

APPLICATION DIRECTIONS

JFK MEDICAL CENTER

MUHLENBERG HAROLD B. AND DOROTHY A. SNYDER SCHOOLS

This packet contains the application and required forms to help you apply to JFK Medical Center Muhlenberg Harold B. & Dorothy A. Snyder Schools. Please complete the entire application. Use the included Application Checklist for direction and record keeping. The JFK Muhlenberg Snyder Schools' programs admit students twice a year, for either the Fall semester or the Spring semester. The

application must be received by the application deadline; the entrance score(s) must be received by the entrance test deadline. All other requested materials are due by the entrance test deadline as well. It is not necessary to wait until the deadline to apply or take the entrance test. Complete applications are reviewed on a rolling basis and early decisions made. Applicants will be notified by mail.

NURSING:

Fall Semester Deadline: Application, February 1st; Entrance Test, March 15th

Spring Semester Deadline: Application, August 1st; Entrance Test, September 15th

MEDICAL IMAGING AND THERAPEUTIC SCIENCES:

Radiography, Nuclear Medicine Technology, Radiation Therapy
and Diagnostic Medical Sonography

Fall Semester Deadline: Application, February 1st; Entrance Test, March 15th

Spring Semester Deadline: Application, August 1st; Entrance Test, September 15th

For additional information, please visit the schools website,
www.jfkmuhlenbergschools.org

APPLICANT CHECKLIST

The following checklist is for your record keeping. Applications and the entrance test must be complete by the appropriate deadline. Applications may be mailed to the Schools or brought in person to Office 117.

STEP 1: Mail in your application, \$75 non-refundable application fee (paid by 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

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 evaluation agency listed below or another current member of NACES (the National Association of Credential Evaluation Services), www.naces.org, 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, NY 10274-5087,
Telephone: (212)966-6311, Fax:(212)739-6100,
Email: support@wes.org
or visit the website, www.wes.org.

STEP 3: Each program requires three complete letters of reference. 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 seniors, or those who have graduated from high school within the last three years, 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 LPN program or a faculty instructor (not required if they graduated more than five years ago).

Applicants, who have previously attended another nursing school within the last five years, and seeking to transfer any nursing courses, must submit at least one letter of reference from either the program's director or from a faculty instructor(s).

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 JFK Medical Center Muhlenberg Snyder School applicants are required to satisfy the appropriate Entrance Test requirements for their program of interest. The Entrance Test evaluates areas that are considered essential for academic success. Applicants register to take the entrance test by visiting www.atitesting.com. Various times and locations are available for testing. Further information is available on the Schools' website, www.muhlenbergschools.org.

STEP 6: Applications may be mailed or personally delivered to the Schools,

If you are not a U.S. citizen, you must bring your application in person to the Schools' Administrative Offices. You will be required to show your Permanent Resident card and/or Naturalization paper at that time. Permanent residency is a requirement for school entrance consideration.

If you are a licensed practical nurse (LPN), you must bring your application in person to the Schools' Administrative Offices. You will be required to show your valid LPN license at that time.

The Schools cannot proceed with your application without this information. This must be done in person; copies are not acceptable.

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:

**JFK Medical Center 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 JFK Medical Center Muhlenberg Snyder Schools Office of Registration and Enrollment.

Date application mailed: _____

School: _____

Date transcript requested: _____

School: _____

Date transcript requested: _____

School: _____

Date transcript requested: _____

High School/GED: _____

Date transcript requested: _____

If evaluation is needed, date requested: _____

Person completing your reference form:

1. _____ Date requested: _____

2. _____ Date requested: _____

3. _____ Date requested: _____

If needed, date SAT scores mailed: _____

Entrance test completed: (√): _____

Notes: _____

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 is education beyond high school. It includes all courses/programs attended at colleges and technical or business schools throughout an academic year. Each applicant must list ALL courses/programs ever 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.

ACADEMIC HONORS

Briefly list any academic awards/honors you have received

EMPLOYMENT RECORD

Present Position

Position/Title	Employer	Starting Date	
Address	City	State	Zip Code
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			

Other Employment

EXTRA-CURRICULAR, COMMUNITY & VOLUNTEER ACTIVITIES

Please List Any Extra-Curricular, Community or Volunteer Activities

CITIZENSHIP: Applicants must be U.S. citizens, naturalized citizens or Permanent Residents

Are you a United States Citizen? Yes No

Do you have a Permanent Resident card? Yes No

PERSONAL INFORMATION

The following questions are required by the U.S. Dept. of Health, Education and Welfare, Title VI of the Civil Rights Act. Completion is voluntary.

