Date of appointment: _____

Time: _____

Location: _____

Person: _____

Date of appointment: _____

Time: _____

Location: _____

Person: _____



MUHLENBERG, HAROLD B. AND DOROTHY A. SNYDER SCHOOLS

Park Avenue and Randolph Road Plainfield, New Jersey 07061 908-668-2400

APPLICATION FOR ADMISSION

This application is appropriate for all programs offered by Muhlenberg, Harold B. and Dorothy A. Snyder Schools

Failure to complete the entire application may void your application. Report any changes (name, address, telephone number, college information, etc.) to the Schools.

GENERAL INFORMATION

Name:

Last List All Former Last Names First Middle Initial

Home Address: Number and Street City

State Zip Code County

Area Code Home Telephone Area Code Work Telephone

Email Address:

Mailing Address if different from above: Number and Street City

State Zip Code County

Social Security Number () () () - () () () () ()

Select either Nursing or Medical Imaging & Therapeutic Sciences

NURSING

- Fall semester 20___ Spring semester 20___ Day or Evening Generic Track Preparing for Accelerated Curriculum LPN to RN Career Ladder Curriculum

Have you ever applied to the School of Nursing before? If yes, when? Semester Year Did you ever attend? Reason you left:

Make your \$100.00 certified check or money order payable to: Muhlenberg Snyder School of Nursing

MEDICAL IMAGING & THERAPEUTIC SCIENCES

- Radiography Nuclear Medicine Technology Radiation Therapy Diagnostic Medical Sonography Graduate Refresher Fall semester 20___ Spring semester 20___

Have you ever applied to the Schools of Medical & Therapeutic Sciences before? If yes, which program? When: Semester Year Did you ever attend? Reason you left:

Make your \$100.00 certified check or money order payable to: Muhlenberg Snyder School of Radiography (for all SOMITS programs)

EDUCATION

ALL APPLICANTS MUST COMPLETE THIS SECTION INCLUDING THOSE WITH A BACCALAUREATE DEGREE (OR HIGHER) OR THOSE WITH FOREIGN EDUCATION.

Diploma-Granting High School

Name of School _____

Address _____
Street City State

Dates Attended _____ To _____ Graduation Date ____ / ____ / ____

G.E.D. Date Received _____ Adult Education Diploma Date Received _____

List all High Schools/Secondary Schools Attended

Post-Secondary Education: Include all colleges (including Union County College and Union County Technical Institute), and all technical, business, healthcare schools and programs previously attended.

NAME OF POST-SECONDARY SCHOOL

1. _____
Name of School Location

_____ Dates attended # of credits completed Degree/Diploma

2. _____
Name of School Location

_____ Dates attended # of credits completed Degree/Diploma

3. _____
Name of School Location

_____ Dates attended # of credits completed Degree/Diploma

4. _____
Name of School Location

_____ Dates attended # of credits completed Degree/Diploma

5. _____
Name of School Location

_____ Dates attended # of credits completed Degree/Diploma

* Note: You must list **all** schools attended (including Union County College), even if you took only one course. It is not necessary to attend Union County College prior to applying to any of the Muhlenberg Snyder Schools programs. However, **if** you have attended, or are currently attending Union County College, you must have achieved a minimum GPA of 2.0. All other admission criteria apply as well.

ESSAY

Please complete one of the following essays on a separate sheet of paper. Your essay should be a minimum of 250 words and typed.

1. Please tell why you would like to become a nurse or medical imaging or therapeutic science technologist (specify discipline). Describe some of the experiences that have influenced your decision.
2. If you were able to spend the day with a famous individual, real or fictional, whom would you pick, and why?
3. You have written your autobiography in a minimum of 250 words. What does it say?

NON-DISCRIMINATION POLICY

It is the policy of Muhlenberg, Harold B. and Dorothy A. Snyder Schools to comply with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the Older Americans Act of 1975, and the American with Disabilities Act of 1991. These laws prohibit discrimination on the basis of race, color, religion, sex, national origin, age, disability or sexual orientation in all educational programs and activities as long as the handicapped person does not present a safety hazard to himself/herself or clients.

PUBLISHED:

At the time of printing, all information contained herein was deemed accurate and current. However, the Schools reserve the right to change any provisions, requirements, charges, programs, offerings or services without notice or obligation. Announcements published in this publication may not be regarded in the nature of binding obligations on the Schools. My signature below indicates that the foregoing information is correct and complete to the best of my knowledge. I certify I am a current resident and have / have not been a resident continuously for at least six months in the county indicated on this form. I will notify the institution of any change in address. I understand that any falsification or omission of information may result in immediate disqualification or dismissal from the program.

Signature _____ Date _____

Parent's signature if under 18 _____

Note to student: Each program offered by the Muhlenberg, Harold B. and Dorothy A. Snyder Schools requires three (3) complete references (form and letter). See the directions on the Application Checklist for instructions.

