RADIOGRAPHY PROGRAM

ADMISSION APPLICATION

2027 Enrollment

Applicant Name: _____

Last *First* *Middle Initial*

Criminal History Notice

The American Registry of Radiologic Technologist may deny eligibility to write the certification exam to individuals who have been convicted of a felony or a misdemeanor or who has or had a professional license suspended, revoked, or surrendered for disciplinary reasons.

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.

PERSONAL INFORMATION

Name: _____
Last *First* *Middle Initial*

Other name under which transcripts may be listed: _____

Mailing Address: _____
Box # *&* *Street* *Apt. #*

_____
City *State* *Zip*

Telephone: _____

E-mail address: _____ @ _____

RESIDENT STATUS

1. Are you eligible to work in the U.S. as required by the U.S. Citizenship and Immigration Services?
See https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents for more information.

☐ YES ☐ NO

AGE ATTESTATION

2. Will you be 18 years or older on or before August 1 of the year you seek enrollment?

☐ YES ☐ NO

PRIOR APPLICATION

3. Did you apply to the Radiography Program last year?

☐ YES ☐ NO

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 an academic degree (associate, bachelors, masters, etc.) in **any** discipline?

☐ YES ☐ NO If yes…

Degree _____
Institution: _____
Date earned: _____

If not, will you have earned **any** academic degree (associate, bachelors, masters, etc.) in **any** discipline by **August 1** of the enrollment year you are applying for?

☐ YES ☐ NO If yes…

Degree _____
Institution: _____
Date earned: _____

POST-SECONDARY SCHOOLS ATTENDED

**** List the most recent first ****

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

School: _____

City & State _____

Dates of Attendance: _____ *Major* _____

School: _____

City & State _____

Dates of Attendance: _____ *Major* _____

School: _____

City & State _____

Dates of Attendance: _____ *Major* _____

School: _____

City & State _____

Dates of Attendance: _____ *Major* _____

ADMISSION REQUIREMENTS

To be considered for acceptance in the program, the applicant must meet the following requirements:

1. Be 18 years of age by the first day of enrollment of the year applying for enrollment.
2. Eligible to work in the United States as required by the U.S. Citizenship and Immigration Services. See https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents.
3. A high school graduate or earned General Education Diploma (GED).
4. A minimum 3.00 college GPA (4.00 scale) on all academic work from all post-secondary institutions.
5. Completion of a minimum of 12 credit hours of 100-level college courses by January 1 of the year the candidate is applying for admission. These 12 credit hours can be in any courses but must be for a letter grade.
6. Completion of at least 6 credit hours by August 1* of the enrollment year in the following general education concentrations:
    a. Mathematics (minimum 3 credits). Courses automatically accepted include:
        - Applied Mathematics
        - Algebra
        - Calculus
        - Geometry
        - Statistics
        - Trigonometry

    b. Communication (minimum 3 credits). Courses must be English based. Courses automatically accepted include:
        - Writing/Composition
        - Communication (Speech, Oral or Interpersonal)
        - Debate
        - Rhetoric
7. Completion of at least 9 credit hours by August 1* of the enrollment year any of the following concentrations:
    - Information Systems Concentration. Courses automatically accepted include:
        - Computer Hardware
        - Computer Software/Programs
        - Computer Applications
        - Computer Networking
        - Computer Language/Programming
        - Computer Data Management
    - Social / Behavioral Sciences Concentration. Courses automatically accepted include:
        - Anthropology
        - Civics
        - Criminology
        - Developmental Studies
        - Economics
        - Education
        - Gender studies
        - International Relations
        - Political Science
        - Psychology
        - Public Administration/Public Policy
        - Social Work
        - Sociology
    - Natural / Physical Sciences Concentration. Courses automatically accepted include:
        - Astronomy
        - Biology
        - Chemistry
        - Earth Sciences
        - General Science
        - Geology
        - Human Anatomy
        - Human Physiology
        - Physics
8. Any course not listed above must be approved by the Radiography Program faculty before credit can be awarded. Candidates seeking course approval must contact the program director for specifics.
9. The above coursework must be 100-level or higher courses.
10. The above coursework must be from institutions that are ABHES or regionally accredited. See https://www.chea.org/regional-accrediting-organizations for a list of regional agencies.
11. All the above courses must be completed with a letter grade of “C” or higher. In cases where a letter grade is not assigned, the program will only accept any course graded as "P", "S", or other such institutional designation as evidence the course was successfully completed as passing.

