



SCHOOL OF RADIOLOGIC TECHNOLOGY

ACCREDITED BY THE JRCERT

APPLICATION FOR ADMISSION

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

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

TELEPHONE _____ **HOME EMAIL 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 _____ **DISCHARGE DATE** _____
WILL YOU BE APPLYING FOR VA BENEFITS TO PAY FOR SCHOOL OF RADIOLOGY TUITION? **YES** _____ **NO** _____

REFERENCES

On a separate sheet of paper:

- 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) (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 Have you ever been dismissed, suspended, placed on probation, or withdrawn due to academic failure from a school? YES NO

HAVE YOU EVER BEEN DISMISSED, SUSPENDED, OR PLACED ON PROBATION FROM ANY JOB? YES NO

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? YES NO

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

See p. 3 of this document for submission of application instructions. Our application cannot be submitted electronically or via email at this time. Information about sending transcripts may also be found on p. 3 of this document.

INCLUDE THE FOLLOWING WITH YOUR APPLICATION

- 1. Cover letter describing yourself, any medical background you may have and why you wish to become a radiologic technologist.
2. Resume
3. Non refundable Application fee of \$30 (check or money order ONLY made out to Hancock Regional Hospital -NO CASH)
4. Name and complete telephone number for 2 references as described above under "References"
5. IVY Tech advising form if you will receive IVY Tech degree after completing our program.
6. Application signed and dated; MAIL 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 DATE

INSTRUCTIONS FOR SUBMITTING AN APPLICATION

DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION MATERIALS

1. Include all materials listed on page 2 of the application. Be sure to sign and date the application.
2. Ivy Tech Advising Form: If you are taking prerequisite courses through Ivy Tech for our program, and will be receiving an AAS from Ivy Tech at the end of our program: be sure to include a completed Ivy Tech prerequisite advising form, signed by your Tech advisor, with your application materials.

This form is available on our website:

Click on "Information for Applicants Without a Degree;
Click on "Click here to print or view Ivy Tech prerequisite advising form"

3. Application and additional documents must be mailed to the program OR personally delivered to the School of Radiologi Technology.

- a. If you mail your application and documents: Hancock Regional Hospital, ATTN School of Radiology
801 N. State St, Greenfield, IN 46140
- b. If you personally deliver your application and documents:

Call **(317) 468.4468** or email **pwelage@hancockregional.org** to make an appointment

DO NOT DROP OFF YOUR APPLICATION ANYWHERE IN THE HOSPITAL YOU MUST MAKE AN APPOINTMENT WITH THE PROGRAM DIRECTOR IF YOU WISH TO DELIVER IN PERSON

4. **ALL** application materials and transcripts must be received by the deadline listed on our website. Late applications or transcripts will not be accepted.

INSTRUCTIONS FOR TRANSCRIPTS

1. For transcripts to be **OFFICIAL**:
 - a. they must be emailed to the program from the institution or a transcript service
(Parchment is one type of service)
 - OR**
 - b. mailed directly to our program from the institution in an unopened, sealed envelope.
2. If having transcripts sent electronically from a school or transcript service:
 - a. If coming from most colleges, including Ivy Tech, they must be requested from the college website
 - b. have them emailed to: **pwelage@hancockregional.org**
3. If having transcripts mailed from the institution
 - a. **Mail to:** Hancock Regional Hospital
ATTN: School of Radiology
801 N. State St.
Greenfield, IN 46140
4. You must have **ALL** transcripts sent from any high school or college that you have attended.
5. **ALL** transcripts and application materials must be received by the application deadline. Late transcripts or applications will not be accepted.