LETTER OF REFERENCE FORM

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

APPLICANT'S NAME (Please Print)

EVALUATOR'S NAME (Please Print)

Check One

Nursing

Radiography

Nuclear Medicine Technology

Radiation Therapy

Diagnostic Medical Sonography

An applicant may waive the right of access to written evaluations as provided for under the Family Educational and Privacy Act of 1974. Please indicate your wishes by signing below either section A or B.

A. I hereby waive my right of access to the evaluation provided by the person named above and he/she should be hereby notified that the confidentiality of the evaluation is preserved.

Applicant's Signature _____ Date _____

B. I do not waive my right to the evaluation provided by the person named above and he/she should be notified that I retain my right of access; thus, the confidentiality of the evaluation is not guaranteed.

Applicant's Signature _____ Date _____

IMPORTANT: DIRECTIONS TO THE EVALUATOR

Complete the information on side 2 legibly and attach a letter to this form which details your relationship to the applicant, in what professional capacity and length of time you know them, their major relevant strengths/weaknesses, and any other pertinent comments you may wish to share with the Admissions Committee.

STUDENT REFERENCE FORM CONTINUED

The traits described below are to be evaluated primarily on personal qualities believed relevant to an individual's performance and development. Rate the applicant according to the legend.

Applicant's Name _____

LEGEND

- 5 – Excellent
- 4 – Above Average
- 3 – Average
- 2 – Below Average
- 1 – Unsatisfactory
- 0 – Unable to Evaluate

	Rating #
1. Interpersonal skills (cooperative, tactful, assertive, ability to work with others)	
2. Manual dexterity (agile, dexterous, coordinated)	
3. Maturity (stability, self-disciplined, responsive to criticism)	
4. Ability to work independently (initiative, diligent, good organization)	
5. Problem-solving abilities (recognizes problems, analytical ability)	
6. Reliability (trustworthy, dependable, responsible, perseverance)	
7. Personality (warm, cheerful, positive, patient)	

DATE _____

SIGNATURE OF EVALUATOR _____

TITLE _____

INSTITUTION/COMPANY _____

PLEASE RETURN THIS FORM, ALONG WITH A LETTER OF REFERENCE TO::

Muhlenberg, Harold B. and Dorothy A. Snyder Schools
Office of Admissions
Park Avenue and Randolph Road
Plainfield, New Jersey 07061

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SIGNATURE OF EVALUATOR _____

TITLE _____

INSTITUTION/COMPANY _____

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Muhlenberg, Harold B. and Dorothy A. Snyder Schools
Office of Admissions
Park Avenue and Randolph Road
Plainfield, New Jersey 07061

CONSUMER INFORMATION
Muhlenberg Regional Medical Center
School of Diagnostic Medical Sonography

Student Right-to-know

The following information is being provided as required under the Student Right-to-know Security Act Public Law 101 542 as amended by the Higher Education Technical Amendments of 1991 Public Law 102 26.

Information on Graduation/Completion Rates

Of the eleven (11) first-time full-time certificate-seeking students who entered Muhlenberg Regional Medical Center's Diagnostic Medical Sonography Program, eight (8) graduated from the eighteen-month program.

How our graduates are doing

All eight graduates responded to our employer survey:

Currently, 6 of the 8 are employed in Diagnostic Medical Sonography

Currently, 2 have sat for the ARDMS examinations, one for Obstetrics and Gynecology, one for Physics and Instrumentation: both received passing grades.

The other 6 graduates have applied and are waiting to take their exams.

Americans with Disabilities Act (ADA)

The following information is being provided as required by the Federal Government, Section 504 of the Rehabilitation Act of 1973.

Applicants to the Diagnostic Medical Sonography Program must be able to perform specific skills in order to care for patients safely and perform all procedures that would be required of a graduate Sonographer in the work force.

The Muhlenberg Regional Medical Center Diagnostic Medical Sonography Program has accepted the following standards for applicants to the program. Corrective devices are allowed to meet the minimum requirements or standards.

To enter the Diagnostic Medical Sonography Program, the applicant must be able to:

1. Communicate clearly and succinctly in English to the patient, family and other support staff, both verbally and in writing.
2. Hear a patient talk in a normal tone from a distance of 20 feet.
3. Visually observe the patient in order to assess the patient's condition and/or needs from a distance of at least 20 feet.
4. Read all written medical information pertaining to the patient.
5. Assess all readings and functions of technical equipment pertaining to patient care.
6. Render services and/or assistance to all patients depending on the individual patient's needs and abilities in moving, turning and lifting.
7. Be able to push, pull and lift 40 pounds.
8. Manipulate a stretcher, wheelchair and/or portable equipment within the medical facility without injury to self, patient and others.
9. Manipulate dials, buttons, and switches.
10. Physically be able to administer emergency care (CPR)
11. Be able to stand for periods as long as 2 hours
12. Walk a distance of 2 miles during a normal work day.

I have read this form and understand the contents wherein:

Signature

Print Name Clearly

Date

Return with your application