



Applicant:

Thank you for your interest in *St. Mary's Medical Center/MU 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 four 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. There is a \$25 application fee. 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@stmarys.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; 1/27//10

Application for Admission



*In affiliation with
Marshall University*

Bachelor of Science in 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.***

- ***Mail application with a nonrefundable \$25 application fee***
- ***Applications for freshman applicants will be accepted only between January 1 and April 1 of each year***
- ***Certified Radiographer applicant deadline is June 1***
- ***Admission for all students into the program is contingent upon a clear background check and negative drug screening.***

PERSONAL HISTORY

Name: _____
Last First Middle

Other name under which transcripts may be listed: _____

Mailing Address: _____
Street City State Zip

Telephone: _____ Social Security #: _____

Person to notify _____
in case of emergency Name Relationship

Street City State Zip

Phone _____

Current email address _____

Will you be 18 years or older on or before July 20 (circle one)? YES NO

Have you applied to this program previously (circle one)? YES NO

Have you plead guilty or "no contest" (nolo contendere) to, or have been convicted of, violating any law, with the exception of minor traffic violations (circle one)? YES NO

If you answered "YES" to the previous question, attach a description and explanation of your prior conviction history, including date of conviction, Court and details of each violation. Disclosure of a criminal record does not automatically disqualify you from admission consideration.

EDUCATION HISTORY

High School _____ Last Grade Completed _____
Street _____ Dates Began: _____
City, State & Zip _____ Date completed: _____
Graduation date: _____

High School _____ Last Grade Completed: _____
Street _____ Dates Began: _____
City, State & Zip _____ Date completed: _____
Graduation date: _____

College: _____ Semester & year began: _____
Street _____ Semester & year finished: _____
City, State & Zip _____ 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 _____

Company: _____

Address _____

Position: _____

Relationship: _____

Name _____

Company: _____

Address _____

Position: _____

Relationship: _____

Name _____

Company: _____

Address _____

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 with a \$25 nonrefundable application fee to:**

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

Program Director

SMMC School of Medical Imaging/affiliated with Marshall University

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;3/17/09;1/27/10