

7. Educational Experience

High School Attendance	Dates		GPA	MM/YY of Graduation
	From	To		

GED/High School Equivalency	Institution/Test Center	MM/YY Completed	Score

College/University Attendance	Dates		Credits		GPA	Verified Office Use Only
	From	To	Attempted	Earned		

8. Degrees Awarded

Degree Earned	Major	Date Completed	GPA	Verified Office Use Only

9. Prerequisite Coursework (Only list one course for each prerequisite)

Prerequisite	Course Completed	Credits	Grade	Verified Office Use Only
Medical Terminology				
Communications/ English				
Mathematics				
Natural Sciences				
Elective 1				
Elective 2				

10. Shadow Experience

Date	Institution/Facility	Department	Length of Time	Procedures Observed

11. Employment History

FULL TIME EMPLOYMENT			
Position/Title	Employer	Dates Employed	
		From	To

PART TIME EMPLOYMENT			
Position/Title	Employer	Dates Employed	
		From	To

Are you currently employed in the field of health care delivery?

- No
- Yes

12. How did you hear about this program? (please check all that apply)

- Friend
- Aurora Employee
- Advertisement
- Job/ Career Fair
- Website/ Internet
- Other Educational Facility
- Other (please identify) _____

Please read the following information:

Drug-Screening Consent

Sign and date the drug screening consent form and submit with other application materials. Applicants refusing to consent and complete drug screening will not be considered for acceptance into the program. If the result of the drug screen shows a positive level of any non-prescribed controlled substance, the individual will be deemed unqualified for placement and the offer rescinded.

Reference Forms/Letters of Recommendation

Each applicant must submit three (3) applicant assessment forms and letters of recommendation. Ideally, instructors should author two (2) recommendations and the third reference may be a personal recommendation. Employer recommendations may be substituted if the applicant does not have recent educational experience. Your references should forward completed forms/letters to you in a sealed envelope with his or her signature across the closure.

Transcripts

To verify completion of prerequisites, **official sealed** academic transcripts are required. Any intentional discrepancies will terminate applicant's eligibility.

Foreign Transcripts

To verify completion of prerequisites, all foreign diplomas and documents must be evaluated by a foreign transcript evaluation agency official to include a notarized English translation.

TRANSCRIPTS MUST BE SENT DIRECTLY FROM THE EDUCATIONAL INSTITUTION, POSTMARKED BY THE APPLICATION DEADLINE. HAND CARRIED TRANSCRIPTS WILL NOT BE ACCEPTED.

Background Check and Drug Testing

Upon acceptance to the program all students must submit to criminal background checks, drug screening and a screening physical examination.

All license and registry agencies have eligibility standards for their applicants. These standards address the question of an applicant's conviction of a felony or misdemeanor. The student is responsible for ensuring their license / registry eligibility. If you have any questions regarding your eligibility, contact:

American Registry of Radiologic Technologist – www.arrt.org

I certify to the best of my knowledge the information provided in this application is accurate and complete. I understand that if this information or any other information upon which my admission is based is discovered to be inaccurate or incomplete, the school may rescind my admission. I acknowledge that all documents submitted as part of this application, including official transcripts, will become property of the school and will not be forwarded to another institution or returned to me.

Applicant Signature

Date

Aurora St. Luke's Medical Center
Radiology Education

CONSENT FOR DRUG SCREENING

Aurora Health Care and its affiliates have a vital interest in maintaining a safe, healthy and efficient working environment for its employees and customers. Illegal drug use poses a serious threat to the health and safety of the user and to others. Recognizing this, all applicants considered for acceptance to the programs/schools sponsored by Aurora Health Care or its affiliates are required to submit to a drug screening test. Carefully read the following statement before signing this form.

I hereby give my consent to Aurora Health Care and/or its affiliates to collect a hair sample from me and to conduct tests on such sample to determine the presence of drugs or controlled substances, and to release results to a Medical Review Officer. I understand that my refusal to consent and submit to a complete drug screening will result in denial of clinical placement from Aurora Health Care and its affiliates. Should the results of the laboratory tests of the specimen identified by this form be confirmed positive, the Medical Review Officer will contact me to discuss prescriptions and over-the-counter medications I may have taken. Positive drug test results will eliminate otherwise qualified candidates from acceptance into the program.

I agree to the above statements:

Signature Date

Reason for Refusal:

Accepted by: _____ Date _____

For Office Use Only:

Date/Time Offer Extended: _____

Deadline (7 Days from date of offer) _____

Occupational Health Site: _____

Authorized Signature: _____ Date _____

Comments/Additional Information: _____

