



## Application for Admission into the Radiologic Technology Program

FULL NAME (please print): \_\_\_\_\_

MAIDEN/FORMER NAMES: \_\_\_\_\_

FIRST TIME APPLYING?  YES  NO

PRESENT ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EDUCATION					
Type	School Name	City & State	Year(s) Attended	Major	Graduate Yes or No
High School					
College #1					
College #2					
Other					

<b>EMPLOYMENT</b> (list the most recent job first)					
<b>Employer #1</b>	<b>Job Title</b>	<b>City &amp; State</b>	<b>Phone</b>	<b>Start Date</b>	<b>End Date</b>
<b>Reason for leaving:</b>					
<b>Employer #2</b> (if applicable)	<b>Job Title</b>	<b>City &amp; State</b>	<b>Phone</b>	<b>Start Date</b>	<b>End Date</b>
<b>Reason for leaving:</b>					
<b>Employer #1</b> (if applicable)	<b>Job Title</b>	<b>City &amp; State</b>	<b>Phone</b>	<b>Start Date</b>	<b>End Date</b>
<b>Reason for leaving:</b>					

A record of criminal conviction will not necessarily be a bar to program admission, since the university will consider factors such as age at the time of the offense, how long ago the conviction occurred, the nature and seriousness of the violation, and evidence of rehabilitation in making an admission decision. However, since some of our affiliate hospitals are pediatric hospitals, certain criminal offences are by Ohio law automatic disqualification for program admission no matter when they occurred.

- Have you ever been convicted (plead guilty or no contest or been found guilty) of an offense other than minor traffic violations?

YES    NO   If yes, on a separate piece of paper please list the conviction, the date, and the country and state where convicted. Failure to disclose a conviction may be considered falsification of your application and disqualify you from consideration for admission to the program or result in termination from the program even if discovered at a later date.
- Are you charged with an unsolved criminal charge? (Are you charged with a crime that has not yet resulted in a plea of guilty, court trial, deferred adjudication or dropping of the charge?)

YES    NO   If yes, please explain on a separate piece of paper.
- Have you ever had a disabling illness or injury that would possibly prevent you from performing the duties of a Radiography student?

YES    NO   If yes, please explain on a separate piece of paper.

I understand that if I should be selected and later investigation reveals that I have made false statements or omitted facts from this form, I will be subject to dismissal. I am aware that a physical examination including drug screening and a security background check will be required before admission. Any health conditions that exist may cause me to be a hazard to myself or others in the hospital may disqualify me for admission or be reason for termination. I hereby authorize the University of Akron to obtain all pertinent information from police records and all past or present employers, schools, and/or educational institutions for work references or education.

---

Signature

---

Date

**Remember to include with this application:**

- Copies of all college transcripts
- Two (2) completed reference forms (the reference form is found on the University of Akron's Radiography School website)
- Documentation of completion of the **mandatory** four (4) hour shadowing experience at one of our clinical education centers (information about the mandatory shadowing is provided at the UA information meetings)

**PLEASE RETURN NO LATER THAN FEBRUARY 1 TO:**

**David Whipple M.Ed., R.T.(R), Program Director**  
The University of Akron  
School of Allied Health - Radiography Program  
Polsky Building #265  
Akron, OH 44325-3702