

Please check each item completed:

Instructions for Completing the Application

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The deadline for submitting applications is June 1, 2024.

A complete application (incomplete applications will not be considered). □ 2. An official ACT highest battery or superscore composite score of 19 or above. □ 3. An official high school transcript (if you have a GED, we will require your high school transcripts and your GED/HiSET scores). These should be in a sealed envelope from the school; or can be sent electronically directly from the school to radschool@northoaks.org Official transcripts of all colleges, universities or other post-secondary training programs. These should □ 4. be in a sealed envelope from the college or university; or can be sent electronically directly from the college or university to radschool@northoaks.org □ 5. A cumulative GPA of 2.0 is required. □ 6. The three provided reference forms completed and mailed to the school (letters are not accepted). Sources may be the same as references listed on the application. Have you applied to this school before? \square Yes \square No □ 7. If "yes," what year did you apply? Have you applied to another program of radiologic technology this year or in the past? ☐ Yes ☐ No □ 8. If "yes," which schools? __ I will be 18 years of age or older by September 1, 2024. ☐ Yes ☐ No ☐ 10. I have read the following statement: ☐ Yes ☐ No The ARRT Ethics Committee conducts a thorough review of candidates for their eligibility to sit for the certification exam. Candidates must be of good moral character. Conviction of a misdemeanor or felony may indicate a lack of good moral character for ARRT purposes. The ARRT Ethics Committee may delay or deny the eligibility of an applicant. The ARRT Standard of Ethics can be found at: https://assets-us-01.kc-usercontent.com/406ac8c6-58e8-00b3-e3c1-0c312965deb2/eac1b19c-a45a-4e65-917b-922115ff2c15/arrt-standards-of-ethics.pdf ☐ 11. After completing the application, mail it to the following address, along with the non-refundable application fee of \$45. Make checks payable to "North Oaks Medical Center." 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 your interview. If you have any questions or would like to set up an appointment, please contact the school at (985) 230-7805 or radschool@northoaks.org



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Personal Information:	Social Sec	Social Security Number:			
Name:					
Last	First	Mi	ddle	Maiden	
Street:					
City:					
Email:					
Home Phone #: ()	Phone #: () Work Phone #: ()				
Cell Phone #: ()	Oth	ner Contact #: ()		
No person will be discriminate	d against because of	race, color, natio	nal origin, age, se	x, religion or handicap.	
Name and L Education: List ALL schools atte	ocation of School				
			Dates Attended	Graduation Date	
High School:					
College:					
College:					
Other:					
			1	L	

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



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

Na	me of Employer	Title/Duties	Reason for Leaving	City and State	Dates
			ng departmentYES	NO	# of hours
Refer		List below the names ((Exclude family.)	of three persons whom you have	known at least one (1) year.
1.	Name:			Veare Acqua	inted:
••			Phone	•	
			1 110110		
2.	Name:			Years Acqua	inted:
	Address:		Phone	e #: ()	
	City, State, Zip:				
	Business:				
3	Name:			Years Acqua	inted:
3.			Phone	•	
3.	Address:		Phone	e #: ()	



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ndicate below the reason(s) why you would like to enter the field of Radiologic T	echnology:
I certify that the statements made by me in this application are true, complete and knowledge and are made in good faith. I understand that any false statements or cooled this application and, if accepted into the school, I may be subject to dismissal	omissions made herein will
Signature:	Date:/
How did you hear about our program? Friend/Family School Couns	
Other	