



ST. MARY'S
CENTER FOR EDUCATION

ST. MARY'S / MARSHALL UNIVERSITY

Cooperative Degree Programs

TODAY'S DATE: _____

Did you attend the Health Professions Academy at SMMC Center for Education while in high school? Yes* No
 * If Yes, what year did you attend the Health Professions Academy? _____

Have you ever attended Marshall University?
 Yes No

Have you ever applied to St. Mary's?
 Yes No

ADMISSION INFORMATION

Last Name:	First Name:	Middle Name:
Academic Year and Semester You are Applying for:		Marshall University ID (MU 901 #):

Select the program you are applying to:

- School of Medical Imaging
- School of Nursing
- School of Respiratory Care

IMPORTANT NOTICE OF NON-DISCRIMINATION

No qualified candidate in the United States shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination by or in conjunction with St. Mary's Medical Center Cooperative Degree Programs and receiving federal assistance on the basis of age, religion, creed, color, national origin, marital status, sex or handicap.

BACKGROUND CHECK AND DRUG SCREENING REQUIRED

Admission for all students into the program is contingent upon a clear background check and negative drug screening. Each applicant is responsible for the cost of the background check and drug screening.



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ADMISSION CHECKLIST

This checklist is provided to assist you in insuring your application is complete. Please fill in the boxes below as you complete the application.

\$30 application fee enclosed (*Checks may be payable to St. Mary's School of Medical Imaging. Checks are non-refundable.*)

All transcripts (*Official copies*) have been requested to be sent to St. Mary's and Marshall University

High School Marshall University All Other Institutions

Application completed and sent to:

St. Mary's Marshall University

ACT/SAT scores requested to be sent to:

St. Mary's Marshall University

GED certificate sent to:

St. Mary's Marshall University

All sections of the application are completed. Incomplete applications will not be considered.

All sections requiring a signature and date have been signed and dated.

APPLICATION DEADLINES *Admission for sophomore applicants will be accepted only between January 1 and May 15 each year.*

TRANSCRIPT INFORMATION

Before your application can be considered, the program must receive all transcripts from all institutions attended (high school, college and other), ACT scores and GED scores when applicable. All transcripts must be official and be sent directly from the institution.

(Any deviation from this protocol must have Program Director's permission.)

Send the application and transcripts to:

OFFICE OF ADMISSIONS
SMMC School of Medical Imaging
2900 First Avenue
Huntington, WV 25702

Questions?

Deborah Moore, Program Director
phone (304) 526-1259 • fax (304) 526-6030 • Deborah.moore@st-marys.org

ADMISSION INFORMATION

Last Name:	First Name:	Middle Name:	
Other name under which a high school or college transcript may be listed:			
Permanent Mailing Address:			
City:	State:	Zip:	County:
Social Security Number: _____-_____-_____		Telephone Number:	
Marshall University ID (MU 901#):	Email:		
Emergency Contact:	Telephone Number:		

Are you a United States Citizen?

Yes No

If you are not a citizen, are you an alien lawfully authorized to attend school in the United States?

Yes No

EDUCATION INFORMATION

High School Name/Address:		City/State:	
Diploma/Course of Study in:	Last Year Attended:	Last Year Completed: 9 10 11 12	
Did you graduate? Yes No	Did you earn a GED? Yes No <i>If yes, certificate # and state: _____ date: _____</i>		
Did you take the ACT or SAT? Yes No			
Have you ever attended Marshall University? Note: (You must request an official transcript)			Yes No
Have you attended any other colleges or universities? Yes No <i>If yes, list below:</i>			
Institution Name/Address:		City/State:	
Diploma/Course of Study in:	Last Year Attended:	Last Year Completed: 9 10 11 12	
Institution Name/Address:		City/State:	
Diploma/Course of Study in:	Last Year Attended:	Last Year Completed: 9 10 11 12	

STATEMENT OF TRUTH

This application is true and complete to the best of my knowledge.

Signed _____ Date _____

EMPLOYMENT INFORMATION

Please list most recent first.

FROM: (month/year)	TO: (month/year)
Name/Address of Company/Institution:	City/State:
Reason for Leaving:	
Position(s) Held:	
Telephone Number:	Name of Last Supervisor:
Type of Business:	
Briefly summarize experience gained. Include any special training you received:	

FROM: (month/year)	TO: (month/year)
Name/Address of Company/Institution:	City/State:
Reason for Leaving:	
Position(s) Held:	
Telephone Number:	Name of Last Supervisor:
Type of Business:	
Briefly summarize experience gained. Include any special training you received:	

FROM: (month/year)	TO: (month/year)
Name/Address of Company/Institution:	City/State:
Reason for Leaving:	
Position(s) Held:	
Telephone Number:	Name of Last Supervisor:
Type of Business:	
Briefly summarize experience gained. Include any special training you received:	

Please use the space below and on the back of the page to explain periods of unemployment.



