

***St. Vincent Health / St. Joseph Hospital  
Radiography Program***



***Application for Admission  
2010***

*Applicant Name:* \_\_\_\_\_  
*Last First Middle*

***Important Notice***

*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.*

***Non-Discrimination Statement***

*St Vincent Health / St Joseph Hospital Radiography Program provides equal opportunity to all applicants. The Program is selective in its admissions practices and evaluates applicants based on merit without discrimination on the basis of age, race, religion, creed, color, national origin, marital status, gender, disability, veteran status, sexual orientation, or any other legally protected status.*

***\* Applications will be accepted only between November 3 and January 30 \****



**POST-SECONDARY EDUCATION HISTORY**

*Official transcripts must be sent from each institution attended;  
Please list the most recent colleges first (use additional sheets if needed)*

College / School: \_\_\_\_\_

City & State \_\_\_\_\_

\* Dates of Attendance: \_\_\_\_\_ Major \_\_\_\_\_

Graduated?      Yes              No              If graduate, degree \_\_\_\_\_

College / School: \_\_\_\_\_

City & State \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Major \_\_\_\_\_

Graduated?      Yes              No              If graduate, degree \_\_\_\_\_

College / School: \_\_\_\_\_

City & State \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Major \_\_\_\_\_

Graduated?      Yes              No              If graduate, degree \_\_\_\_\_

College / School: \_\_\_\_\_

City & State \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Major \_\_\_\_\_

Graduated?      Yes              No              If graduate, degree \_\_\_\_\_

***\* If you are currently enrolled, please attach a current class schedule \****

## ACADEMIC REQUIREMENTS

*Below is a summary of the academic requirements for the program.*

### Admission Requirements

To be accepted in the program, the applicant must meet the following requirements:

1. Minimum 15 credit hours of 100 or higher level courses completed from a regionally accredited institution
2. Minimum 2.50 college GPA (4.00 scale)
3. Completion of the following general education areas:
  - a. Mathematics / Logical reasoning – minimum 3 credit hours
    - College level algebra (or higher)
  - b. Communication – minimum 3 credit hrs
    - English composition, or
    - Interpersonal communication, or
    - Public Speaking
4. Completion of at least 6 or more credit hours from the following general education areas:
  - a. Information Systems
    - Any 100 level, 3 credit hour computer course
  - b. Social / Behavioral Sciences
    - Psychology
    - Sociology
  - c. Natural Sciences
    - Human Anatomy & Physiology
    - Biology
    - Physics
    - Chemistry
5. At least 3 additional credit hours must come from a combination of #3 and #4 above.
6. All of the above courses must be completed with a letter grade of “C” or better.
7. All of the above requirements must be met by June 1 of the application year.

### Application Requirements

It is recognized that not all candidates will have completed the general education prerequisites at the time of application. To apply to the program, the applicant must meet the following requirements by the end of the fall semester preceding the admission deadline:

1. Minimum 12 credit hours of 100 or higher level courses completed from a regionally accredited institution
2. Minimum of 9 credit hours of the required general education courses
3. Minimum 2.50 college GPA (4.00 scale) on the 12 hours

***On the next page, indicate which academic courses that you have completed at the time of your application. The next page must be completed for this application to be considered complete.***

**Office Use Only**

Accepted   
 In Progress   
 Denied

**AC ADEMIC REQUIREMENTS COMPLETED (do not include courses**

**1. Mathematics (Algebra or higher) (minimum 3 credit hours)**

Course Title	Course #	Credits	Institution	Semester / year	Letter Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**2. Communication (minimum 3 credit hours)**

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**At least 6 hours must come from the following areas (combined, not each)**

**3. Information Systems**

Course Title	Course #	Credits	Institution	Semester / year	Letter Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**4. Social / Behavioral Sciences**

Course Title	Course #	Credits	Institution	Semester / year	Letter Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**5. Natural Sciences**

Course Title	Course #	Credits	Institution	Semester / year	Letter Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Office Use Only**

- Applicant has met all general education requirements for admission
- Applicant has **not** met all general education requirements but has met requirements for application
- Applicant has **not** met all general education requirements and has **not** met requirements for application

**EMPLOYMENT HISTORY**

*\* Please list the most recent first \**

Name of Company \_\_\_\_\_

Address (Street, Cit, State & Zip) \_\_\_\_\_

Starting Date: \_\_\_\_\_  
month & year

Termination Date: \_\_\_\_\_  
month & year

Type of Business \_\_\_\_\_

Telephone \_\_\_\_\_

Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for Termination \_\_\_\_\_

Briefly describe experience gained \_\_\_\_\_

Name of Company \_\_\_\_\_

Address (Street, Cit, State & Zip) \_\_\_\_\_

Starting Date: \_\_\_\_\_  
month & year

Termination Date: \_\_\_\_\_  
month & year

Type of Business \_\_\_\_\_

Telephone \_\_\_\_\_

Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for Termination \_\_\_\_\_

Briefly describe experience gained \_\_\_\_\_

Name of Company \_\_\_\_\_

Address (Street, Cit, State & Zip) \_\_\_\_\_

Starting Date: \_\_\_\_\_  
month & year

Termination Date: \_\_\_\_\_  
month & year

Type of Business \_\_\_\_\_

Telephone \_\_\_\_\_

Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_

Reason for Termination \_\_\_\_\_

Briefly describe experience gained \_\_\_\_\_

**CLINICAL SITE PREFERENCE**

*If selected into the program, where would you prefer to be based for your primary clinical rotations (please circle your preference; only one clinical site may be chosen)?*

*St Joseph Hospital  
Kokomo, IN*

*St Vincent Hospital  
Indianapolis, IN*

*Saint Johns Hospital  
Anderson, IN*

**STATEMENT OF TRUTH**

*I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for immediate removal from consideration of admission or dismissal from the program if already admitted. I authorize the employment references listed herein to release to you any and all pertinent information concerning my previous employment. I authorize the academic references listed herein to release to you any and all pertinent information concerning my previous enrollment in the institution. I further agree to release all parties from all liability from damage that may result from furnishing said information to you. In consideration of admission, if selected, I agree to conform to the rules and policies of St Vincent Health / St Joseph Hospital Radiography Program. Finally, I concur that I have received, read, and understand the Technical Standards (Physical Requirements) of an enrolled student and further understand that it is my responsibility to communicate in writing to program officials if I cannot meet those requirements and what accommodations, if any, are needed.*

Signed \_\_\_\_\_

Date \_\_\_\_\_

**CHECKLIST**

Before mailing your application, did you:

- Submit the completed and signed application by **January 29, 2010**
- Submit the non-refundable \$10 application fee by **January 29, 2010**  
(Cash will not be accepted; personal checks are to be made payable to: **SVH / SJH Radiography Program**)
- Submit the typed essay by **January 29, 2010**
- If currently enrolled in college, submit a current class schedule by **January 29, 2010**
- Submit **official** transcripts from **all** colleges, vocational, technical or any other academic institutions attended by **February 8, 2010**
- Attend one mandatory Pre Admission Conference (see website / packet information for date / locations)

Send all application materials to:  
**Mark Adkins, Director**  
**Radiography Program**  
**St. Vincent Hospital**  
**2001 W. 86<sup>th</sup> Street**  
**Indianapolis, IN 46260**

\* All application materials must be mailed or hand-delivered to the address above; application materials will **not** be accepted at any other location.\*

Rev June 08