

GLENS FALLS HOSPITAL SCHOOL OF RADIOLOGIC TECHNOLOGY

100 Park Street; Glens Falls, NY 12801; (518) 926-3790

APPLICATION FOR ADMISSION ~ APPLICATION FEE \$25.00
APPLICATION DEADLINE ~ MARCH 1 OF THE YEAR FOR WHICH YOU ARE APPLYING

Please type or print all information:

Name: _____ (Last) _____ (First) _____ (MI)

Social Security Number: _____ - _____ - _____

Telephone: () _____

Mailing Address: _____ (Street, Box) _____ (City) _____ (State) _____ (Zip)

In case of emergency contact: _____ (Name) _____ (Relationship)
_____ (Address) _____ (Phone)

I am applying for a program start date of August 20____ (fill in only one year).

Are you a U.S. Citizen? Yes _____ No _____, I am a citizen of _____ (Country)

EDUCATION: Please list complete names and addresses of all schools attended (except military):

	Name and Address	Level Completed	Date Left	Graduated
High School				Yes No
College				Yes No
Other				Yes No

Please attach additional sheets if necessary.

Official transcripts from all schools listed must be sent directly to the school at the above address.

Do you have prior military service? No _____ Yes _____ : From _____ to _____
Reserve status (if any): Active _____ Inactive _____

Military schools attended:

Dates attended	Course	Location	Graduated
			Yes No
			Yes No
			Yes No

Please attach additional sheets if necessary.

Have you ever been convicted of any crime (other than traffic violations)? No _____ Yes _____
If yes, please explain:

Attach additional sheets if necessary.

A past conviction does not necessarily prevent you from being considered for admission, but you may or may not be eligible for ARRT certification or New York State licensure. Candidates with conviction records may apply for pre-determination of eligibility by contacting the ARRT at (651) 687-0048, ext 8580. The "Ethics Review Pre-Application" is available in PDF form on the ARRT website at following address: <http://arrt.org/Educators-Students>

Please return the completed application along with:

- ❖ A non-refundable application fee of \$25.00
- ❖ Please make check or money order payable to Glens Falls Hospital Radiologic Technology Program. Do not send cash.
- ❖ Your admissions essay (12 font, 1.5 spacing) which discusses topics including, but not limited to, your motivation for choosing the medical imaging profession, research you have done on the profession, your aspirations and goals, what you hope to gain from being an imaging professional and what you consider to be the characteristics of a professional.

Please read carefully and sign below:

I hereby certify that the information I have provided in this application is true and correct. I hereby authorize any employer, educator, government agency, physician or hospital that has my records to provide any and all information they may have concerning my attendance and related matters to Glens Falls Hospital School of Radiologic Technology. Further, I release all parties and persons from any liability for any damage that may result from furnishing such information to Glens Falls Hospital School of Radiologic Technology or from the use or disclosure of such information by Glens Falls Hospital School of Radiologic Technology or any of its agents, employees, or representatives in connection with my application for possible enrollment or any inquiry from other prospective employers and/or schools.

I understand that any misrepresentation, falsification or material omission of information on this application may result in the dismissal of my application or my dismissal from the program should such be discovered after my acceptance by Glens Falls Hospital School of Radiologic Technology. In consideration of my acceptance, I agree to conform to the policies, procedures, values, and standards of the Glens Falls Hospital School of Radiologic Technology, and understand that such may be amended from time to time at the School's discretion. Additionally, I understand that all students must comply with all the policies, procedures, values and standards set forth by Glens Falls Hospital.

I understand that nothing in this application, the Glens Falls Hospital School of Radiologic Technology Student Handbook, or in my communications with any Glens Falls Hospital employee or representative is intended to create a contract between myself and the school or hospital.

It is the policy of the Glens Falls Hospital and the School of Radiologic Technology not to discriminate against any applicant for admission with respect to race, creed, religion, color, national origin, gender, age, sexual orientation, or disability.

(Applicant's Signature)

(Date)