

Champlain Valley Physicians Hospital

SCHOOL OF
RADIOLOGIC TECHNOLOGY

APPLICATION FOR ADMISSION

A GENERAL INFORMATION

Name:

Last

First

MI

Home Address:

Number and Street

Apt.

City

State

Zip

(____) _____

(____) _____

Area code Home Phone

Area code

Cell Phone

Mailing Address if different from above:

Number and Street

Apt.

City

State

Zip

E-Mail Address: _____

Have you ever applied to this program before? _____ When? _____

B CITIZENSHIP

Are you a United States Citizen? _____

Are you a legal resident of New York State? _____

Have you ever been convicted of a felony? _____

If so, please explain: _____

C EDUCATION

Diploma-Granting High School

Name of School _____

Address _____

Dates Attended _____ to _____ Graduation Date ____/____/____

GED Date received ____/____/____

List Other Secondary Schools Attended

NAMES OF POST-SECONDARY SCHOOL

Please give information concerning College, University, or other Schools Attended

1. _____
Name of School _____ Location _____
Dates Attended _____ # of Credits Earned _____ Degree/Diploma _____

2. _____
Name of School _____ Location _____
Dates Attended _____ # of Credits Earned _____ Degree/Diploma _____

ACADEMIC HONORS: briefly List Any Academic Awards and/or Honors You Have Received

***** PLEASE SUBMIT AN OFFICIAL TRANSCRIPT OF ALL GRADES (HIGH SCHOOL, COLLEGE, ETC.)**

INCLUDE ANY APTITUDE OR COLLEGE ENTRANCE SCORES***

D MILITARY EXPERIENCE

Date of Entry _____ Months of Active Service _____ Branch of Service _____
Type of Discharge _____

E PERSONAL INFORMATION

The following questions are required by the US Department of Health Education and Welfare, Title IV of the Civil Rights Act. Completion of section E is Voluntary.

GENDER: M F Other: _____

RACE ___ BLACK NON-HISPANIC
 ___ AMERICAN INDIAN/ALASKAN NATIVE
 ___ ASIAN/PACIFIC ISLANDER
 ___ WHITE NON-HISPANI
 ___ OTHER _____

DATE OF BIRTH _____

F MANDATORY ESSAY

Please type an essay of at least 250 words on a separate sheet of paper. Please include an account of:

1. Your experiences and activities since you last attended school if more than six months.
2. All the things you have accomplished that have given you the greatest satisfaction.
3. What you most enjoy in your leisure time.
4. Your reason for choosing a career as a radiologic technologist.
5. Any reason for choosing CVPH over any other x-ray program.
6. Your plans and aspirations for the future.

If references are needed, you will be e-mailed a link for this purpose.

CVPH Medical Center School of Radiologic Technology is an equal opportunity educator which complies with local, state, and federal regulations prohibiting discriminatory practices based on race, religion, color, national origin, age, sex, sexual orientation, military status, marital status, citizenship status, ex-offender status, disability, or any other protected status.

The Americans with Disabilities Act (ADA) gives civil rights protections to individuals with disabilities that are like those provided to individuals on the basis of race, sex, national origin, and religion. It guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, State and local government services, and telecommunications.
(The Americans with Disabilities Act (ADA) 1990)

I certify to the best of my knowledge that the information provided in this application for admission is true and complete and I understand that any misrepresentation or omission of facts called for herein may be cause for terminating my attendance in the school program at any time. I hereby release from all liability or damage, those persons, agencies, or organizations who may furnish informational connection with my application for admission. I understand that I must satisfactorily pass a physical examination relative to my ability to complete the school program and periodical physical examinations may be required. I understand that I will be bound by all student rules, regulations, and other requirements if I am accepted for enrollment. In the event that I leave, I agree to return all School and Hospital property issued to me.

Applicant's Full Signature

Date