SCHOOL OF RADIOLOGIC TECHNOLOGY

40 Fuld Street, Trenton, NJ 08638
(609) 599-5234
Application for Admission

Applications will be accepted September 1st through February 15th each year.

Please submit the following:

□ Completed application form.

□ Application essay "Why did you choose Radiologic Technology as your professional goal and how do you see yourself contributing to your community as a healthcare professional?"

□ Non-refundable application fee of fifty ($50.00) dollars. Make the check or money order payable to Capital Health SORT.

Mail to: Capital Health
School of Radiography
40 Fuld Street, Suite 304
Trenton, NJ 08638

□ Official High School or GED transcript

□ Official transcripts from ALL institutions of higher education

All transcripts must be mailed or emailed directly from the institution. Copies will not be accepted.

Please send to CHSORT@capitalhealth.org *or* 40 Fuld Street, Suite 304, Trenton, NJ 08638

□ Three (3) letters of recommendation must be submitted. The individual submitting the letter should be an employer, supervisor, teacher, college professor, or any other non-family or friend contact. Those individuals submitting recommendations should email them directly to CHSORT@capitalhealth.org.

Please refer to the Admissions policy online at www.capitalhealth.org/schoolofradtech for a full description of the admissions process.

Capital Health School of Radiologic Technology – Application for Admission

40 Fuld Street, Suite 304 | Trenton, NJ 08638 | (609) 599-5234 | www.capitalhealth.org/schoolofradtech

NAME	First	Middle	Last	
STREET ADDRESS				
CITY		STATE	ZIP CODE	
TELEPHONE				
LAST 4 OF SOCIAL SECURITY NUMBER	xxx-xx-	DATE OF BIRTH For identification purposes, Year optional	Month Day Year	
EMAIL ADDRESS				
EMERGENCY CONTACT	Name			
	Emergency Telephone Number		Relationship	
Have you ever been known by another name?	□ No □ Yes		If Yes, what name?	
Are you a citizen of the United states?	□ No □ Yes		If No, please provide your visa or immigration status	

OPTIONAL INFORMATION: Answers to this section are requested, but not required. Your answer will NOT affect consideration of your application. The school collects this data and responds to the Department of Education's request for this information

GENDER: □ Male □ Female	Marital Status:
Racial/Ethnic Background (Select all that apply)	□ White □ Black or African American □ Asian □ American Indian or Alaska Native □ Native Hawaiian or other Pacific Islander □ Hispanic or Latino

Capital Health School of Radiologic Technology will not engage in or tolerate unlawful discrimination (including any form of unlawful harassment) on account of a person's sex, age, race, color, religion, creed, sexual preference or orientation, gender identity, marital status, pregnancy, family/parental status, national origin, ancestry, citizenship, military status, veteran status, handicap or disability, or any other protected group or status in the administration of its educational policies, admissions policies, scholarship or loan programs, or other School administered programs.

Secondary Education: Please list chronologically ALL high schools attended. Include GED diploma, if applicable.

Dates (From – To)	School Name	City & State	Diploma Received
			□ Yes □ No
			□ Yes □ No

Post-Secondary Education: Please list chronologically ALL formal education beyond high school.

Dates (From – To)	School Name	City & State	Degree Earned	Total Credits

Community Service: Please list chronologically any community service or volunteer activities performed.

Dates (From – To)	Organization/Description	City & State

Employment: Please list chronologically ALL work/military experience (both full & part-time.) If needed, please attach resume or additional employment history.

Dates (From – To)	Employer	Title/Position	City & State

Professional References: Please list below the 3 individuals who you plan to contact for letters of recommendation in support of your application. (Please see the "General Applicant Instructions & Checklist for specific requirements.)

Name	Occupation	Relationship

In order to meet the ARRT education requirement you must have earned an associate's degree or higher OR have the degree completed prior to June 1 of your graduating year.	
I attest that I have an accredited and conferred	□ Associate's Degree □ Bachelor's Degree □ Master's Degree □ Currently enrolled at Mercer County Community College □ Will complete Associate's degree by June 1 of graduating year □ Other: _____

All prerequisite coursework must be completed before the start of the program:

Course	Semester Completed or Enrolled	Final Grade
English 101 (3 credits)		
English 102 or Public Speaking (3 credits)		
College Algebra or Statistics (3 credits)		
Anatomy & Physiology I, with lab (4 credits) *co-requisite		
Anatomy & Physiology 2, with lab (4 credits) *co-requisite		

Essay: On a separate sheet of paper, please write a short essay that answers the question "Why did you choose Radiologic Technology as your professional goal and how do you see yourself contributing to your community as a healthcare professional?"

If accepted, I agree to abide by all rules and regulations of the Program. I attest that I am of good moral character, and I understand that my acceptance is conditional based upon satisfactory completion of a physical examination, criminal background check and drug screening.

By my signature below, I certify that all information provided on this application, and any attachments thereto, is true, complete, and accurate to the best of my knowledge. I understand that falsification or omission of any requested information is sufficient grounds for rejection of my application or dismissal from the Program as a student. I agree that all information provided to the Program may be used by the Program for any purpose including, but not limited to, making an admissions decision. **I am enclosing my <u>Non-Refundable</u> Application Fee of $50.00.**

_____ _____

SIGNATURE **DATE**

How did you hear about us?	