

## HARRISONBURG, VA 22801 540-564-7230

## APPLICATION FOR APPOINTMENT AS STUDENT RADIOLOGIC TECHNOLOGIST

| 1.     | ONAL DATA<br>Name  |          |                        |          |                             |                           |                      |     |                   |                       |  |
|--------|--|----------|------------------------|----------|-----------------------------|---------------------------|----------------------|-----|-------------------|-----------------------|--|
|        | Las  | First    | Middle                 |          | -                           | all other last names used |                      |     |                   |                       |  |
|        | Address_   |          |                        |          |                             |                           |                      |     |                   |                       |  |
|        |  |          | Street & Numbe         | er       | City                        |                           |                      | Sta | te                | Zip                   |  |
|        | Social Sec   | curity   | #                      | Preferre | Preferred phone #           |                           |                      |     |                   |                       |  |
|        | Email Address  |          |                        |          | Alternate phone #           |                           |                      |     |                   |                       |  |
| 2.     | Have you ever been convicted of a felony or misdemeanor?YESNO<br>If yes, please provide additional information. A conviction record will not necessarily<br>disqualify you from consideration. |          |                        |          |                             |                           |                      |     |                   |                       |  |
| 3.     | If you have been convicted of a felony or misdemeanor contact the ARRT @ 651-687-0048 to see if you will be eligible to take the National Registry Exam prior to sending in your application.  |          |                        |          |                             |                           |                      |     |                   |                       |  |
| 4.     | Person to notify in case of an emergency   |          |                        |          |                             |                           |                      |     |                   |                       |  |
|        | Name   | Relation | Relationship           |          |                             |                           |                      |     |                   |                       |  |
|        | Telephone #  |          |                        |          | Email                       | Email                     |                      |     |                   |                       |  |
| EDUC   | ATION  |          |                        |          |                             |                           |                      |     |                   |                       |  |
| School |  |          | e & Location of School |          | Years Attended<br>From - To |                           | Did You<br>Graduate? |     | Diploma or Degree |                       |  |
| High S | School   |          |                        |          |                             |                           |                      |     |                   |                       |  |
| Colleg | je   |          |                        |          |                             |                           |                      |     |                   |                       |  |
|        |  |          |                        |          |                             |                           |                      |     |                   |                       |  |
| WORK   |  | NCE      |                        |          |                             |                           | I                    |     |                   |                       |  |
|        | Employer   |          | Title                  | Jo       | Job Duties                  |                           | From - To            |     | son for<br>aving  | Supervisor<br>Phone # |  |
|        |  |          |                        |          |                             |                           |                      |     |                   |                       |  |

## GENERAL

- 1. Have you applied to this program previously?
- 2. Have you ever been accepted or attended any other Radiologic Technology School? If so, why did you not complete the program?
- 3. Why did you choose this profession/career? What are your career goals?(Essay Question 200 words or less)

## APPLICANT'S STATEMENT

The above information is true and complete to the best of my knowledge. If accepted to the Sentara RMH School of Radiologic Technology, I agree to abide by the rules of the school. I understand any conduct or performance detrimental to the school or infringement of its rules will subject me to dismissal.

DATE\_\_\_\_\_SIGNED\_\_\_\_\_

Send Application, Recommendations, Sealed Official Transcripts, and \$25.00 Application Fee to:

School of Radiologic Technology Sentara RMH Medical Center 2010 Health Campus Drive Harrisonburg, VA 22801

<u>Application Deadline is December 1<sup>st</sup> of each year</u>. Application fee is non-refundable. Please have official transcripts from all post-secondary educational institutions you have attended sent to the above address.

Sentara RMH School of Radiologic Technology considers all applicants without regard to race, age, color, religion, sex, marital status, gender identity and expression, sexual orientation, pregnancy, childbirth or related medical conditions including lactation, military status, genetic information, nation origin, disability or any other legally protected status.