



Dear Applicant:

Thank you for your inquiry into our Radiologic Technology program. To be considered for admission to the class beginning in September of 2012, completed application materials (this includes **all items** listed in the attached "Admissions Requirements") must be compiled by you, sent to the Program Director in **one envelope packet** and must be received by **March 1, 2012**. Separate mailings of application materials will not be accepted. **The applicant is responsible for ensuring that the application packet is complete.**

A **non-refundable \$25.00 application fee** must be included with your application. Checks or money orders should be made payable to *St. John Hospital and Medical Center*.

Three official letters of recommendation are also required. These may be from school counselors, teachers, employers, etc. Letters of recommendation cannot be accepted from relatives, friends, or neighbors. **Official** high school and college transcripts must also be included in your **one envelope packet**.

ACT scores are mandatory, regardless of your educational status or age. If you have not taken the ACT, you must register at your local high school or college as soon as possible or online at www.actstudent.org.

A minimum Associate degree is required to apply to our program. In addition, the following college courses (100 level or above) must be completed before March 1: Communications (English), Information Sciences (Computers), Algebra (not Introductory, Basic, or Pre), Medical Terminology, and Anatomy & Physiology or Physical Science

When all of the required information is received **in one envelope packet** and all of the above requirements are met, we may contact you in March to schedule an appointment for an interview and aptitude test. Due to the competitiveness of the program, however, not all applicants will be scheduled for an interview and aptitude test.

An Admissions Committee is responsible for reviewing applications and selecting students. All qualified applicants are considered regardless of age, race, color, creed, sex, physical ability or national origin.

If accepted into our 24 consecutive month program, **tuition is \$5000.00 (\$2500.00 due each year)**. Students are responsible for their book expenses (approximately \$1200.00), a \$95/year record keeping fee, school supplies, and uniforms.

Denise R. Allen, MBA, R.T.(R)(M)(QM)
Program Director

School of Radiologic Technology



2012 Application for Admission

St. John Hospital and Medical Center
School of Radiologic Technology
22101 Moross Road, Detroit, Michigan 48236
(313) 343-4544

Personal Information

Today's Date: _____ **Social Security Number:** _____

Name: _____
Last First Middle

Maiden or Previous Name(s): _____

Present Address: _____
Number Street

City State Zip Code

Telephone Number(s): _____
(Area Code)

E-mail address: _____

How did you hear about our School of Radiologic Technology? (Optional) _____

If you were referred by a current St. John Hospital and Medical Center student or employee, please list their name: _____

Education, Employment, Patient Related Experience:

Please describe any personal or work related experience that you have had dealing with ill patients or other health related experience.

High School

Name of School: _____

City and State: _____

Dates of attendance: From _____ To _____ **Diploma** _____
Month/ Year Month/ Year

College, University or Skilled Education

Name of School: _____

City and State: _____

Dates of attendance: From _____ To _____ **Degree** _____
Month/ Year Month/ Year

Name of School: _____

City and State: _____

Dates of attendance: From _____ To _____ **Degree** _____
Month/ Year Month/ Year

Current Employment

Name: _____

City and State: _____

Dates: From _____ To _____
Month/ Year Month/ Year

Military Service Record

Were/ are you in the armed forces? Yes No If yes, what branch? _____

Dates of Service: From _____ To _____ **Rank** _____

Duties: _____

Citations and/ or awards: _____

Have you ever been convicted of a criminal act (misdemeanor or felony)? Yes or No

Are you a citizen of the United States? Yes or No If not, do you have a student visa permitting you to remain permanently in the United States? Yes or No

Person to notify in case of an emergency:

Name: _____ **Relationship (optional):** _____

Address: _____

Telephone Number(s) (include area codes): _____

Please write a paragraph below (or attach a typewritten page) about why you are interested in becoming a Radiologic Technologist.

Please read carefully before signing

I have included the required **non-refundable \$25.00** application fee (made out to *St. John Hospital and Medical Center*). I certify that the answers, which appear on this application, are complete and true. I realize that falsification or omission of any information on this application or during an interview, receipt of a poor reference, an unsuccessful criminal background check, or failure to successfully complete a physical examination at any time, may be cause for my rejection or dismissal. I will submit to any physical examination or blood tests whenever required at St. John Hospital and Medical Center. If accepted, I agree to observe hospital rules and regulations at all times.

Signature of Applicant

Signature of parent or legal guardian (if under 18)

Student recruitment for the St. John Hospital and Medical Center School of Radiologic Technology is non-discriminatory with respect to race, age, color, creed, sex, physical ability or national origin.