

# Application

## Bon Secours St. Mary's Hospital

### School of Medical Imaging

### Radiography Program

Admission Cycle: March 1<sup>st</sup> – June 15<sup>th</sup> 2012

### Important Notes

The School of Medical Imaging Radiography Program makes selection of applicants without regard to race, religion, color, national origin, sex, disability or age. Policies on admission, tuition assistance and tuition refund are available by request or on our web site at <http://www.bonsecours.com/SOMI> or by calling (804) 627-5408. Please **compile entire application** packet prior to submitting to school. Completed packet must be received **by June 15<sup>th</sup>, 2012**. An Application Packet Checklist is located on page 4.

#### Please Type or Print in Ink:

Academic cycle applying for \_\_\_\_\_

Name

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Maiden

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

State of Legal Residence \_\_\_\_\_ US Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, provide status and attach a copy of your card.

Country \_\_\_\_\_

Visa Type \_\_\_\_\_

Visa Number \_\_\_\_\_

Date Issued \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Financial Aid

For up-to-date financial aid information please view our website at <http://www.bonsecours.com/SOMI>

## CRIMINAL BACKGROUND

If you have ever been convicted or are currently under indictment for a misdemeanor or felony you must seek pre-approval through the American Registry of Radiologic Technologists ([www.arrt.org](http://www.arrt.org)) The ARRT can refuse approval, which could bar the candidate from seeking work in Radiography. (A copy of the ARRT approval letter **must** be submitted with application).

A conviction will not necessarily preclude you from consideration for admission, but **failure** to receive approval from the ARRT prior to submitting an application packet will halt admissions.

ARRT approval may take up to 9 weeks.

Bon Secours Health System requires a criminal background check to be part of the enrollment process.

List names of **all** schools that you have attended, begin with current or most recent.

Start Date	Completion Date	School Name	Address	Course	Degree

**Official Transcripts** from high school and all institutions attended following high school must be sent to the School of Medical Imaging in the Application Packet.

If you hold a High School Equivalency or GED please list:

State \_\_\_\_\_

Date received \_\_\_\_\_

Certificate number \_\_\_\_\_

**PRE-APPLICATION/PRE-ADMISSION COURSES**

The pre-application/pre-admission courses required for admission are listed below. Please check all that you have completed. **All courses must be completed with a minimum grade of “C”. Official transcripts must be submitted with application packet in order to be considered for this application cycle. A total of 17 credits are required with a minimum combined GPA of 2.5. (GPA calculation based on courses listed below)**

Credits must have been earned within 10 years of application date.

Course	Yes/Year	Course Number	Examples of acceptable courses
Written/Oral Communications – 3 credits			English, College Composition
Math ( <b>level higher than 120</b> )			Math
Human Anatomy I - 4 credits			BIO, see below
Human Anatomy II - 4 credits			BIO, see below
Information Systems- 3 credits			Introduction to Computing or other computing course. (ITE, CSC)

**\* NAS courses will be accepted.**

**EMPLOYMENT HISTORY**

List all current and former employers. Attach additional pages as needed.

Start Date: _____ End Date: _____ Company Name: _____ Supervisor: _____ City / State _____ Phone: (____) _____ Job responsibilities: _____ _____
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Have you ever been terminated from employment? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If so, please attach a letter explaining.**

Have you ever been employed by a facility that is now in the Bon Secours Health System?

\_\_\_\_\_ Yes \_\_\_\_\_ No **If yes, dates and location** \_\_\_\_\_

May we contact your previous employers? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If no, please attach letter explaining.**

### **LETTERS OF REFERENCE**

A. Each applicant must submit 3 letters of reference from a person other than family.

B. References should be from someone who knows you professionally or academically.

### **APPLICATION PACKET CHECKLIST**

Please submit **all** of these materials at one time on or before the application deadline.

- \_\_\_\_\_ Completed Application
- \_\_\_\_\_ \$50.00 Application Fee
- \_\_\_\_\_ Official/sealed copies of **All** College Transcripts
- \_\_\_\_\_ High School Transcript
- \_\_\_\_\_ 3 Letters of Reference in sealed envelopes
- \_\_\_\_\_ Copy of Basic Life Support (BLS) card for Healthcare providers (American Heart Association)
- \_\_\_\_\_ Copy of ARRT approval (if applicable)
- \_\_\_\_\_ Date attended information session
- \_\_\_\_\_ Date of 2 hour observation at a Bon Secours facility
- \_\_\_\_\_ Name of Bon Secours facility observation occurred

\* An **incomplete** application packet will prevent you from consideration for this application cycle.

### **PLEASE READ CAREFULLY BEFORE SIGNING**

It is my understanding that I shall not be considered for admission to the School of Medical Imaging until I have submitted all materials as specified by the school. Failure to submit all materials by the application deadline may exclude me from consideration. I further agree to inform the school of any changes of my 1) Plans to attend the School of Medical Imaging 2) address 3) legal name 4) e-mail address.

I understand that withholding information requested in the application or giving false information on any documentation may make me ineligible for admission to/or continuation in the School of Medical Imaging.

I further understand that an applicant who meets all requirements is not guaranteed admission into the program.

I hereby certify that facts set forth in this application are true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_