



**SCHOOL OF RADIOLOGIC TECHNOLOGY
ONE NOLTE DRIVE
KITTANNING, PENNSYLVANIA 16201-8808**

PERSONAL DATA

Name _____
 Last First Middle

Date _____

Present Address _____
 Street and Number

Telephone Number _____

 City State Zip Code

Cell Phone Number _____

Email address _____

Contact in case of emergency _____

Relationship _____

Address _____

Telephone number _____

Are you 18 years or older? Yes _____ No _____

Military Status: Veteran? Yes _____ No _____ Reserve status (if any) _____

Have you ever been charged/convicted of a crime? Yes _____ No _____

A past conviction does not necessarily prevent you from being considered for admission, but candidates with conviction records can get pre-determination of ethics eligibility for certification by contacting the "Ethics" section of the www.arrt.org website or calling the ARRT at (651) 687-0048, ext. 544.

EDUCATION List complete names and addresses of schools attended

School Name	1.	2.	3.
Address			
Years attended			
Did you graduate?			

HAVE ALL TRANSCRIPTS SENT DIRECTLY TO THE SCHOOL

School activities and hobbies _____

EMPLOYMENT RECORD (list most recent first)

Employer	Address	Type of business	Dates employed	Reason for leaving

Please return the completed application along with:

- * A non-refundable application fee of \$25.00
- * Please make check or money order payable to *ACMH*. **Do not send cash.**
- * A short essay (no longer than 600 words) explaining why you have chosen radiology as a career
- * Three letters of reference (These should include employers, instructors, guidance counselors, or professional colleagues. Do not use relatives or friends).
- * Mail to the address on the front of this form

A maximum of eight students are admitted annually. Selection of applicants is done so without regard to gender, age, religion, national origin, race, marital status, sexual orientation, or disability.

My signature below indicates that I have read, I understand and I agree to the following:

I authorize any school official and any other person or organization having control of any information pertaining to me, or to my application for admission, to furnish the information to *ACMH*. I hereby release and exonerate any such school official or any other person or organization from any liability whatsoever in relation to compliance with a request for such information from *ACMH*. The above information is true and complete to the best of my knowledge. Falsification of information may mean non-acceptance or dismissal from the program.

Date _____ Signature _____