

**Halifax Health Medical Center School of Radiologic Technology  
Application for 2013 Class  
(Please print or type)**

**There is a \$25.00 (non refundable) Application Fee that must accompany this application.**

Check or Money Order payable to Halifax Health Medical Center

Complete Name	First	Middle	Last
Maiden or other names previously used			
Street address or POB			
City			
State			
Zip			
Social Security Number or Resident Alien Number if not US Citizen			
Phone Numbers	(    ) Home	(    ) Cell	
Email			
Emergency Contact	Name _____ Phone _____ Relationship _____		

**EDUCATIONAL BACKGROUND**

High School Graduate	GED	College
Name of School	Name of institution	Name of College(s)
GPA	Score ____ Math Section ____ Science Section	Years Completed ____ Degree(s) _____  Major(s) _____

**History of felony or misdemeanor conviction or have any arrest record?**

**Yes No If yes, please explain:**

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Note:

All offenses must be reported regardless of how long ago they were committed.

Exceptions are:

- offenses committed while a juvenile and processed in the juvenile court system;
- traffic violations that did not involve drugs or alcohol;
- charges that were dismissed if there were no court conditions required for the dismissal.

All other misdemeanor or felony offenses must be reported, including convictions or charges resulting in a plea of guilty, plea of nolo contendere (no contest), withheld or deferred adjudication, suspended or stay of sentence, pre-trial diversion activity, or military court-martial. You will be required to complete the ARRT Pre-application process prior to the interviews. Information concerning this process is available on <http://www.arrt.org/index.html?content=ethics/preapp.htm>.

Please have an **official** high school or GED transcript and college transcript(s) mailed directly to the Radiography Program from the institution attended. To be official it must be mailed by the issuing institution.

**Brief statement of interest in the profession of Radiologic Technology:**

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**References:** Please provide complete name, address and zip code. The reference individuals must be previous or current employers, supervisors or educators. References from friends or family are not acceptable.

This gives us permission to mail a reference form to the individuals listed below.

I \_\_\_\_\_ give the Halifax Health.

Signature of Applicant

Radiography Program my permission to contact the individuals listed below for a reference.

	Printed Name	Street Address or POB	City	State	Zip	Occupation
1						
2						

**INCOMPLETE APPLICATIONS WILL BE RETURNED AND NOT PROCESSED.**

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**ACKNOWLEDGMENT OF ENTRANCE STANDARDS & POLICIES**

I have read the Entrance Standards and policies defined in the radiography program brochure and information packet. I understand the entrance standards and policies as defined and that it is my responsibility to notify the Education Coordinator concerning requests for reasonable accommodations. I further understand that during the 30-month program, if I am unable to perform classroom, lab or clinical assignments with reasonable accommodations, I may be dismissed from the program.

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**WORK/MILITARY/VOLUNTEER EXPERIENCE  
LIST MOST RECENT**

1. Employer \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_
  
2. Employer \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_
  
3. Employer \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Supervisor \_\_\_\_\_  
 Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_ Job Title \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

For Office Use Only

App Mailed	App/Fee Rec'd	Ref Mailed	Rec'd Ltr Mailed	Ref #1	Ref#2	HST/GED
College Transcript	Transfer Evaluation	Apt	Interview	Entrance	Completion	Withdrawal/Inactive

**Return to: Halifax Health Radiography Program  
 303 N. Clyde Morris Boulevard  
 Daytona Beach, Florida 32114  
 Application Deadline August 1, 2012. This application is for the 2013 Class.**