

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: _____

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 _____

On a separate sheet of paper:

1) the name of **one professional reference** (someone you work/worked with) **AND** **one personal reference** (someone who knows you in any capacity other than work, such as a teacher)

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)

(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 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

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | 1. OFFICIAL transcripts from high school and ALL post secondary education (may be mailed directly to the school) |
| <input checked="" type="checkbox"/> | 2. Cover letter describing yourself, any medical background you may have, and why you wish to become a radiologic technologist |
| <input checked="" type="checkbox"/> | 3. Resume |
| <input checked="" type="checkbox"/> | 4. Application fee of \$30 (make checks out to Hancock Regional Hospital) |
| <input checked="" type="checkbox"/> | 5. Name and complete telephone number for 2 references as described above under "References" |
| <input checked="" type="checkbox"/> | 6. ITCC advising form or VU advising form if applicable |
| <input checked="" type="checkbox"/> | 7. Application |

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 or exceeding 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

Date