NORTH OAKS
School of Radiologic Technology

Instructions for Completing the Application

The deadline for submitting applications is June 1, 2017.

Please check each item completed:

☐ 1. Complete the enclosed application. **An incomplete application will not be considered**.

☐ 2. **An ACT composite score of 19 or above is a requirement. NO EXCEPTIONS**.

☐ 3. Include an **official** high school transcript. (If you have a GED, we will require your high school transcripts and your GED scores.) These should be in a sealed envelope from the school.

☐ 4. Include official transcripts of **all** colleges, universities or other post-secondary training programs, and attach all **official** transcripts to the application. These should be in a sealed envelope from the school. (See degree requirements in catalog.)

☐ 5. A cumulative GPA of 2.0 is required.

☐ 6. You must have the three enclosed reference forms completed and mailed to the school **(only three reference forms, no letters accepted)**. Sources may be the same as references listed on the application. You should have known these references for at least one (1) year. (Exclude family.)

☐ 7. Have you applied to this school before? ☐ Yes ☐ No
If "yes," what year did you apply? _____

☐ 8. Have you applied to another program of radiologic technology this year or in the past? ☐ Yes ☐ No
If "yes," which schools? _____

☐ 9. I will be 18 years of age or older by September 1, 2017. ☐ Yes ☐ No

☐ 10. Have you ever been charged with or convicted of a felony or misdemeanor? ☐ Yes ☐ No

☐ 11. After completing the application, mail it to the following address, along with the application fee of $40.00. Make check payable to "North Oaks Medical Center." **(This is non-refundable.)** Mail to: North Oaks School of Radiologic Technology, P.O. Box 2668, Hammond, LA 70404.

After the school receives your application, you will be notified of the date and time of you interview. If you have any questions or would like to set up an appointment, please call Program Director Marsha J. Talbert, M.S., R.T. (R), at (985) 230-7805.

Please return this completed form. Do not fold application.

NS# 5153.9 • 7/2016

NorthOaks
School of Radiologic Technology

2017 Student Application

Personal Information: Social Security Number:_____-_____-_____

Name: _____
Last *First* *Middle* *Maiden*

Street: _____

City:_____ State:_____ Zip: _____

Email:_____

Home Phone #: (_____)_____ Work Phone #: (_____)_____

Cell Phone #: (_____)_____ Other Contact #: (_____)_____

No person will be discriminated against because of race, color, national origin, age, sex, religion or handicap.

Education: List ALL schools attended.

	Name and Location of School	Dates Attended	Graduation Date
High School:			
College:			
College:			
Other:			

Note: If you have attained a college degree, please specify.

NorthOaks School of Radiologic Technology

2017 Student Application

Employment - List all work experience beginning with the most recent.

Name of Employer	Title/Duties	Reason for Leaving	City and State	Dates

I have volunteered or observed in an imaging department. _____YES _____NO _____# of hours
Where?: _____

References: List below the names of three persons whom you have known at least one (1) year. (Exclude family.)

1. Name: _____ Years Acquainted: _____

Address: _____ Phone #: (____)_____

City, State, Zip: _____

Business: _____

2. Name: _____ Years Acquainted: _____

Address: _____ Phone #: (____)_____

City, State, Zip: _____

Business: _____

3. Name: _____ Years Acquainted: _____

Address: _____ Phone #: (____)_____

City, State, Zip: _____

Business: _____

Indicate below the reason(s) why you would like to enter the field of Radiologic Technology:

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I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that any false statements or omissions made herein will void this application and, if accepted into the school, I may be subject to dismissal without notice at any time.

Signature: _____ Date:_____/_____/_____

How did you hear about our program? _____ Friend/Family _____ School Counselor _____ Internet Search

_____ Newspaper Ad _____ Website _____

Other _____