



CENTER FOR ALLIED HEALTH EDUCATION

*SCHOOL OF DIAGNOSTIC IMAGING
ADVANCED IMAGING PROGRAM*

***COMPUTED TOMOGRAPHY IMAGING
FELLOWSHIP PROGRAM
CATALOG***

Revised 08/11

Computed Tomography Imaging Fellowship Program

Program Objective

The Advanced Medical Imaging Program offers graduate Radiographers a unique opportunity to broaden their career alternatives. Students receive didactic and clinical education in state of the art advanced imaging techniques. Upon completion of the program, the student will have completed all clinical requirements for certification exam in Computed Tomography Imaging offered by the ARRT.

Mission Statement

The Mission of the Cooper University Hospital Computed Tomography Fellowship Program is to provide didactic and clinical education to registered radiographers and to graduate competent Computed Tomography Imaging technologist. Graduates will be capable of performing a wide range of procedures in the field of Computed Tomography Imaging.

Program Goals

The Program's mission is measured by the student reaching the following goals.

- 1.0 Provide an educational experience that will promote learner success by:
 - 1.1 Establishing equitable and advisory admission practices
 - 1.2 Providing appropriate instruction and educational support services.
 - 1.3 Providing occupational placement assistance.

- 2.0 The program will provide the employment community with graduates exhibiting accepted knowledge, practical skills and problem solving abilities to:
 - 2.1 Providing the student the skills necessary to produce quality diagnostic computed tomography images.
 - 2.2 Provide appropriate patient care
 - 2.3 Maintain a safe clinical environment.
 - 2.4 Exhibit effective communication
 - 2.5 Maintain ethical and professional values and standards.

The Program adheres to the following minimum standards: Program graduates will be awarded certificates within 150% of the published program length.

General Information

Classes are admitted in September and ends in February/early March dependent upon start date. Didactic classes are always held at the Cooper University Hospital in Camden, New Jersey.

Didactic classes will be offered the first 24 weeks of the program. Clinical rotations will also begin in September and continue until the end of the six month period. Approximately 96 hours will be dedicated to didactics and clinical rotations will total approximately 575 hours over the 6 month period.

Admission Requirements

Admission requirements vary by Program. In general candidates for admission are limited to:

1. Radiographers holding a valid ARRT certificate in Radiography and where appropriate a valid license.
2. Student Radiographers with a graduation date prior to the start of a given class.
3. Other Radiologic Science practitioners having primary ARRT certification or qualifying for the ARRT examinations in the specialty area.
4. Some background in cross-sectional anatomy.
5. A minimum of a 3.0 GPA in Radiography school and college level courses.
6. Applicants will be required to participate in a shadow visit and an interview.

Application forms and other inquiries regarding this program should be addressed to:

Cooper University Hospital
 Advanced Imaging Program – CT Fellowship
 One Cooper Plaza Dorrance 408 South
 Camden, New Jersey 08103

Inquiries may be directed by phone (between 10AM and 3PM) Monday, Thursdays and Fridays at (856) 968-7268 or email: tartaglione-mary@cooperhealth.edu or www.cooperhealth.org and click on to Allied Health Education.

Please Note: The Advanced Imaging Program will admit qualified students regardless of race, color, sex, religion, national / ethnic origin, handicap or sexual orientation. All programs are available to all students enrolled within the Medical Radiography School. Education and admission policies, scholarship / loan programs and other school sponsored programs are administered without discrimination.

Example of Course Sequence

First Semester

Course #	Course Title	Semester Units	Clock Hours
CT 101	Instrumentation/Physics	3	40
CT 102	Cross Sectional Anatomy	2	24
CT 103	Patient Care/Pharmacology/Contrast Media	.5	6
CT 104	Clinical Education I	3	144
CT 105	Clinical Education II	3	144

Second Semester

Course #	Course Title	Semester Units	Clock Hours
CT 201	Procedures and Pathology	2	24
CT 203	Clinical Education III	4	144
CT 204	Clinical Education IV	4	144
CT 205	CT Review Seminar	1	16
CT 206	Venipuncture	.5	4

Didactic Hours:

1 unit = 1 hour per week for 12 weeks

Clinical Hours

.5 unit = 24 hours per week for 6 weeks

Grades

Final academic grades are based on classroom participation, attendance, performance on test materials and other course assignments. Grades are computed for each course and determined by the total accumulation of percentage points based on the following scale:

100-93 = A	82-78 = C
92-90 = B+	77-75 = D+
89-86 = B	74-70 = D
85-83 = C+	Below 70 = F

Students are required to maintain a “C” for all academic courses attempted.

