



# ***NEURODIAGNOSTIC TECHNOLOGY PROGRAM ADMISSION APPLICATION 2026 Enrollment***

*Applicant Name:* \_\_\_\_\_  
Last First Middle Initial

## **Non-Discrimination Statement**

*Ascension St. Vincent College of Health Professions provides equal opportunity to all applicants. The Program is selective in its admissions practices and evaluates applicants based on merit without discrimination on the basis of age, race, religion, creed, color, national origin, marital status, gender, disability, veteran status, sexual orientation, or any other legally protected status.*

***\* Applications will only be accepted through October 31<sup>st</sup> \****

## ***Application Reminders!***

Please read the following reminders carefully if you are planning to apply to the Neurodiagnostic Technology Program. This information is extremely important so applicants can be sure to have a complete application prior to the application deadline.

### **General Reminders**

- Please submit application materials together in one envelope. This keeps your application materials together and helps prevent one item from getting misplaced. Transcripts and Letters of Recommendation are the **ONLY** application requirement that may be submitted electronically.
- Applications being dropped off in person may be left at the radiology desk right inside entrance 3 at the main Ascension St. Vincent Indianapolis Hospital at 2001 W. 86th Street. Make sure that ALL application materials are included in one envelope and the outside of the envelope is clearly labeled with the following: Lorrie Edwards, Neurodiagnostic Technology Program Director. Applications will be accepted through October 31, 2025. Please send a courtesy email to [Lorrie.Edwards@ascension.org](mailto:Lorrie.Edwards@ascension.org) letting her know that you have dropped off your application at the radiology desk right inside entrance 3.
- If application documents are being mailed, the program recommends mailing your documents no later than **14 days prior to the deadline**. Parcel tracking is also recommended. All application materials must be in the hands of the program by the **end of business on October 31, 2025**.

### **Transcripts**

- If you are meeting the admission criteria with your high school GPA, SAT, ACT or GED scores, official transcripts need to be sent directly to the Program Director.
- Additionally, If you took dual credit courses in high school and received college credit, please send the college transcript that reflects those credits earned.
- Send **ALL** college transcripts from any regionally accredited college or university that you have ever attended.
- It is preferred for transcripts to be sent electronically to Lorrie Edwards at [Lorrie.Edwards@ascension.org](mailto:Lorrie.Edwards@ascension.org).
- We cannot accept transcripts that are issued to student or are not in a sealed envelope, if not sending electronically.

## **ADMISSION REQUIREMENTS**

### ***Nonacademic Requirements for the Program.***

To be accepted in the program, the applicant must meet the following requirements:

1. Be 18 years of age by January 1 of the year applying for enrollment.
2. Be eligible to work in the United States as required by the U.S. Citizenship and Immigration Services (<https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents>)

### ***Academic Requirements for the Program.***

To be accepted in the program, the applicant must meet **one** of the following requirements.

#### **Please select which criteria you are meeting for admission into the program:**

- ☐ Minimum 2.75 College GPA (4.00 Scale) on all academic work from all institutions and a minimum of 9 credit hours completed.
- ☐ Minimum 2.75 High School GPA (4.00 Scale).
- ☐ Obtain a score of 165 or higher in all four sections of the General Educational Development (GED) Test
- ☐ Obtain an 18 or higher on the American College Testing (ACT)
- ☐ Obtain a 970 Composite Score or higher on the Scholastic Aptitude Test (SAT)

### **Pre-Admission Conference**

- Any applicant applying to the Neurodiagnostic Technology Program **MUST** attend an in-person Pre-Admission Conference. If you are applying to the program that starts in January of 2026, the dates are August 28<sup>th</sup>, September 16<sup>th</sup> and October 22<sup>nd</sup> (applicants only need to attend one of the sessions). Additional information about the Pre-Admission Conference can be found on our website ([www.stvincent.org/NDT](http://www.stvincent.org/NDT)).

### **Letters of Recommendation**

- Applicants are required to submit two letters of recommendation. These letters can be from previous instructors, bosses, or a personal letter of reference. These can be submitted via email or with the application. Letters can be emailed to Lorrie Edwards at the following email: [Lorrie.Edwards@ascension.org](mailto:Lorrie.Edwards@ascension.org).

### **Application Fee**

- The program is not able to accept cash. Please include with your application a money order, cashier's check or personal check made out to Ascension Neurodiagnostic Technology Program in the amount of \$40. Please make sure you sign the money order and that all required information is filled out.

### **Clinical Observation & Narrative**

- After you have completed your observation, write and submit a narrative explaining the following: 1) why you want to be a neurodiagnostic technologist, 2) based on your job shadow, what does a neurodiagnostic tech do in a typical day and what interested you most, 3) what you believe are essential traits of a neurodiagnostic technologist, and 4) your long-term career goals.

