

APPLICATION FOR ADMISSION
PLEASE INCLUDE \$20.00 NON-REFUNDABLE APPLICATION FEE

ST. ALEXIUS MEDICAL CENTER/UNIVERSITY OF MARY
RADIOLOGIC TECHNOLOGY PROGRAM
900 EAST BROADWAY AVENUE
BISMARCK, ND 58506
(701) 530-7750

Application Date: _____ Date Application Received (Office Use) _____

Your application is not complete until the Program receives current transcripts from the University of Mary. Please request that transcripts be sent to the above address.

Name (Print): _____
Last First MI

Current Address: _____
Street, City, State, Zip Code

Permanent Address: _____
Street, City, State, Zip Code

Telephone Number: _____
Home Cell

Social Security #: _____ Date of Birth (Optional): _____

U.S. Citizen: Yes _____ No _____ E-Mail Address: _____

Do you currently hold a college degree? Yes _____ No _____

If yes, please list type of degree and major: _____

Have you ever been convicted of a felony or a misdemeanor? Yes _____ No _____

If yes, please explain: _____

PERSON TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY:

Name: _____ Telephone Number: _____

Address: _____
Street, City, State, Zip Code

PREVIOUS EDUCATION

High School(s): _____
Name of school, city, state

Name of school, city, state

High School Graduation Date: _____

COLLEGES OR UNIVERSITIES ATTENDED:

Name Dates Attended Grad. Date/Degree Earned

Name Dates Attended Grad. Date/Degree Earned

Name Dates Attended Grad. Date/Degree Earned

PERSONAL INFORMATION

Please attach a typewritten sheet(s) with the following information included:

- 1) List extracurricular activities and/or organizations in which you have participated as a student. Include elected or leadership positions.
- 2) Things you have accomplished that have given you the greatest satisfaction.
- 3) Your reasons for selecting Radiologic Technology as a career.
- 4) Reasons (if any) for your desire to enter this Program.
- 5) Your long-term goals/plans.
- 6) Work experience: include employer, dates of employment, major responsibilities. List most recent experience first.

REFERENCES:

Using the three included reference forms, please give these to persons able to objectively comment on your academic strengths and personal qualities. **Please exclude personal friends and relatives.** Instruct your references to return the completed form to you in a sealed envelope. If this is not feasible, they may return it to the Program directly.

TECHNICAL STANDARDS:

Please read the following statements identifying the technical standards appropriate to radiologic technology and answer the inquiry provided below.

The Radiologic Technologist must have sufficient strength, motor coordination, and manual dexterity to:

1. Transport, move, lift, and transfer patients from a wheelchair or cart to an x-ray table or to a patient bed.
2. Move, adjust, and manipulate a variety of radiographic equipment, including the physical transportation of mobile radiographic machines, in order to arrange and align the equipment with respect to the patient and the image receptor according to established procedure and standards of speed and accuracy.

The Radiologic Technologist must be capable of:

1. Handling stressful situations related to technical and procedural standards and patient care situations.
2. Providing physical and emotional support to the patient during the radiographic procedures, being able to respond to situations requiring first aid and providing emergency care to the patient in the absence of, or until the physician arrives.
3. Communicating verbally in an effective manner in order to direct patients during radiographic examinations.
4. Reading and interpreting patient charts and requisitions for radiographic examinations.

The Radiologic Technologist must have the mental and intellectual capacity to:

1. Calculate and select proper technical exposure factors according to the individual needs of the patient and the requirements of the procedure's standards of speed and accuracy.
2. Review and evaluate the recorded images on radiographs for the purpose of identifying proper patient positioning, accurate procedural sequencing, proper radiographic exposure, and other appropriate and pertinent technical qualities.

Do you have any physical or mental handicaps that would interfere with the satisfactory performance of the technical standards identified and listed above? Yes ____ No ____

Two years of college prerequisite courses are required to qualify for admission into the program. Please supply transcripts to verify completion of, or registration for, the courses necessary to qualify for admission. The best time to request transcripts from the University of Mary is at the conclusion of your fall semester when the fall grades will be finalized and the spring semester registration for classes will be included on your transcripts.

Your application is considered complete when the following are received by the program by January 1st: high school transcripts, college transcripts, ACT results, signed reference release forms, fully completed and signed application form, three personal reference forms, and the non-refundable application fee of \$20.00.

I certify that answers given on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary in arriving at an admission decision. I understand that this application is not, and is not intended to be, a contract of admission. In the event of admission, I understand that false or misleading information given in this application or interview may result in immediate dismissal. I further understand that if selected for admission, St. Alexius Medical Center will request a personal background check be completed on me which also may compromise my position in the program if negative.

SIGNATURE: _____ **DATE:** _____