

RADIOLOGIC TECHNOLOGY PROGRAM STUDENT APPLICATION



All application materials can be submitted by email, fax, mail or hand delivery and must be received by **JANUARY 1** to:

Program Director
 Trinity Health Radiologic Technology Program
 PO Box 5020 • 400 Burdick Expy E.
 Minot, ND 58702-5020

Email: michelle.bratton@trinityhealth.org
 Phone: 701-857-2316

- Completed and signed Application and \$35 non-refundable application fee (cash, check/money order made out to Trinity Health)
- Official College transcript(s) (to include posted grades of Fall semester if applicable)
- High school transcript (preferably Official, but copies will be accepted)

Are you over the age of 18? Yes No Are you a U.S. citizen? Yes No

Are you in the U.S. on an international student visa Yes No (If Yes, additional steps may be required for acceptance in the Program)

Name: _____
Last
First
Middle

Permanent Address: _____
Street Address

City
State
Zip Code

Telephone Number: _____ E-mail Address: _____

EDUCATION HISTORY (Include High School, Colleges, Universities enrolled)

High School(s), city and state	From	To	GPA	ACT/SAT score & date (if known)

Provide a copy of or preferably, an official high school transcript with the application documents.

College/University History: **Cumulative College GPA: _____ (Must be 2.75 or higher to apply)**

Name of School, city and state	From	To	Major/Degree	Date degree conferred or Expected graduation

An unofficial college transcript will be accepted to show coursework and GPA of at least 2.75, but an Official transcript must be received after Fall grades have posted and to ensure degree requirements are or will be complete prior to entering this Program.

Specialized training certifications or healthcare experience _____

List Job Shadow Experience - where and how many hours _____

EMPLOYMENT HISTORY

List most recent employment first (include military history):

Company Name and Address	Phone	Position	From/To	Reason for Leaving

Reference Forms: All applicants are required to submit 3 references in sealed envelopes with a signature across the seal. ONLY THE REFERENCE FORM PROVIDED WILL BE ACCEPTED. Applicants must request 1 reference each from an educator, an employer and a non-related personal reference. You will not be scheduled for an interview until all 3 references are received and your application is complete.

Technical Specifications: By applying to the Program, you attest that you understand that you must meet the minimum technical specifications of:

- Fine and gross motor coordination to respond promptly and manipulate equipment
- Verbal and written communication skills to effectively communicate in English
- Hearing skills to assess patient needs and communicate effectively with other team members
- Visual acuity to observe patients, manipulate equipment and evaluate radiographic image quality
- Ability to accomplish moderate lifting at a minimum of thirty pounds to ensure patient safety
- Satisfactory intellectual and emotional functions to exercise independent judgement and discretion in the safe technical performance of medical imaging procedures

Code of Ethics and Honor: By applying to the Program you attest that you are aware that the American Registry of Radiologic Technologists (ARRT) requires all applicants for certification to affirm that they have been and remain in compliance with the Code of Ethics, Rules of Ethics as stated in the ARRT Standards of Ethics. The conviction of a crime or felony involving moral turpitude, violation of academic honor codes and suspension/dismissal from an educational program may render the person ineligible to take the certification exam. While answering "Yes" is not an absolute ban to school admission, being able to take the certification exam may depend on the ARRT's separate decision on your eligibility. As such, please answer the following questions:

1) "Have you ever been suspended, dismissed or expelled from an educational program that you attended in order to meet ARRT certification requirements?" Yes No

2) "Have you had any license, registration, or certification denied, revoked, suspended, placed on probation, or subjected to discipline by a regulatory authority or certification board (other than the ARRT)?" Yes No

3) "Have you ever been convicted of a misdemeanor or felony?" Yes No
DO NOT report misdemeanor charges or convictions that occurred while a juvenile or processed within the juvenile court system.

DO REPORT Charges or convictions resulting in: pleas of guilty, pleas of no contest, withheld or deferred adjudication, suspended or stay of sentence, pre-trial diversion, military court martial, any charges related to drug or alcohol.

Applicants with concerns regarding ARRT eligibility should contact the ARRT for more information at: ARRT, 1255 Northland Drive, St. Paul, MN 55120 or visit www.art.org.

Applicant's Certification:

I hereby certify that the statements set forth in this application are true and complete to the best of my knowledge and I authorize investigation of all statements herein.

I understand that

- 1) I will not be scheduled for an interview until the Program has received all documents and references requested;
- 2) If accepted to the Program, falsified statements on this application will be sufficient cause for dismissal of the program;
- 3) If selected to the Program, I must agree to submit to a criminal background check and pre-employment physical (by a provider of my choice at my own expense);
- 4) Admission into the Program implies my agreement to adhere to all hospital and Program policies and regulations.

_____ Date

_____ Signature of Applicant

Application deadline is the first business day after January 1 of each year for the class which begins the following August. Applicants who meet all prerequisite criteria will be contacted for an interview.