Tuitions and Fees

The following fee schedule shall apply:

Application fee:	\$35.00
Basic Tuition:	\$4500.00 / course
Installment fee:	\$30.00 / payment
Return check fee:	\$25.00
Deposit:	\$500.00, Non-refundable, but deductible from tuition
Late Fee:	\$35.00

Alternate payment schedules shall be distributed prior to and during orientation. Tuition not paid by the due date will be surcharged a late fee and student matriculation may be affected. Payments are accepted by credit or debit card, or money order made payable to: School of Diagnostic Imaging. Checks are no longer accepted for deposits or tuition payments.

Refund Policy

A student, who voluntarily withdraws, is dismissed for failure to maintain satisfactory progress, or is granted a leave of absence may be eligible for a tuition refund. The student must advise the Program, in writing, of their intention to withdraw and formally request a refund. The effective action date shall be the date the Program receives such notification. Deposits and fees are not refundable. The following schedule shall apply in all cases:

Withdrawal prior to the first class day.....	100% refund
Withdrawal first to second class week.....	80% refund
Withdrawal third to fourth class week.....	60% refund
Withdrawal fifth to sixth class week.....	40% refund
Withdrawal after sixth class week.....	0% refund
Students dismissed for violation of Program policy are NOT eligible for refunds!	

Financial Aid

The Advanced Imaging Program does not qualify for Title IV financial aid. These programs may qualify for Veteran or other benefit programs. Financial aid questions to be directed to Sherri Glemser at 856-342-3277.

Books

Textbooks are pre-ordered for students through a medical book supplier. Students are responsible for the cost of all text and other books.

Living Expenses

Students must provide their own living expenses including accommodations, meals, parking and other related expenses.

Uniforms

Students are expected to provide their own uniforms for clinical activities. Standard uniforms are suggested for all clinical experiences.

Program Attendance

Attendance at all class sessions is required. Missed assignments, tests, etc. are the responsibility of the individual student. Attendance for class and clinical rotations are mandatory for successful completion of the program

Conduct

Since students directly reflect the image and policy of the Program, they are expected to convey a professional attitude to patients, peers and staff. Students are expected to conform to all the rules and regulations of a given clinical or academic environment.

Clinical Education

Clinical education will begin in conjunction with classes. Clinical rotations for the first 12 weeks will be observation only. Clinical rotations for the observation period will be approximately 20 hours per week. Clinical rotations after the didactic portion of the program will be approximately 32 hours per week and may be completed during the day, evening or weekend hours.

The following Clinical Education Sites may be available:

- Cooper University Hospital, Camden, NJ
- Cooper at Voorhees, Voorhees, NJ
- Kennedy Health System, Turnersville and Stratford, NJ
- Robert Wood Johnson Medical Center, Hamilton, NJ

The above listing is current as of this publication date.

Program Completion

Students satisfactorily completing the entire program are awarded a certificate in Advanced Medical Imaging within the concentration. Satisfactory completion is defined as completion of all Program academic and financial obligations.

Other Considerations

Applicants are advised that the American Registry of Radiologic Technologists (ARRT) administer certification examinations in Computed Tomography. For more specific information relative to certification examination requirements please directly contact:

The American Registry of Radiologic Technologists
1255 Northland Drive
St, Paul, MN 55120
(601)687-0048
www.arrt.org

Notice:

The School of Diagnostic Imaging (Medical Radiography) reserves the right to change regulations, tuition, academic and clinical sites or course content described herein without prior notification. The provisions of this catalog are not to be regarded as an irrevocable contract between school and applicant.

**COOPER UNIVERSITY HOSPITAL
SCHOOL OF DIAGNOSTIC IMAGING
ADVANCED IMAGING PROGRAMS**

CT FELLOWSHIP

APPLICANT INSTRUCTIONS

1. Read all enclosed materials.
2. Complete and return the following items:
 - A. Signed and completed application form
 - B. Non-refundable application fee of \$35.00
 - C. A copy of your ARRT credentials and /or NJ license
 - D. 3 recommendations
3. Please indicate, on your application, your choice of starting class.
4. All application must include day phone number.
5. All application materials must be received before June 30 for the September class session.
6. You will be notified, in writing, when we receive your completed application. Incomplete applications will be returned.
8. Return all application materials to:

Cooper University Hospital
Advanced Imaging Programs – CT Fellowship
One Cooper Plaza – Dorrance 408 South
Camden, NJ 08103
9. Questions? (856) 968-7268 or tartaglione-mary@cooperhealth.edu



Diagnostic Imaging Programs
Advanced Imaging Programs
 One Cooper Plaza, D-408 South
 Camden, NJ 08103
 Phone: 856-968-7268

ADMISSION APPLICATION

Application Fee: \$35.00

Please type or print in ink!