### **For a complete application you must include...**

- ☐ Application
- ☐ Application Fee \$40- **NOT CASH**. Money order or personal check ONLY.
- ☐ 2 Letters of Recommendation (can be emailed to [Lorrie.Edwards@ascension.org](mailto:Lorrie.Edwards@ascension.org))
- ☐ High School or GED Transcript emailed to [Lorrie.Edwards@ascension.org](mailto:Lorrie.Edwards@ascension.org)
- ☐ **ALL** College Transcripts emailed to [Lorrie.Edwards@ascension.org](mailto:Lorrie.Edwards@ascension.org)
- ☐ Narrative - 4 paragraph (minimum)
- ☐ Mark your calendar to attend the Mandatory Pre-Admission Conference
- ☐ Schedule a Clinical Observation (Job Shadow) at Ascension St Vincent. For more information about the job shadow, visit the Admissions Process tab on our website: [www.stvincent.org/NDT](http://www.stvincent.org/NDT)

**PERSONAL HISTORY**

Name: \_\_\_\_\_  
Last First Middle Initial

Other name under which transcripts may be listed: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
House # & Street Apt. #

\_\_\_\_\_  
City State Zip

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ @ \_\_\_\_\_

**Resident Status**

1. Are you eligible to work in the United States as required by the U.S. Citizenship and Immigration Services? (<https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents>)

☐

**AGE ATTESTATION**

2. Will you be 18 years or older by January 1<sup>st</sup> of the year you seek enrollment?

☐

**Prior Application**

3. Have you applied to this program in the past 2 years?

☐

**ACADEMIC DEGREE HISTORY**

*Official transcripts must be sent from each institution attended;  
List the most recent colleges first (use additional sheets if needed)*

Do you currently have **any** academic degree (associate, bachelors, masters, etc.)?  
in **any** discipline?

☐

If yes...

Degree \_\_\_\_\_

Institution: \_\_\_\_\_

Date earned: \_\_\_\_\_

If not, will you have earned **any** academic degree (associate, bachelors, masters, etc.)  
in **any** discipline by **January 1** of 2026?

☐

If yes...

Degree \_\_\_\_\_

Institution: \_\_\_\_\_

Date to be earned: \_\_\_\_\_

**HIGH SCHOOL ATTENDED**

*\* If you are currently enrolled in classes, please include a current class schedule \**

High School: \_\_\_\_\_

City & State \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

**COLLEGES ATTENDED**

*\* If you are currently enrolled in classes, please include a current class schedule \**

College / School: \_\_\_\_\_

City & State \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Major \_\_\_\_\_

College / School: \_\_\_\_\_

City & State \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Major \_\_\_\_\_

**EMPLOYMENT HISTORY**

**\* Please list the most recent first \***

Name of Company \_\_\_\_\_

Address (City, State & Zip) \_\_\_\_\_

Starting Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone \_\_\_\_\_

Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_

Briefly describe your job responsibilities \_\_\_\_\_

Reason for Termination \_\_\_\_\_

Name of Company \_\_\_\_\_

Address (City, State & Zip) \_\_\_\_\_

Starting Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Type of Business \_\_\_\_\_

Telephone \_\_\_\_\_

Position Held \_\_\_\_\_

Supervisor \_\_\_\_\_

**ATTESTATION OF HIGH SCHOOL GRADUATION/GED**

*By my signature below, I state that I am a high school graduate or have completed by General Education Development (GED) test or graduated from the equivalent of a high school from another country.*

**STATEMENT OF TRUTH**

*I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information is grounds for immediate removal from consideration of admission or dismissal from the program if already admitted. I authorize the employment references listed herein to release to you any and all pertinent information concerning my previous employment. I authorize the academic references listed herein to release to you any and all pertinent information concerning my previous enrollment in the institution. I further agree to release all parties from all liability from damage that may result from furnishing said information to you. I acknowledge I have reviewed information regarding the Essential Functions and Skills individuals need to possess to be successful in the Neurodiagnostic Technology Program and as a Neurodiagnostic Technologist online at [www.stvincent.org/NDT](http://www.stvincent.org/NDT).*

Signed \_\_\_\_\_

Date \_\_\_\_\_

\* Send all application materials to: \*

**Lorrie Edwards  
Neurodiagnostic Tech Program Director  
St. Vincent Indianapolis Hospital  
8402 Harcourt Rd.  
Suite 210  
Indianapolis, IN 46260**

**\*\* Candidates are encouraged to submit their application materials as soon as possible.**

**It is critical for you to read the application reminders on page two of the application prior to submitting application.**