

The deadline for submitting applications is June 1, 2023

Please check each item completed:

- ☐ 1. A complete application (**incomplete applications will not be considered**).
- ☐ 2. **An 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.
- ☐ 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.
- ☐ 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, 2023. ☐ 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 **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 call Program Director Heather C. Koepp, MA, R.T.(R)(ARRT), CHES at (985) 230-7805.

Please return this completed form. Do not fold application.

2023 Student Application

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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.**

	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 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.)

- Name: _____ Years Acquainted: _____
 Address: _____ Phone #: (____) _____
 City, State, Zip: _____
 Business: _____
- Name: _____ Years Acquainted: _____
 Address: _____ Phone #: (____) _____
 City, State, Zip: _____
 Business: _____
- Name: _____ Years Acquainted: _____
 Address: _____ Phone #: (____) _____
 City, State, Zip: _____
 Business: _____



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Signature: _____ Date: ____/____/____

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