

## Instructions for Completing the Application

**Page 1 of 4**

***The deadline for submitting applications is April 1, 2014.***

**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.** Your ACT score must be less than 5 years old by April 1, 2014. The 5-year period is waived *only* if you have a bachelor's degree; however, a composite score of 19 or above is still required. The school's code number is 1606.
- 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.
- 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, 2014.  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 by mail of the date and time of your pre-entrance examination. 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.***

**2014 Student Application**  
**Page 2 of 4**

**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.*

**Name and Location of School**

**Education: List ALL schools attended.**

	<b>Dates Attended</b>	<b>Graduation Date</b>
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	City and State	Dates

**I have volunteered or observed in an imaging department**     **YES**     **NO**     **# of hours**

**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:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

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