

**The deadline for submitting applications is June 1, 2026.**

**Please check each item completed:**

- ☐ 1. A complete application. Incomplete applications are not considered. If the application is incomplete, the applicant will be notified and the application will be withdrawn. Material submitted becomes the property of the school and cannot be returned.
- ☐ 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](mailto: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](mailto:radschool@northoaks.org).
- ☐ 5. A **minimum cumulative** GPA of 2.5 is required for both high school and college coursework.
- ☐ 6. Three [reference forms](#) completed and mailed to the school or sent electronically by the referrer to [radschool@northoaks.org](mailto:radschool@northoaks.org) (reference letters are not accepted). Sources should 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 radiologic technology program this year or in the past? ☐ Yes ☐ No  
If "yes," which school(s)? \_\_\_\_\_
- ☐ 9. I will be 18 years of age or older by September 1, 2026. ☐ 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 [here](#).
- ☐ 11. After completing the application, deliver it to the school or mail it to the following address, along with the non-refundable application fee of \$50. 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 your application status and 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](mailto:radschool@northoaks.org).

Please return this completed form. Do not fold application.

**Personal Information:**

Social Security Number: xxx-xx-\_\_\_\_\_

Name: \_\_\_\_\_

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.**

**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 a radiology department in an acute care setting or hospital setting.**  
 \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ # of hours

**If so, where? Please attach documentation.** \_\_\_\_\_

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

- Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_
- Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_
- Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Employer: \_\_\_\_\_

