



# ***RADIOGRAPHY PROGRAM***

# ***ADMISSION APPLICATION***

## ***2024 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 HISTORY**

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?

**AGE ATTESTATION**

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

**Prior Application**

3. Have you applied to the Radiography Program in the past 2 years?

**Criminal History**

4. Have you ever been convicted of or plead guilty to any felony or misdemeanor other than minor traffic violations? \*

**Professional Licensure**

5. Have you ever had a professional license or certification suspended or revoked for any reason? \*

\* If you answered "YES" to questions 4 or 5, you must attach a detailed description and explanation of your conviction history and/or professional license/certification history. Include the relevant dates and the governing bodies associated with your conviction and/or suspension/revocation of your professional license/certification.

**Failure to fully disclose an adverse criminal history or professional license record disqualify you from admission consideration or withdrawal of conditional acceptance?**

**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 **August 1** of the enrollment year you are applying for?

If yes...

Degree \_\_\_\_\_  
Institution: \_\_\_\_\_  
Date to be earned: \_\_\_\_\_

**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 \_\_\_\_\_

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

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

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

College / 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.
3. A high school graduate or earned General Education Diploma (GED).
4. A minimum 2.50 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**

**\* 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 \_\_\_\_\_

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 \_\_\_\_\_

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

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

### CLINICAL SITE PREFERENCE

*If selected into the program, where would you prefer to be based for your primary clinical rotations? Remember, the program does not guarantee selection into your preferred clinical site.*

### 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 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](http://www.stvincent.org/radiography).*

Signed \_\_\_\_\_

Date \_\_\_\_\_

Remember you need to...

- Submit the completed and signed application by **January 31, 2024**
- Submit the non-refundable **\$20** application fee by **January 31, 2024**  
(Cash or credit cards are NOT accepted; 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, 2024**
- If currently enrolled in college courses, submit a current class schedule by **January 31, 2023**
- Complete the mandatory Pre- Admission Requirement
  - Go to <https://medicaleducation.ascension.org/indiana/st-vincent-radiography-program/admissions-process/pre-admission-conference-or-video> for dates, times and locations

#### **If mailing your application materials**

**Mark Adkins**  
**Radiography Program Director**  
**8402 Harcourt Rd., Suite 210**  
**Indianapolis, IN 46260**

#### **If dropping off your application materials**

Leave your documents in a sealed envelope at the Medical Imaging reception desk next to Entrance 3\*\* at St. Vincent Hospital on 86<sup>th</sup> Street  
Envelope must be addressed to...

**Mark Adkins**  
**Radiography Program Director**

**\*\*Do Not** leave your application documents at the information desk in the hospital lobby. All application materials must be mailed or hand-delivered to the location above. The program is not responsible for documents left at any other location.