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.
**Personal Information:**

Social Security Number: _______ - ___ - ______

Name: ____________________________

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<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
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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.**

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<tr>
<th></th>
<th>Dates Attended</th>
<th>Graduation Date</th>
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<tbody>
<tr>
<td>High School:</td>
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College:

College:

Other:

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

List all work experience beginning with the most recent.

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<tr>
<th>Name of Employer</th>
<th>Title</th>
<th>Duties</th>
<th>City and State</th>
<th>Dates</th>
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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:

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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