SEX: MALE FEMALE

ETHNIC: Hispanic/Latino (Central /South American, Cuban, Mexican, Puerto Rican, or other
 Non-Hispanic/Latino

RACE:

<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	White
<input type="checkbox"/>	Two or More Races (Choose races if applicable)		

Date of Birth: _____ / _____ / _____
 Month Day Year

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 JFK Medical Center 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. JFK Medical Center, Inc. is an Equal Opportunity Employer.

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 _____

(Revised March 2011)



Note to student: Each program offered by JFK Medical Center 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)

Check One

- Nursing
- Radiography
- Nuclear Medicine Technology
- Radiation Therapy
- Diagnostic Medical Sonography

EVALUATOR'S NAME (Please Print)

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, 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 _____

EVALUATOR'S NAME: Please print _____

SIGNATURE OF EVALUATOR _____

TITLE _____

INSTITUTION/COMPANY _____

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

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



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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
JFK Muhlenberg Harold B. & Dorothy A. Snyder
School of Nuclear Medicine Technology

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

The School has graduated 12 classes of students since its inception in September 1998. Of the 8 graduates from this Amplified Program in Nuclear Medicine Technology in 2010, zero (0) students were first time, full time, degree seeking students. The majority of students have either completed an earlier degree or are "transfer-in" students and not classified as first time, full time, degree candidates.

How our graduates are doing:

Class of 2010.....	9	Enrolled	8 (89%)	Graduated	1	Withdrew
Employed in the profession.....	5	Employed (62%)	within 6 mos. of graduation			
National certification ...NMTCB..	7	Graduates (88%)	chose to sit for the certifying examination of the NMTCB and successfully passed the exam on the first attempt.			
	1	Graduate (12%)	chose not to seek certification at this time			

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. In order to complete the clinical assignments of the School and to perform all procedures required of the nuclear medicine technologies in the work place, corrective devices are permitted to meet the minimum physical requirements.

To enter the Nuclear Medicine Technology Program, the applicant must be able to:

1. Communicate in English in order to converse with and instruct patients, to relieve their anxiety, and to gain their cooperation.
2. Hear a patient talk in a normal tone from a distance of 15 feet.
3. Observe the patient in order to assess his condition and/or needs from a distance of 15 feet.
4. Read a patient's medical chart and/or physician's orders.
5. Evaluate nuclear medicine images using a view box or computer terminal to make certain that the films contain proper identification and are of diagnostic value.
6. Render services and/or assistance to all patients depending on the individual patient's needs and abilities when moving, turning, getting on and off the imaging table or stretcher, and when moving in and out of a wheelchair.
7. Push, pull and lift 40 pounds.
8. Push and manipulate a portable nuclear medicine camera in turning corners, maneuvering on and off elevators, and within a patient's room.
9. Manually move and maneuver the nuclear medicine camera head at heights of up to 5 feet.
10. Manipulate syringes and vials that are shielded in lead without spilling or dripping any of the contents, and without contaminating the needle.
11. Use dials, buttons, switches, and computer keyboards to maneuver the camera head and prepare instruments for nuclear medicine studies.
12. Place film cassettes in imaging units, and load and unload film from cassettes.
13. Physically be able to administer emergency care such as CPR, as necessary.
14. Physically be able to stand for periods as long as two hours and to walk a distance of two miles during a normal workday.
15. Have compassion for and be willing to work with ill and terminally ill patients.
16. Tolerate the sight of blood, sores, and wounds.
17. Assist patients with elimination needs without being offended or embarrassed.
18. Willingly work as both a team member and independently in a busy environment.
19. Perform multiple tasks concurrently without losing focus on either task.
20. Correctly perform algebra-level calculations using a scientific calculator, in order to prepare radiopharmaceuticals, to determine patient doses and to perform radiation safety procedures.

I have read this form and understand the contents therein:

Signature

Print Name Clearly

Date

Return with your application