

SCHOOL OF RADIOLOGIC TECHNOLOGY

ACCREDITED BY THE JRCERT

		APPL	ICATION F	OR ADMIS	SION		
NAME(Last)						DATE	
(Last)			(First)		(M. l.)		
ADDRESS (Stree	.+)	(City)		(Stato)	(ZIP)	(County)	
TELEPHONE				E EMAIL ADDR	ESS	(County)	
Will you be 18 by July 1 Are you a previous app	lst? licant?		S □ NO		en did you apply?		
N EMERGENCY, CONT	ACT						
	()	lame)	(Address)		(Tele	ephone)	
EDUCATIO	ON: HIGH S	CHOOL AN	ND ALL POST	r secondaf	RY INSTITUTIO	NS ATTENDE	D
HIGH SCHOOL							
	(Name & A	Address)					
(City)	(State)	(Zip)	(Telep	ohone)			
GRADUATION DATE _			DIPLOMA	OR	GED/HSE		
COLLEGE/ POST SECONDARY							
	(Name & A	Address)					
(City)	(State)	(Zip)	(Telep	ohone)			
GRADUATION DATE _				CERTIFICATE A OF CREDITS TO	WARDED D DATE:		
COLLEGE/ POST SECONDARY							
POST SECONDARY _	(Name & A						
(City)	(State)	(Zip)	(Tele	ohone)			
GRADUATION DATE _				CERTIFICATE A			
COLLEGE/ POST SECONDARY							
	(Name & A	Address)					
(City)	(State)	(Zip)	(Tele	ohone)			
GRADUATION DATE _				CERTIFICATE A			
lf you have					ut another page 1 wi on in the lower secti		
MILITARY SERVICE: BR					CHARGE DATE _		
WILL YOU BE APPLYIN	G FOR VA BE	NEFITS TO P	AY FOR SCHOO)L OF RADIOLO	OGY TUITION?	YES	NO _

REFERENCES

On a separate sheet of paper:

SIGNATURE OF APPLICANT _

1. The name of two professional references (supervisor, teacher, or other work/school related individuals)

1	EMPLO	VMFNT		
	ME OF EMPLOYER:		TELEPHONE:	
EMI	PLOYER ADDRESS:		(0:+/0+-+-) (7:-)	
NI A	(Street Address)		(City/State) (Zip)	
NA	ME OF SUPERVISOR:		May we contact? ☐ YES	□ NO
	GENERAL IN	FORMATION		
1 . H	lave you ever been employed in healthcare? 🗆 YES 📁 N	O YOUR POSITION	N?	
NA	ME OF FACILITY?			
2. H	lave you ever volunteered at a healthcare facility? \square YES	\square NO	Did you provide	
	,		direct patient care? TYES	\square NO
FAC	CILITY NAME, CONTACT PERSON, PHONE #:		· 	
A DI	DDOY NUMBER OF VOLUNTEER UPO			
ΑРІ	PROX. NUMBER OF VOLUNTEER HRS:			
3 . D	Do you have a relative employed in healthcare? YES	□ NO NAME:		
	ME OF FACILITY:			
	LATIONSHIP TO YOU:			
	- Have you ever been dismissed, suspended, placed on probation			ool?
□Y		,		
	VE YOU EVER BEEN DISMISSED, SUSPENDED, OR PLACED			
	· - · · · · · · · · · · · · · · · · · ·	ON PROBATION FRO	OM ANY JOB? TYES TO NO)
If w	es to either of the above please explain on a separate sheet		DM ANY JOB? YES NO)
	es to either of the above, please explain on a separate sheet	of paper.)
5. H	dave you ever been convicted or charged with any of the follo	of paper. owing? □YES	□ NO	
5. H Felo viol was	·	of paper. owing? YES ng violations unrelat or controlled substa	☐ NO ed to alcohol); alcohol or drug re nce laws (even if no charge or c	elated conviction
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DATE_

INSTRUCTIONS FOR SUBMITTING AN APPLICATION

DO NOT SUBMIT THIS PAGE WITH YOUR APPLICATION MATERIALS

- 1. Include all materials listed on page 2 of the application. Be sure to sign and date the application.
- 2. Prerequisite Course List: Complete the form. Fill in all boxes on the form. Submit the form with your application.

This form is available on our website: https://www.hancockhealth.org/about/careers/radiology-school/

Under "Application Process" click on Prerequisite Course List, print form, fill out form and submit with application.

- 3. Application and additional documents must be mailed to the program OR personally delivered to the School of Radiologic Technology.
 - If you mail your application and documents: Hancock Regional Hospital, ATTN School of Radiology 801 N. State St, Greenfield, IN 46140
 - **b.** If you personally deliver your application and documents:

Call (317) 468.4468 or email pwelage@hancockhealth.org to make an appointment

DO NOT DROP OFF YOUR APPLICATION ANYWHERE IN THE HOSPITAL YOU MUST MAKE AN APPOINTMENT WITH THE PROGRAM DIRECTOR IF YOU WISH TO DELIVER IN PERSON

4. ALL application materials and transcripts must be received by the 4pm deadline listed on our website. Late applications or transcriptswill not be accepted.

INSTRUCTIONS FOR TRANSCRIPTS

- 1. For transcripts to be **OFFICIAL**:
 - a. they must be emailed to the program from the institution or a transcript service
 ** this is the preferred method of sending transcripts** (Parchment is one type of service)
 OR
 - b. mailed directly to our program from the institution in an unopened, sealed envelope.
- 2. If having transcripts sent electronically from a school or transcript service:
 - If coming from most colleges, including Ivy Tech, they must be requested from the college website
 - b. have them emailed to: transcripts@hancockhealth.org
- 3. If having transcripts mailed from the institution
 - a. Mail to: Hancock Regional Hospital

ATTN: School of Radiology 801 N. State St. Greenfield,IN 46140

- 4. You must have **ALL** transcripts sent from any high school or college that you have attended.
- 5. **ALL** transcripts and application materials must be received by 4pm on the application deadline. Late transcripts or applications will not be accepted.