School of Radiologic Technology Application Form

Radiologic science is a profession combining advanced technology and human compassion. Technologists use their knowledge of physics and human anatomy and physiology to create permanent medical images.

1. Personal information

Last name   First name

Middle name   Maiden name

Address   City   State   Zip code

Phone number   Email

2. Emergency Contact Information

Contact name   Contact phone number

Address   City   State   Zip code

3. How were you referred to us?

4. Education Information: High School and Post Secondary Education

High School Information

....
High school attended

....
Address   City   State   Zip code

....
Graduation date

Did you receive a Diploma or a GED?   Diploma ....   GED/HSE ....

College Information

College 1

....
College attended

....
Address   City   State   Zip code

....
Major

Did you receive a degree or a certificate?   Yes ☐   No ☐

College 2

....
College attended

....
Address   City   State   Zip code

....
Major

Did you receive a degree or a certificate?   Yes ☐   No ☐

College 3

....
College attended

....
Address   City   State   Zip code

....
Major

Did you receive a degree or a certificate?   Yes ☐   No ☐

5. Employment History

Please start with your most recent employer

Have you ever been employed?   Yes ☐   No ☐

Employer 1

....
Employer name

....
Address   City   State   Zip code

....
Position

....   ☐ Current employer
Date range of employment

....
Name of supervisor   Supervisor email   Supervisor phone

May we contact this employer?   Yes ☐   No ☐

Employer 2

....
Employer name

....
Address   City   State   Zip code

....
Position

....   ☐ Current employer
Date range of employment

....
Name of supervisor   Supervisor email   Supervisor phone

May we contact this employer?   Yes ☐   No ☐

Employer 3

....
Employer name

....
Address   City   State   Zip code

....
Position

....   ☐ Current Employer
Date range of employment

....
Name of supervisor   Supervisor email   Supervisor phone

May we contact this employer?   Yes ☐   No ☐

6. General Information

1. Have you ever volunteered in healthcare? Yes ☐ No ☐

....
Your position

....
Name of facility

....
Name of supervisor at facility

....
Phone number or email for supervisor

....
Approximate number of volunteer hours

2. Do you have any relation to someone employed in healthcare? Yes ☐ No ☐

....
Relative Name

....
Name of facility   Department

....
Relationship to you

3. Have you ever been convicted or charged with any of the following which
   would require the use of the ARRT Ethics Review Preapplication?   Yes ☐ No ☐

   • Felony or misdemeanor charges or convictions (including speeding
     tickets and parking violations that are considered misdemeanors or
     felonies)
   • Charges or convictions concerning traffics violations that involved drugs
     or alcohol
   • Convictions in military court-martial
   • Violations of state or federal narcotics or controlled substance laws,
     even if you aren't charged or convicted
   • Disciplinary actions concerning a professional license, permit,
     registration, or certification
   • Violations of an honor code at an educational institution you attended to
     meet ARRT certification and registration requirements

*The above information/questions pertaining to the use of the ARRT Ethics
Review Preapplication are taken directly from the ARRT 2025 Primary
Eligibility Pathway Handbook, Section 1 – Establishing Your Eligibility*

7. References

List three references, not related to you. If you have been in school the past two years, include one high school or college instructor.

Reference 1

Reference name	Phone number

Occupation	Years known

Address	City	State	Zip code

Email address

Reference 2

Reference name	Phone number

Occupation	Years known

Address	City	State	Zip code

Email address

Reference 3

Reference name	Phone number

Occupation	Years known

Address	City	State	Zip code

Email address