# FORT HAYS STATE UNIVERSITY DEPARTMENT OF ALLIED HEALTH CERTIFICATE IN MEDICAL DIAGNOSTIC IMAGING

## **APPLICATION FORM**

The FHSU Department of Allied Health offers radiologic technologists certificates in several modalities of advanced imaging.

# **ELIGIBILITY REQUIREMENTS:**

- Must have earned an Associate's Degree or certificate in Radiologic Technology from an accredited program.
- 2. Must be registered and in good standing with the ARRT.

# **Certificate in Computed Tomography (CT)**

	TOTAL	16 Credit Hours
•	MDI 413 CT Physics & Instrumentation	4 Credit Hours
•	MDI 412 CT Procedures	4 Credit Hours
•	MDI 411 Sectional Pathology & Variant Anatomy	4 Credit Hours
•	MDI 410 Cross-sectional Anatomy: Normal	4 Credit Hours

# **Certificate in Magnetic Resonance Imaging (MRI)**

	TOTAL	16 Credit Hours
•	MDI 431 MRI Procedures	4 Credit Hours
•	MDI 417 MRI Physics & Instrumentation	4 Credit Hours
•	MDI 411 Sectional Pathology & Variant Anatomy	4 Credit Hours
•	MDI 410 Cross-sectional Anatomy: Normal	4 Credit Hours

## **Certificate in Women's Imaging**

	TOTAL	<b>8 Credit Hours</b>
•	MDI 424 Advanced Mammography/Radiologic Techs	2 Credit Hours
•	MDI 423 Principles of Bone Densitometry	4 Credit Hours
•	MDI 419 Mammography for Radiologic Technologists	2 Credit Hours

#### **Certificate in Healthcare Administration**

	TOTAL	12-14 Credit Hours
•	MDI 433 Emerging Issues in Healthcare Administration	4 Credit Hours
•	MDI 432 Managing Change in Healthcare	4 Credit Hours
	<ul> <li>Optional Preceptorship</li> </ul>	1 Credit Hour
•	MDI 430 PACS Administration	2 Credit Hours
	<ul> <li>Optional Preceptorship</li> </ul>	1 Credit Hour
•	MDI 420 Leadership & Management in Radiology	3 Credit Hours

## **APPLICATION FORM**

You will apply to the University as a non-degree seeking student, which means you do not need to submit transcripts to FHSU. Please use the checklist on the next page to make sure you submit all application materials to the Allied Health Department. Your application for admission will not be reviewed until all materials are received.

Contact Information:		
Full Name:		-
ARRT #: (required)		-
Mailing Address:		
City/State/Zip:		-
Phone: Email Address:		
Certificate you are pursuing:		
☐ MRI		
Women's Imaging		
Healthcare Administration		
Before beginning any optional clinical experience re required to complete an application for liability insu applicant to provide personal information such as: r security number, or other necessary information for also require this information for state licensure.	rance purposes, which may rec name, date of birth, address, va	quire the lid social
Notice of Non-discrimination: Fort Hays State Univergender, race, religion, national origin, color, age, may veteran status in its educational programs, employing affirmative action, coordinator of Title IX, Title VI, Secontacted at 600 Park Street, Hays, KS 67601-4099,	rital status, sexual orientation, nent and all other activities. The ection 504 and ADA regulations	disability or e director of
Signature:	Date:	