



Applicant:

Thank you for your interest in *St. Mary's Medical Center School of Medical Imaging*. Radiography is a very exciting and dynamic field that offers a wonderful blend of technology and patient interaction. The field also offers many career advancement opportunities in the areas of CT, MRI, mammography, ultrasound, nuclear medicine, radiation oncology and cardiovascular imaging.

Our radiography program is a two year program and is accredited by the *Joint Review Committee on Education in Radiologic Technology*. Please be advised that the radiography program is selective in its admission practices and can only offer a limited number of spaces to applicants each year. *Acceptance into the program is contingent upon a negative drug screening and a clear background check before the start of the first semester. The program reserves the right to request random drug screenings after admittance.*

While we make every reasonable effort to assure that all information within the brochure is accurate, the program may change information contained within the brochure without notice to applicants. Contact program officials if you have any questions.

There is no obligation to apply to the program. However, we can accept applications only from **January 1** to **April 1** of each year. The application process must be completed by April 1st of the year you are applying for admission.

If you have any questions, please feel free to contact me at (304)526-1259 or e-mail: rfisher@st-marys.org. Again, thank you for your interest in the program.

Sincerely,

Dr. Rita Fisher Carroll, PhD, RT(R)(CT)(CV)
Program Director

Revised: 1/26/2004;7/11/05;8/29/05;7/13/07

Application for Admission



School of Medical Imaging

Applicant Name: _____
Last First Middle

****Important Notice ****

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 School of Medical Imaging and receiving federal assistance on the basis of age, race, religion, creed, color, national origin, marital status, sex or handicap.

*****The American Registry of Radiologic Technologist may deny eligibility to write the certification exam to individuals who have been convicted of a felony or a misdemeanor.***

- ***Applications will be accepted only between January 1 and April 1***
- ***Admission for all students into the program is contingent upon a clear background check and negative drug screening.***

EDUCATION HISTORY

High School _____
Street _____
City, State & Zip _____

Last Grade Completed _____
Dates Began: _____
Date completed: _____
Graduation date: _____

High School _____
Street _____
City, State & Zip _____

Last Grade Completed: _____
Dates Began: _____
Date completed: _____
Graduation date: _____

College: _____
Street _____
City, State & Zip _____

Semester & year began: _____
Semester & year finished: _____
Graduation Date: _____
Major: _____

College: _____
Street _____
City, State & Zip _____

Semester & year began: _____
Semester & year finished: _____
Graduation Date: _____
Major: _____

Other: _____
Street _____
City, State & Zip _____

Last Year Completed _____
Dates of Attendance: _____
Graduation Date: _____
Major: _____

If you did not complete high school, do you have a GED (circle one) ? YES NO
Certification # and state: _____

EMPLOYMENT HISTORY

** Please record the most recent first **

Name of Company _____
Street _____
City, State and Zip _____

Type of Business _____
Telephone _____

Starting Date: _____
month & year
Termination Date: _____
month & year
Position Held: _____
Reason for Termination _____

Briefly describe experience gained _____

Name of Company _____
Street _____
City, State and Zip _____

Type of Business _____
Telephone _____

Starting Date: _____
month & year
Termination Date: _____
month & year
Position Held: _____
Reason for Termination _____

Briefly describe experience gained _____

Name of Company _____
Street _____
City, State and Zip _____

Type of Business _____
Telephone _____

Starting Date: _____
month & year
Termination Date: _____
month & year
Position Held: _____
Reason for Termination _____

Briefly describe experience gained _____

May we contact your present and former employers (circle one)? YES NO

ACTIVITIES / ORGANIZATIONS

Please list any extracurricular activities or organizations with which you have been involved during the past three years: _____

PERSONAL REFERENCES (non-relatives)

Name _____
Address _____

Company: _____
Position: _____
Relationship: _____

Name _____
Address _____

Company: _____
Position: _____
Relationship: _____

Name _____
Address _____

Company: _____
Position: _____
Relationship: _____

STATEMENT OF TRUTH

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

Signed _____ Date: _____

*** 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:**

*Dr. Rita Fisher Carroll, PhD, RT (R)(CV)(CT)
Program Director
SMMC School of Medical Imaging
RM 214, SON
2900 First Avenue
Huntington, WV 25702*

*If you should have any questions, please contact Dr. Rita F. Carroll, Program Director
office (304) 526-1259, fax(304)526-6030 or by e-mail: Rfisher@st-marys.org*

Revised:8/7/03; 10/8/03;1/26/04;7/7/05;8/29/05;7/13/07