EMPLOYMENT HISTORY

**** List the most recent first ****

Name of Company _____

Address (City, State & Zip) _____

*Starting Date:*_____ *Termination Date:* _____

Type of Business _____ *Position Held* _____

Briefly describe your job responsibilities _____

*Reason for Termination*_ _____

Name of Company _____

Address (City, State & Zip) _____

*Starting Date:*_____ *Termination Date:* _____

Type of Business _____ *Position Held* _____

Briefly describe your job responsibilities _____

*Reason for Termination*_ _____

Name of Company _____

Address (City, State & Zip) _____

*Starting Date:*_____ *Termination Date:* _____

Type of Business _____ *Position Held* _____

Briefly describe your job responsibilities _____

*Reason for Termination*_ _____

If not listed above, have you ever been employed at Ascension St. Vincent? ☐ YES ☐ NO

If yes, at what Ascension St. Vincent facility were you employed? _____

From _____ to _____.

Position: _____

Reason for leaving: _____

CLINICAL SITE PREFERENCE

If selected into the program, where would you prefer to be based for your primary clinical rotations? Not selecting a location will result in being assigned the clinical location closest to residence listed on this application. Remember, the program does not guarantee selection into your preferred clinical site. ***You must choose only 1 location****.*

☐ ANDERSON ☐ CARMEL ☐ INDIANAPOLIS ☐ KOKOMO

* See last page for application for mail/drop off locations based on your clinical preference above*

ATTESTATION OF HIGH SCHOOL GRADUATION/GED

By my signature below, I state that I am a high school student or 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 that I have been made aware The American Registry of Radiologic Technologist may deny eligibility to take the certification exam for individuals who have been convicted of a felony or a misdemeanor or had a professional license or certification revoked or suspended. I further acknowledge I have reviewed information regarding the Essential Functions and Skills individuals need to possess to be successful in the Radiography Program and as radiographers online at www.stvincent.org/radiography.

Signed _____ *Date* _____

Remember you need to…

- ❑ Submit the completed and signed application by **January 31, 2027** at the correct location (see last page).
- ❑ Submit the non-refundable **$40** application fee by **January 31, 2027**. The application fee must accompany the paper application. **Only money orders and certified bank checks are accepted. Personal checks or cash will result in disqualification of the application**.
  - Checks are to be made payable to: **St. Vincent Radiography Program**
- ❑ Submit **official** transcripts from **all** colleges, vocational, technical or other academic institutions attended by **January 31, 2027**.
- ❑ If currently enrolled in college courses, submit a current class schedule by **January 31, 2027.**
- ❑ Attend a mandatory Pre- Admission Conference (even if you applied previously).
  - Go to *www.stvincent.org/radiography* for dates, times and locations

Your application, fee and official transcripts must be submitted to one of the following locations based on your clinical site preference. Submitting your application documents to the wrong location may result in delayed processing or not meeting the application deadline. Remember, all application documents must be in the possession of the program at the correct location by end of date January 31, 2027. Documents not submitted by the deadline will not be accepted regardless of reason. All submitted documents including official transcripts become the property of Ascension St. Vincent even if the application is voluntarily withdrawn from consideration.

ANDERSON

If mailing your application materials
Ascension St. Vincent Anderson Hospital
Rachael Powell
Radiography Clinical Coordinator
2015 Jackson Street
Anderson, IN 46016

If dropping off your application materials
Leave your documents in a sealed envelope at
Main Hospital
Radiology Front Desk

Academic Transcripts must be submitted electronically to
rachael.powell@ascension.org

CARMEL

If mailing your application materials
Ascension St. Vincent Carmel Hospital
Stacy Stevenson
Radiography Clinical Coordinator
13500 N. Meridian Street
Carmel, IN 46032

If dropping off your application materials
Leave your documents in a sealed envelope at
Radiology Front Desk
Entrance 2

Academic Transcripts must be submitted electronically to
stacy.stevenson@ascension.org

INDIANAPOLIS

If mailing your application materials
Ascension St. Vincent Indianapolis Hospital
Medical Imaging Department
c/o Kirsti Humburg, Clinical Coordinator
2001 W. 86th Street
Indianapolis, IN 46260

If dropping off your application materials
Leave your documents in a sealed envelope at the
Radiology Front Desk
Entrance 3

Academic Transcripts must be submitted electronically to
kirsti.mikel@ascension.org

KOKOMO

If mailing your application materials
Ascension St. Vincent Kokomo Hospital
Sarah Maloy
Radiography Clinical Coordinator
1907 W. Sycamore Street
Kokomo, IN 46901

If dropping off your application materials
Leave your documents in a sealed envelope at
Radiology Front Desk
Entrance 3

Academic Transcripts must be submitted electronically to
sarah.maloy@ascension.org