PROFESSIONAL CONDUCT

The St. Mary's/Marshall University Cooperative Bachelor of Science in Medical Imaging Program strongly supports the standards of the medical imaging profession and the American Registry of Radiologic Technologists Code of Ethics regarding the need for student radiographers and professional radiographers to be persons of good moral character who demonstrate responsible behaviors.

Applicants are advised that their conduct before and after submitting their application to the School of Medical Imaging will be considered in the admission process. "...Conduct derogatory to the morals or standing of the profession of registered radiographers..." may be reason for denial of admission or dismissal from the program (WV Code 30-7-11(f)). Irresponsible behavior or conduct denoting questionable moral character will include, but not necessarily be limited to the following:

- criminal activities - e.g. DUI, misdemeanors, felonies
- substance abuse - e.g. manufacture, use, distribution, positive results on drug screen
- cheating/dishonesty
- harassment
- domestic violence
- discrimination
- breach of patient confidentiality

Students are advised that their conduct while students both on and off campus could result in dismissal from the program.

Have you ever pled guilty or "no contest" (nolo contendere) to, or been convicted of, violating any law, with the exception of minor traffic violations? Yes No

Important Notice for event of a felony or misdemeanor. The American Registry of Radiologic Technologist may deny eligibility to write the certification exam to individual who have been convicted of felony or misdemeanor.

If yes, attach a description and explanation of your prior conviction history, including date of conviction, court, and details of each violation.

NOTE: Disclosure of a criminal record does not automatically disqualify you from admission consideration.

Signature of Applicant

Date



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DRUG AND ALCOHOL TESTING

St. Mary's/Marshall University Cooperative Bachelor Degree in Medical Imaging has adopted and enforces a Drug and Alcohol policy for all participants in its clinical program.

The School may require students to submit to a drug test during clinical training upon reasonable suspicion or cause. In addition, the School may impose random drug testing for students undergoing treatment and/or rehabilitation for substance abuse who are participating in safety sensitive training, including but not limited to clinical training, externships and internships.

This policy also prohibits the use, possession, transportation, sale or distribution of alcohol or other non-medically prescribed controlled substances in the School or during school sponsored functions or activities. It further prohibits students from attending class or other school sponsored functions or activities while under the influence of alcohol or other non-medically prescribed controlled substances. The terms "School" and "school sponsored functions" broadly include the School premises, classes, parking lots and all situations where a student is representing the School in their capacity as a student.

The School expects excellence in the performance of all its students. If you believe a prescription drug prescribed by your physician may affect your performance, you should consult the Director of the School. The School reserves the right to review a student's drug or controlled substance use occurring outside the School or school sponsored functions to the extent that such use affects the student's class or clinical performance or adversely impacts the School in any way. If the School initiates such a review, the results may include disciplinary action, up to and including expulsion.

Please contact the Director of the School if you have any questions concerning this policy.

Signature of Applicant

Date

APPLICANT SCORING FORM

Name _____

College GPA (Min 2.5) Total _____

2.50-2.74	10 Points	3.50-3.74	30 Points
2.75-2.99	15 Points	3.75-3.99	35 Points
3.00-3.24	20 Points	4.0	40 points
3.25-3.49	25 Points		

College Coursework

A=4 points B=3 points C=2 points Below C=0 (Min-C) Total _____

Course	Grade(x CR)	Enrolled(3-4 points)
Math 121 (Applications in Algebra)	_____	_____
BSC 227 (Human Anatomy)	_____	_____
BSC 227L (lab)	_____	_____
PHY 110 (Physics)	_____	_____
PHY 110 L (lab)	_____	_____
CLS 105 (Medical Terminology)	_____	_____
BSC 228 (Human Physiology)	_____	_____
BSC 228 L (lab)	_____	_____
Statistics	_____	_____

Extra Credit

PHY 203(Gen Physics)	_____	CHM 203(Chemistry) _____
LAS 248(Medical Law)	_____	
BSC 322 (Principles Cell Biology)	_____	
AH 216(Pharmacology)	_____	

ACT Scores	MATH _____	Natural Science _____	Composite _____	Total _____
18 or Less	0 points	23-24	8 points	
19-20	6 points	25-26	9 points	
21-22	7 points	27 or greater	10 points	

High School GPA	GED Composite	Points	Total _____
3.0-2.24	2.5-54	3 points	
3.25-3.49	55-57	4 Points	
3.50-3.74	57.5-59	5 Points	
3.75-3.99	60-62	6 Points	
4.0	62.5	7 Points	

TOTAL POINTS _____