

Application

Bon Secours St. Mary's Hospital School of Medical Imaging Radiography Program

Important Notes

The School of Medical Imaging Radiography Program makes selection of applicants without regard to race, religion, color, national origin, sex, disability or age. Policies on admission, tuition assistance and tuition refund are available by request or on our web site at <http://www.bonsecours.com/SOMI> or by calling (804) 627-5408. Please **compile entire application** packet prior to submitting to school. An Application Packet Checklist is located on page 4.

Please Type or Print in Ink:

Academic cycle applying for _____

Name _____

Last

First

Middle

Maiden

Social Security Number _____

Address _____

Phone (work) _____ (home) _____ (cell) _____

E-mail address _____

State of Legal Residence _____ US Citizen _____ Yes _____ No

If no, provide status and attach a copy of your card.

Country _____

Visa Type _____

Visa Number _____

Date Issued _____ / _____ / _____

Financial Aid

For up-to-date financial aid information please view our website at <http://www.bonsecours.com/SOMI>

CRIMINAL BACKGROUND

If you have ever been convicted or are currently under indictment for a misdemeanor or felony you must indicate this on the application. Candidates who have been convicted of any type of offense other than traffic violations must seek pre-approval through the American Registry of Radiologic Technologists (www.arrt.org) The ARRT can refuse approval, which could bar the candidate from seeking work in Radiography. (A copy of the approval letter must be submitted with application).

Bon Secours Health System requires a criminal background check to be part of the enrollment process.

A conviction will not necessarily preclude you from consideration for admission, but **Failure** to report a conviction is grounds for dismissal from the program or halting consideration for acceptance.

Have you been convicted or are under indictment for a misdemeanor or felony?
_____ Yes _____ No **If yes, attach a letter of explanation.**

List names of **all** schools that you have attended, begin with current or most recent.

Start Date	Completion Date	School Name	Address	Course	Degree

Official Transcripts from high school and all institutions attended following high school must be sent to the School of Medical Imaging in the Application Packet.

If you hold a High School Equivalency or GED please list:
State _____
Date received _____
Certificate number _____

PRE-APPLICATION/PRE-ADMISSION COURSES

The pre-application/pre-admission courses required for admission are listed below. Please check all that you have completed. **All courses must be completed with a minimum grade of “C”.** **Official transcripts must be submitted by Dec. 15th 2010 in order to be considered for this application cycle. A total of 17 credits are required with a minimum combined GPA of 2.5. (GPA calculation based upon courses listed below)**

Credits must have been earned within 10 years of application date.

Course	Yes/ Year	Course Number	Examples of acceptable courses
Written/Oral Communications – 3 credits			English 111, 112 or Speech
Math (level higher than 120) or Physics - 3 credits			Math above 120 or a Physics class that contains a math component.
Human Anatomy I - 4 credits			NAS 161 or BIO 131
Human Anatomy II - 4 credits			NAS 162 or BIO 132
Information Systems- 3 credits			Introduction to Computing or other computing course.

EMPLOYMENT HISTORY

List all current and former employers. Attach additional pages as needed.

Start Date: _____ End Date: _____ Company Name: _____ Supervisor: _____ City / State _____ Phone: (____) _____ Job responsibilities: _____
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Start Date: _____ End Date: _____ Company Name: _____ Supervisor: _____ City / State _____ Phone: (____) _____ Job responsibilities: _____

Have you ever been terminated from employment? _____ Yes _____ No
If so, please attach a letter explaining.

Have you ever been employed by a facility that is now in the Bon Secours Health System?
 _____ Yes _____ No **If yes, dates and location** _____

May we contact your previous employers? _____ Yes _____ No
If no, please attach letter explaining.

LETTERS OF REFERENCE

- A.** Each applicant must submit 3 letters of reference from a person other than family.
- B.** References should be from someone who knows you professionally or academically.

APPLICATION PACKET CHECKLIST

Please submit **All** of these materials at one time on or before the application deadline.

- _____ Completed Application
- _____ Application Fee
- _____ Official/sealed copies of High School transcript/GED
- _____ Official/sealed copies of **All** College Transcripts
- _____ 3 Letters of Reference in sealed envelopes.
- _____ Copy of Basic Life Support (BLS) CPR card (American Heart Association is suggested)

PLEASE READ CAREFULLY BEFORE SIGNING

It is my understanding that I shall not be considered for admission to the School of Medical Imaging until I have submitted all materials as specified by the school. Failure to submit all materials by the application deadline may exclude me from consideration. I further agree to inform the school of any changes of my 1) plans to attend the School of Medical Imaging 2) address 3) legal name.

I understand that withholding information requested in the application or giving false information on any documentation may make me ineligible for admission to/or continuation in the School of Medical Imaging.

I further understand that an applicant who meets all requirements is not guaranteed admission into the program.

I hereby certify that facts set forth in this application are true to the best of my knowledge.

Signature _____ Date _____