Application Packet Instructions and Checklist

Each of these items must be included in your application packet and returned to the Methodist University Hospital School Radiologic Technology for consideration. Your application packet must be postmarked by March 1st. Applications are accepted each year from December 1st to March 1st.

- Application: Completely filled out and signed.
- The applicant’s signature on the Dexterity and Health Standards form.
- A typed one page narrative describing the reasons you have chosen this field, and why you would be a good candidate for the MUH School of Radiologic Technology.
- A check or money order in the amount of $50 made payable to MUH School of Radiologic Technology for the non-refundable application fee.

The following items must be in our office no later than April 1st. Applications that do not have all the following materials in our office by April 1st will not be considered for admission into the program.

- Official high school transcript.
- All official college transcripts that document the required 15 hours of college credit.
- Three letters of reference to be mailed by the individuals submitting the reference.

All of the above information can be mailed to the following address:

Methodist University Hospital School of Radiologic Technology
1265 Union Ave.
Memphis, TN 38104
Application for Admission
Methodist University Hospital School of Radiologic Technology
Application must be postmarked by March 1st

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: ________________________________
Social Security Number: ______________________  E-mail address: _________________________
Applicant is at least 18 years old: _____Yes _____No
Are you a citizen of the United States? _____Yes _____No
If you are not a United States citizen, do you have a legal right to work in the United States?
_____ Yes _____ No
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: ___________________________________________________

For our research and recruiting purposes, please state where you heard about our program:
______________________________________________________________________________________
Please give information regarding High School(s) that you have attended:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City and State</th>
<th>Dates Attended</th>
<th>Graduated?</th>
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</table>

ACT score ____________ If you have taken the GED, what was your score? ________________

List all of the colleges, universities, trade and/or vocational training that you have attended.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City and State</th>
<th>Dates Attended</th>
<th>Degree/Certificate</th>
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Please check the pre-requisite courses that you have successfully completed with a “C” or better. Also, please list the elective courses that you have successfully completed in the blanks provided.

_____ College Algebra

_____ Elective #1 ______________________________

_____ College Biology or A&P

_____ Elective #2 _______________________________

_____ Oral Communications or English Composition

Give the names of 3 persons (not relatives) that know you personally and can give information about you. References from employers, ministers, teachers, or other persons in position of authority are preferred. After submitting your application, please have references sent directly to the Program Director.

1.

2.

3.

Person to notify in the event of an emergency:

Name _____________________________________ Phone Number: ___________________________

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 radiography 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 radiography program and Methodist University Hospital.

____________________________________________________________________________________________________

Signature ____________________________ Print Name ____________________________ Date ____________

The Methodist University Hospital School of Radiologic Technology complies with all federal and state laws prohibiting discrimination in student admissions practices with regard to race, color, religion, sex, national origin, disability, predisposed genetic characteristic, and age 40 and over.
Dexterity and Health Standards Form

Each applicant must meet the following dexterity and health standards:

- Ability to exert force and lift objects of 50 pounds with assistance
- Ability to perform simple motor skills for unrestricted time periods
- Ability to perform manipulative skills (positioning and assisting patients)
- Ability to perform tasks requiring hand-eye coordination
- Sufficient eyesight to observe patients, read charts, and computer screens, and equipment instructions
- Sufficient hearing to maintain effective communication with members of the health care team and patients.
- Excellent communication skills
- Protection from unnecessary radiation exposure
- Good health to maintain the demands of the program in attendance, punctuality, and progress.

I have read and understand the above list of dexterity and health standards. I believe that I have the necessary physical ability and mental capacity to perform these tasks throughout enrollment in the program.

__________________________________________________________________________

Print Name  Signature  Date