NorthOaks Health
School of Radiologic Technology

Instructions for Completing the Application

All required documents, including application fee, official transcripts, reference forms, and any other application materials, **must be received by 4:30 pm on May 15, 2027**, for the application to be considered complete and eligible for review.

Please check each item completed:

☐ 1. A complete applications for admission. All required documents, including application fee, official transcripts, reference forms, and any other application materials, must be received by 4:30 pm on May 15, 2027, for the application to be considered complete and eligible for review. If the application is incomplete, the applicant will be notified, and the application will be withdrawn.

☐ 2. 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

☐ 3. **An official ACT highest battery or superscore composite score of 19 or above. (School code #1606)**

☐ 4. **Official** transcripts from **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. The only exception to the May 15, 2027, deadline is final transcripts reflecting coursework completed during the 2027 Spring semester. Transcripts for the 2027 Spring semester must be received by 4:30 pm on May 31, 2027.

☐ 5. A **minimum cumulative** GPA of 2.5 is required for both high school and college coursework.

☐ 6. **Three** reference forms found on the program's webpage, must be submitted directly by the applicant's referee to the school either electronically via email or in a sealed envelope. Reference letters are not accepted.

☐ 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

Please return this completed form. Do not fold application.

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

Name: _____

Street: _____

City: _____ State:_____ Zip: _____

Email: _____

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

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

No applicant will be discriminated against because of race, color, national origin, ancestry, sex, pregnancy, marital status, religious creed, disability, age or any other legally protected criteria.

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.

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, please attach volunteer/observation certification form.

References: Provide the names of three persons references who you have known at least one **(1)** year (exclude family). These should be the same three persons who complete and submit your reference forms.

1. Name: _____Years Acquainted: _____
Address: _____
City, State, Zip: _____
Employer: _____

2. Name: _____Years Acquainted: _____
Address: _____
City, State, Zip: _____
Employer: _____

3. Name: _____Years Acquainted: _____
Address: _____
City, State, Zip: _____
Employer: _____

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

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 _____