



SCHOOL OF RADIOLOGIC TECHNOLOGY

ACCREDITED BY THE JRCERT

APPLICATION FOR ADMISSION

NAME _____ **DATE** _____
 (Last) (First) (M. I.)

ADDRESS _____
 (Street) (City) (State) (ZIP) (County)

TELEPHONE _____ **HOME EMAIL ADDRESS** _____

Will you be 18 by July 1st? YES NO
 Are you a previous applicant? YES NO If "YES", when did you apply? _____

IN EMERGENCY, CONTACT _____
 (Name) (Address) (Telephone)

EDUCATION: HIGH SCHOOL AND ALL POST SECONDARY INSTITUTIONS ATTENDED

HIGH SCHOOL _____
 (Name & Address)

(City) (State) (Zip) (Telephone)

GRADUATION DATE _____ **DIPLOMA** _____ **OR GED/HSE** _____

**COLLEGE/
POST SECONDARY** _____
 (Name & Address)

(City) (State) (Zip) (Telephone)

GRADUATION DATE _____ **DEGREE OR CERTIFICATE AWARDED
OR NUMBER OF CREDITS TO DATE:** _____

**COLLEGE/
POST SECONDARY** _____
 (Name & Address)

(City) (State) (Zip) (Telephone)

GRADUATION DATE _____ **DEGREE OR CERTIFICATE AWARDED
OR NUMBER OF CREDITS TO DATE:** _____

**COLLEGE/
POST SECONDARY** _____
 (Name & Address)

(City) (State) (Zip) (Telephone)

GRADUATION DATE _____ **DEGREE OR CERTIFICATE AWARDED
OR NUMBER OF CREDITS TO DATE:** _____

If you have attended more than 3 post secondary institutions please fill out another page 1 with only your name in the top section and your additional education information in the lower section.

MILITARY SERVICE: BRANCH _____ **DISCHARGE DATE** _____
WILL YOU BE APPLYING FOR VA BENEFITS TO PAY FOR SCHOOL OF RADIOLOGY TUITION? **YES** _____ **NO** _____

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.
 - a. 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 transcripts will 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:
 - a. 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.