



**MEDICORP HEALTH SYSTEM
SCHOOL OF RADIOLOGIC TECHNOLOGY**

APPLICATION FOR ADMISSION

Date: _____
Reapplication: Yes No

PERSONAL INFORMATION

LAST NAME		FIRST NAME			MIDDLE INITIAL
FORMER NAME		HOME PHONE () -	WORK PHONE () -	CELL PHONE () -	
STREET ADDRESS			CITY	STATE, ZIP CODE	
ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No			Sex: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME? Other than speeding or parking tickets <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please attach an explanation on a separate sheet of paper. Be aware if the criminal background check comes back positive you will need to be declared pre eligible by the ARRT in order to enroll in the program.					
COUNTY OF RESIDENCE			RACE: <input type="checkbox"/> WHITE <input type="checkbox"/> HISPANIC (NOT OF WHITE ORIGIN) <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> OTHER _____		
EMERGENCY CONTACT INFORMATION					
NAME		RELATIONSHIP		PHONE () -	

EDUCATION HISTORY

SCHOOL	NAME	CITY	STATE	DATES		GRADUATED?	DEGREE	MAJOR
				FROM	TO			
High School								
General Equivalency Diploma								
College								
Grad School								
Other School								

Please attach along with application and \$35 application fee, original transcripts to show proof of all applicable prerequisite classes taken. Include a copy of your high school diploma or high school transcripts. Transcripts can also be mailed to us separately from institution. If prerequisite classes are still in process of being completed, the transcript needs to have that class listed to be taken in the following semester. Once all information listed above is received, the application will then be ready for review.

EMPLOYMENT HISTORY

Please describe any employment that you believe has helped prepare you for a career in Radiologic Technology.

JOB TITLE	EMPLOYER	DATES OF EMPLOYMENT	
		FROM	TO
BRIEF DESCRIPTION OF JOB RESPONSIBILITIES			

EMPLOYMENT HISTORY *(continued)*

JOB TITLE	EMPLOYER	DATES OF EMPLOYMENT	
		FROM	TO

BRIEF DESCRIPTION OF JOB RESPONSIBILITIES

REFERENCES

Please list three references who are *not* relatives. Complete names, addresses and telephone numbers must be included.

	NAME	ADDRESS	PHONE <i>(include area code)</i>
1.			
2.			
3.			

In the space below briefly relate, in your own handwriting, any information you would like the admissions committee to be aware of with regard to your application.

I hereby authorize the MediCorp Health System School of Radiologic Technology to contact any schools, former places of employment, law enforcement agencies, references, and persons who may aid the school in determining my suitability for training. Additionally, I release those individuals and/or organizations contacted from all liability whatever for providing the requested information. If requested, I will arrange to have scholastic transcripts forwarded to the School of Radiologic Technology.

I certify that the above statements are true and correct to the best of my knowledge. If accepted for admission, I will abide by the rules and regulations of the MediCorp Health System School of Radiologic Technology.

SIGNATURE OF APPLICANT	DATE
Email address so we can contact you.	