

The deadline for submitting applications is June 1, 2024.

Please check each item completed:

- 1. 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
- 4. **Official** transcripts of **all** colleges, universities or other post-secondary training programs. These should 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.
- 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, 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

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: _____

