



SCHOOL OF RADIOLOGIC TECHNOLOGY
Accredited by the JRCERT since 1964

APPLICATION FOR ADMISSION

NAME _____ DATE _____
(Last) (First) (M.I.)

ADDRESS _____
(Street) (City) (State) (Zip) (County)

TELEPHONE _____ SS# _____

Will you be 18 by July 1st? YES _____ NO _____ Home E-mail address _____
Are you a previous applicant? YES _____ NO _____ If "YES", when did you apply? _____

In emergency, contact _____
(Name) (Address) (Telephone)

EDUCATION

HIGH SCHOOL _____
(Name & Address)
(City) (State) (Zip) (Telephone)
Graduation Date _____ Diploma _____ or GED _____

COLLEGE/
UNIVERSITY _____
(Name & Address)
(City) (State) (Zip) (Telephone)
Graduation Date _____ Degree: _____ Associate _____ Bachelor _____ Master _____ Doctorate
If you did not graduate, how many hours of credit have you earned? _____

TECHNICAL/
VOCATIONAL/
BUSINESS _____
(Name & Address)
(City) (State) (Zip) (Telephone)
Graduation Date _____ Degree or Certificate awarded? _____

OTHER
SCHOOLING _____
(Name & Address)
(City) (State) (Zip) (Telephone)
Graduation Date _____ Degree or Certificate awarded? _____

MILITARY SERVICE: Branch _____ Rank _____ Discharge Date _____

REFERENCES

On a separate sheet of paper, type the names and address of three people familiar with your abilities. Incomplete address may reflect negatively on your application. **DO NOT** include relatives. A high school senior should include a teacher, counselor or principal.

EMPLOYMENT

Are you presently employed? Yes _____ No _____ Your Position: _____

Name of Employer: _____ Telephone: _____

Employer Address: _____
(Street address) (City/State) (Zip)

Name of supervisor _____ May we contact? _____ Yes _____ No

GENERAL INFORMATION

1. Have you ever been employed in healthcare? Yes _____ No _____ Your position? _____
Name of facility? _____

2. Have you ever volunteered at a healthcare facility? Yes _____ No _____ Did you have direct patient contact? Yes _____ No _____
Name of facility? _____

3. Do you have a relative employed in healthcare? Yes _____ No _____ Name? _____
Name of facility? _____
Relationship to you? _____

4. Have you ever been dismissed, suspended or placed on probation from any school or job? Yes _____ No _____
If yes, please explain on a separate sheet of paper.

5. Have you ever been convicted of a misdemeanor or felony? Yes _____ No _____

NOTE: Convictions or charges resulting in any of the following must also be reported: plea of guilty, plea of nolo contendere (no contest), withheld or deferred adjudication, suspended or stay of sentence, military court-martial

SUBMISSION OF APPLICATION

Please submit your **official** grade transcripts from high school and all post-secondary education. Also submit a cover letter describing yourself, any medical background you may have and why you wish to become a Radiologic Technologist. Include a resume and the application fee of \$30.00 (make checks out to Hancock Regional Hospital). Omission of any required mentioned items will be just cause for rejection of the application without contact by the school. Your applications must be received in the radiology department of Hancock Regional Hospital by **3:00 pm on February 15th or by 3pm the Friday prior, if Feb. 15 falls on a weekend**. Applications received after that time will not be accepted.

Acceptance is dependent upon submission of the required material, meeting or exceeding the prerequisites, observation of the radiology department, successful completion of all testing and interviews, and submission of the required health and physical forms after being selected as a member of the class.

Student selection will not be discriminatory with respect to race, color, creed, sex, age, disability, or national origin.

To the best of my knowledge, the information given is truthful and complete. I understand that I may be refused acceptance or dismissed from the program after acceptance if any of the information submitted is false or misleading.

Signature of Applicant

Date