

Dear Applicant:

Thank you for your inquiry into our Radiologic Technology program at Ascension St. John Hospital. To be considered for admission to the class beginning in September of 2024, completed application materials (this includes **all items** listed in the attached "Admission Requirements") must be compiled by you, sent to the Program Director in **one envelope packet** and must be received by **February 1, 2024**. Separate mailings of application materials will not be accepted. **The applicant is responsible for ensuring that the application packet is complete**.

A **non-refundable \$40.00 application fee** must be included with your application. Check or money orders should be made payable to Ascension St. John Hospital.

**Three official professional letters of recommendation are also required.** These may be from school counselors, teachers, employers, etc. Letters of recommendation cannot be accepted from relatives, friends, or neighbors. **Official** high school and all college transcripts must also be included in your **one envelope packet**.

**ACT scores are mandatory, regardless of your education status or age.** If you have not taken the ACT, you must register at your local high school or college as soon as possible or online at <u>www.actstudent.org</u>. SAT scores will also be evaluated (minimum requirement equivalent to the ACT score 18).

A minimum Associate degree is required to apply to our program OR proof that you are enrolled in a college/university that we have an articulation agreement with. In addition, the following college courses (100 level or above) must be completed before February 1: Communications (English), Information Sciences (Computers), Algebra (not Introductory, Basic, or Pre.), Medical Terminology, and Anatomy & Physiology or Physical Science.

When all the required information is **received in one envelope packet** and all the above requirements are met, we may contact you in February to schedule an appointment for an interview.

An Admissions Committee is responsible for reviewing applications and selecting students. All qualified applicants are considered regardless of age, race, color, sexual orientaion, gender identity, disability, height, weight, religion, genetic information, national origin, marital status, amnesty, and other legally protected status, or status as a covered, veteran in accordance with applicable state, federal and local laws.

If accepted into our 24 consecutive month program, **tuition is \$6,000.00 (\$3,000.00 due each year).** Students are responsible for their book expenses and online course fees (approximately \$1,500.00 total), a \$150/year record keeping fee, school supplies, and uniforms. We do not participate in Title IV Financial Aid.



## Applicant Check Sheet

This check sheet is for your use only to ensure you have everything included in your one envelope application packet.

Completed Application
Three Official Letters of Recommendation
Official High School Transcript
<b>Official</b> ACT or SAT Score (included on <i>most</i> , not all, high school transcripts)
Minimum ACT score of 18 or SAT score equivalent to an 18
<b>Official</b> College Transcripts (include all colleges attended)
Proof of Associate Degree or higher (listed on your College transcript)
★ If you do not have an Associate Degree or higher, Proof of current enrollment in a college or university that we have an <b>articulation agreement</b> with
<b>Completed Prerequisite Courses</b> (100 level or above):
Communications (English)
Information Sciences (Computers)
Algebra (not intro, basic or pre)
Medical Terminology
Anatomy and Physiology or Physical Science
Application Fee (non-refundable)
\$40.00 check or money order payable to Ascension St. John Hospital.

Once you've compiled everything above into one envelope packet, send your completed packet to:

Ascension St. John Hospital School of Radiologic Technology Attn: Denise Allen 22101 Moross Road Detroit, MI 48236

Application packets are due by February 1st to be considered for the class starting in September of that year!

\*Official documents must be sealed and either signed or stamped across the back by the school official or reference. Letters or transcripts that are not sealed or signed appropriately or appear to be tampered with will not be accepted.



## Ascension St. John Hospital School of Radiologic Technology 22101 Moross Road, Detroit, Michigan 48236 (313) 343-4544 2024 Application for Admission

NAME	NAME First Middle Last								
STREET ADDRESS									
CITY				STATE	ZIP CODE				
PREFERED TELEPHONE						ly			
SOCIAL SECURITY NUMBER									
EMAIL ADDRESS									
PERSON TO BE NOTIFIED IN CASE	Name:								
OF EMERGENCY	Emergency Telephone	e Number:	Relationship:						
Have you ever been known by another name?				If Yes what name?					
	ou a citizen of United States	No	Yes	If not, do you have a student vis permitting you to rema permanently in the US	in No	Yes			
Have you ever had any	No	Yes							
Have you ever been co	nvicted of a crir	minal offense?	(felony/misder	menor)					
*An affirmative response willnot automatically exclude anyone from the program. If you have ever been convicted of a crime (other than a parking violation), involved in a crime of moral turpitude, convicted of drving while intoxicated, or a felony, you're application will be reviewed by Ascension. The American Registry of Radiologic Technologists (ARRT) will also run an ethics check after successful completion of the two year program.									
Our standards for acceptance require a minimum of a two-year college degree conferred OR be Currently enrolled in a school in which we have an articulation agreement with.									
I attest that I have an accredited and conferred:									
Bachelor's degree									
Institution Highest Degree Name: Currently enrolled in a school with an articulation agreement Dates of Attendance:									
was conferred or Currently									
enrolled school with an articulation agreement: Clty & State:					Month/Year	to Month/Year Month/Year			

HIGH SCHOOL	Name:	Dates of Attendance:								
Diploma? Yes or No (Circle One)	City & State:	to Month/Year Month/Year								
PLEASE PROVIDE A LIST OF YOUR PREVIOUS EMPLOYERS, BEGINNING WITH THE MOST RECENT.										
Mos Curre	Title Held		Years Employed From> To	Reason for Leaving or Currently Employed						
Sec Rece	Title Held		Years Employed From> To	Reason for Leaving or Currently Employed						
MILITARY SERVICE RECORD	fam 0		ch:	Dates of Service:						
	NO Rank:				to Month/Year Month/Year					
	Duties:									
	Citations and/or Awards:									
How did you hear about our School of Radiologic Technology? (Optional)										
Please describe any personal or work related experience that you have had dealing with ill patients or other health related experience.										
Please attach a paragraph about why you are interested in becoming a Radiologic Technologist. (Keep in mind that this is a written sample of your writing ability.)										
Please read carefully before signing										
I have included the required non-refundable \$40.00 application fee (check or money order made out to Ascension St. John Hospital). I certify that the answers, which appear on this application, are complete and true. I realize that falsification or omission of any information on this application or during an interview, receipt of a poor reference, an unsuccessful criminal background check, or failure to successfully complete a physical examination at any time, may be cause for my rejection or dismissal. I will submit to any physical examination or blood tests whenever required at Ascension St. John Hospital. If accepted, I agree to observe hospital and school rules and regulations at all times.										
Signature of Applicant	Date									
Signature of parent or le	Date									
Student recruitment for the Ascension St. John Hospital School of Radiologic Technology is non-discriminatory with respect to age, race, color, sexual orientaion, gender identity, disability, height, weight, religion, genetic information, national origin, marital status, amnesty, and other legally protected status, or status as a covered, veteran in accordance with applicable state, federal and local laws.										