



**Application for Admission**  
**Methodist University Hospital School of Radiologic Technology**  
**Advanced Medical Imaging Internship Program**

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Please select your desired shift from one of the following modalities:

CT: \_\_\_\_\_ 8a-12p  
\_\_\_\_\_ 12p-4p  
\_\_\_\_\_ 4p-8p

MRI: \_\_\_\_\_ 8a-12p  
\_\_\_\_\_ 1p-5p  
\_\_\_\_\_ 5p-9p

Date \_\_\_\_\_

Print Name in full: \_\_\_\_\_  
Last First Middle

Maiden name/name in which transcripts will be sent: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Number and Street  
\_\_\_\_\_  
City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Person to notify in the event of an emergency:

Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Have you ever been convicted of, been given probation or deferred adjudication in lieu of sentencing, or pled "no contest" to any offense other than a minor traffic violation?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

Do you have any unresolved criminal charges pending against you? (Have you been charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?)

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

Please provide the information regarding the JRCERT accredited school from which you graduated:

Name of School: \_\_\_\_\_

Indicate degree/certificate and date obtained: \_\_\_\_\_

**Current ARRT certification card and CPR card must be attached to this application.**

Please Read:

I certify that the foregoing information is true and correct to the best of my knowledge. I understand that any misrepresentation or willful admission of the facts shall be a cause for rejection of the application or dismissal from the internship program. I hereby understand and acknowledge that the MUH Methodist School of Radiologic Technology makes no commitment of admission into the program by accepting this application. I understand and agree that as a condition of admission I will be required to pass a scheduled physical examination, which includes a drug test. I further agree to observe all rules, regulations, and policies of the Advanced Medical Imaging Internship Program and Methodist University Hospital.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*The Methodist Hospital School of Radiologic Technology does not discriminate on the basis of race, color, sex, religion, origin, physical disability, marital, or parental status in its student admission policies as well as employment administration, program operations, and activities.*

For office use only: Date of deposit \_\_\_\_\_