I am applying for the CT FELLOWSHIP Class starting: September 20____ (Yr)

PERSONAL INFORMATION (PRINT)

Applicant Name
 (Mr.) (Mrs.) (Ms.) _____
LAST FIRST MIDDLE INITIAL

* If the information needed to process this application is located under a different name, please place the name(s) in the space provided below.

Mailing Address: _____

City, State Zip Code

Last 4 digits of SS# _____ Home Phone # _____

Cell Phone # _____

Email address _____

EDUCATION INFORMATION

List **all** colleges or other post- secondary institutions attended. Request each institution listed to forward an **official** transcript.

Institution Name	Dates Attended	Credit Hours	Degree

	Address	Year Graduated
School of Medical Radiography NAME _____		
ARRT# _____ NJ License # _____ Please submit copy of each		

EMPLOYMENT INFORMATION

Are you currently employed? Yes No
Please list your three most recent employment experiences.

Employer Name/ Address	Dates Employed	Employment Type	Health Related

I certify that the information given on this application is complete and correct to the best of my knowledge. I understand that I am responsible for arranging and forwarding official transcripts from all schools listed and that such transcripts shall become the property of Cooper University Hospital, School of Diagnostic Imaging and will not be returned to me or any other third party. I understand that my acceptance with the Computed Tomography Fellowship Program is subject to verification of official records and that applicants will be disqualified for knowingly making false or inaccurate statements or for material omissions. I understand that this application is the initial step in the overall candidate process and in no way constitutes an agreement of acceptance.

Signature _____ Date _____

Please mail completed form with application fee to:

**Cooper University Hospital
Advanced Imaging Programs – CT Fellowship
One Cooper Plaza- Dorrance 408 South
Camden, NJ 08103**

Cooper Health System is committed to providing Equal Education and Employment Opportunity to all qualified persons regardless of their economic or social status and does not discriminate in any of its policies, programs or activities on the basis of sex, age, race, martial or parental status, disability or religious affiliation.



Diagnostic Imaging Programs
Advanced Imaging Programs
One Cooper Plaza, D-408 South
Camden, NJ 08103
Phone: 856-968-7268

Recommendation Request - CT Fellowship

To be completed by applicant (please print clearly).

Applicant Name: _____

Address: _____

Recommender:

Please complete and return this form as soon as possible. Please return to:

Cooper University Hospital
% CT Fellowship Program
One Cooper Plaza Dorrance 408 South
Camden, NJ 08103

All applicants are required to have recommendations by non-related individuals submitted prior to an interview. The recommender is asked be as frank and honest as possible. A short letter of explanation may follow applicable comments. All responses provided will be maintained in strict confidence.

I have known the applicant for approximately _____ months/years. My relationship with the applicant is/was in the following capacity:

Employer___ Supervisor___ Teacher___ Counselor___ Clergy___ Other (specify):

I have known her/him very well, _____ fairly well, _____ casually, _____

What special strengths/assets does this applicant possess?

Does the applicant like to work with people? Give an example.

Do you think that this individual would be able to perform as a CT technologist?
 Why or why not?

Relative to persons of similar backgrounds, education and professional interest, how would you rate this applicant regarding each of the listed characteristics? (Place an "X" in the column that would best describe the applicant.)

Characteristic	Above Average	Average	Below Average	Not Applicable
Academic Ability				
Written Communication				
Oral Communication				
Initiative & Motivation				
Assertiveness				
Cooperativeness				
Dependability				
Supervisor relations				
Peer relations				
Personal Appearance				
Integrity				
Maturity				

Other Comments:

Which of the following statements would apply to this applicant?

- Highly recommended
- Recommended
- Recommended, with reservation.
- Not able to recommend

 Recommender Signature and Date

Name (Print) _____

Business: _____

Address: _____
