



School of Radiologic and Imaging Sciences
Radiologic Technology Program
Application Packet Instructions and Checklist

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

- ✓ The applicant's filled-out and signed application.
- ✓ The applicant's signed "Dexterity and Health Standards" form.
- ✓ A typed one-page narrative describing the reasons for choosing this field and why you would be a good candidate for the Program.
- ✓ An up-to-date resume.
- ✓ A **non-refundable** application fee of \$50 in the form of a check or money order made payable to: *MUH School of Radiologic Technology*.

The following items must be in the Program's office **no later than November 1st**. Applications that do not have all the following materials in the Program's office by November 1st will not be considered for admission into the Program.

- ✓ Official high school transcript with ACT score verification. The ACT score requirement is waived for those with a bachelor's degree or higher.
- ✓ 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 Sciences
1265 Union Ave.
Memphis, TN 38104



School of Radiologic and Imaging Sciences
Radiologic Technology Program

Application for Admission

This application must be postmarked by November 1st.

Print Name in full: _____
Last First Middle

Maiden name/name in which transcripts will be sent (if applicable): _____

Home Address: _____
Number & Street

City State Zip Code

(Home/Cell) Phone: (____)____-____ Social Security Number: ____-____-____

E-mail Address: _____

Applicant 18 years of age: ____Yes ____No; Applicant is 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 instead 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 the Program:

Please give information regarding High School(s) that you have attended:

Name of School	City and State	Dates Attended	Graduated?

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

Please list all of the colleges, universities, trade, and/or vocational training that you have attended:

Name of School	City and State	Dates Attended	Degree/Certificate

Please check the pre-requisite courses that you have completed with a "C" or better. Also, please list the elective courses that you have completed in the blanks provided.

_____ College Algebra (or, higher math) _____ Elective #1 _____

_____ College Biology or A & P _____ Elective #2 _____

_____ Oral Communications or English Composition

Give the names of three persons (not relatives) who know you personally and can give information about you. References from employers, ministers, teachers, or other persons in positions of authority are preferred. After submitting this 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 to the best of my knowledge that the foregoing information is true and correct. I understand that any misrepresentation or willful omission of facts shall be a cause for rejection of this application, or dismissal from the Program. I hereby understand and acknowledge that the MUH Methodist School of Radiologic and Imaging Sciences makes no commitment to 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 Program and Methodist LeBonheur Healthcare.

Signature

Print Name

Date

The Methodist Hospital School of Radiologic and Imaging Sciences does not discriminate based on race, color, religion, gender, age, disability, national origin, or any other protected class that may be collected.



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 periods of time.
- Ability to perform patient positioning and assistance skills.
- Ability to perform tasks requiring hand-eye coordination.
- Sufficient eyesight to observe patients, read charts and computer screens, and follow 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.

Signature

Print Name

Date