

Expect the Extraordinary

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 \_\_\_\_\_ HOME E-mail address \_\_\_\_\_

Will you be 18 by July 1st? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a previous applicant? YES \_\_\_\_\_ NO \_\_\_\_\_ If "YES", when did you apply? \_\_\_\_\_

In emergency, contact \_\_\_\_\_  
(Name) (Address) (Telephone)

**EDUCATION: High School and ALL post secondary institutions attended**

HIGH SCHOOL \_\_\_\_\_  
(Name & Address)

(City) (State) (Zip) (Telephone)  
Graduation Date \_\_\_\_\_ Diploma \_\_\_\_\_ or GED/HSE \_\_\_\_\_

COLLEGE/  
POST SECONDARY \_\_\_\_\_  
(Name & Address)

(City) (State) (Zip) (Telephone)  
Graduation Date \_\_\_\_\_ Degree or Certificate awarded or number of credits to date: \_\_\_\_\_

COLLEGE/  
POST SECONDARY \_\_\_\_\_  
(Name & Address)

(City) (State) (Zip) (Telephone)  
Graduation Date \_\_\_\_\_ Degree or Certificate awarded or number of credits to date: \_\_\_\_\_

COLLEGE/  
POST SECONDARY \_\_\_\_\_  
(Name & Address)

(City) (State) (Zip) (Telephone)  
Graduation Date \_\_\_\_\_ Degree or Certificate awarded or number of credits to date: \_\_\_\_\_

*If you have attended more than 3 post secondary institutions please fill out another page 1 with only your name in the top section and your additional education information in the lower section.*

**MILITARY SERVICE: Branch \_\_\_\_\_ Rank \_\_\_\_\_ Discharge Date \_\_\_\_\_**

801 North State St. • Greenfield, IN 46140

317-468-4468 • Fax: 317-468-4629

[pwelage@hancockregional.org](mailto:pwelage@hancockregional.org)

## References

On a separate sheet of paper:

pg. 2

1) the name of two **professional references** (supervisor, teacher, or other work/school related individuals)

2) provide a **telephone number - include area code**

**These references will be contacted, via phone, by the program faculty. Please tell them to expect a phone call.**

## EMPLOYMENT

Are you presently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ Your Position: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
(Street address) (City/State) Ziip

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 provide direct patient care? Yes \_\_\_ No \_\_\_  
Facility name, contact person, phone # \_\_\_\_\_

Approx. number of volunteer hrs \_\_\_\_\_

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

4. Have you ever been dismissed, suspended, placed on probation, or withdrawn due to academic failure from a school?  
No \_\_\_\_\_ Yes \_\_\_\_\_

Have you ever been dismissed, suspended, or placed on probation from any job? No \_\_\_\_\_ Yes \_\_\_\_\_

*If yes to either of the above, please explain on a separate sheet of paper.*

5. Have you ever been convicted or charged with any of the following? No \_\_\_\_\_ Yes \_\_\_\_\_

**Felony or misdemeanor (not including speeding tickets or parking violations unrelated to alcohol); alcohol or drug related violations; court martial; violations of state or federal narcotics or controlled substance laws (even if no charge or conviction was issued); disciplinary actions related to professional license, permit, registration or certification; violations of an honor code related to ARRT certification**

## SUBMISSION OF APPLICATION

1. OFFICIAL transcripts (no copies) from high school and ALL post secondary education (may be emailed directly to the school from a transcript service or we can receive the transcript(s) in the original, sealed envelope from the institution)

2. Cover letter describing yourself, any medical background you may have, and why you wish to become a radiologic technologist

3. Resume

4. Non refundable Application fee of \$30 (check or money order ONLY made out to Hancock Regional Hospital -- **NO CASH**)

5. Name and complete telephone number for 2 references as described above under "References"

6. IVTCC advising form if applicable

7. Application signed and dated; send to Hancock Regional Hospital, ATTN: School of Radiology, 801 N. State St, Greenfield, IN 46140

**Omission of any required items will be just cause for rejection of the application without contact by the school.**

*Your application and all required items must be received by the school by 4pm on the deadline date listed on our web site. Late applications are not accepted.*

Acceptance is dependent upon submission of the required materials, meeting the prerequisites, two observations at two different clinical sites, successful completion of all requirements and interviews, and successful completion and submission of the required health forms after being selected as a member of the class. Prerequisite courses must be passed with a "C-" or better.

*It is the policy of Hancock Regional Hospital to give equal opportunity to all individuals without regard to race, color, religion, sex, age, national origin or ancestry, military status, physical or mental disability, or on the basis of a person's gender identity.*

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

V; Stud selec;info pkt rev. 6/14,5/15,12/15,2/17,4/18, 3/19,2/20,6/22

Date