

**SHARON REGIONAL HEALTH SYSTEM  
SCHOOL OF RADIOGRAPHY**

**APPLICATION FOR ADMISSION**

Deadline for Application and All Materials – January 31<sup>st</sup> of each year.

**Sharon Regional Health System is an Equal Opportunity Facility. We consider applicants without regard to race, color, religion, creed, sex, national origin, ancestry, age, disability, veteran status, or any other status protected by federal, state or local law.**

**SPECIAL NOTE: A NON-REFUNDABLE \$25 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION. SEND A MONEY ORDER MADE PAYABLE TO SRHS SCHOOL OF RADIOGRAPHY. CASH OR PERSONAL CHECKS ARE NOT ACCEPTABLE.**

Please submit applications with transcripts and references to the school of radiography

<b>(PLEASE PRINT RESPONSES)</b>	<b>RESPONSE</b>
1. Date of Application	
2. Social Security Number	
3. Present Name (Last, First, Middle)	
4. Name used on all Transcript(s)	
5. E-Mail Address	
6. Home Address (City, State, Zip)	
7. Contact - Phone numbers (Cell, Home, Work)	<ul style="list-style-type: none"><li>• _____ Cell</li><li>• _____ Home</li><li>• _____ Work</li></ul>

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8. Person to be notified in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Cell Telephone #: \_\_\_\_\_

Address:

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9. If you are attending or have attended a radiography school, give the following:

Name of School:

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Address:

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Program Director's Name: \_\_\_\_\_

Date of Entrance: \_\_\_\_\_

Date Withdrew: \_\_\_\_\_

Reason for Leaving:

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You must submit a transcript from the above school.

When do you desire to enter our radiography program?

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10. How did you learn about the Sharon Regional Health System **School of Radiography**?

	Check Below
• Previous Graduate	
• Current Student	
• High School Counselor	
• Open House / Fair	
• Newspaper Ad	
• Other (list source)	

**If you have been convicted of a felony or misdemeanor (special emphasis to a crime of moral turpitude), read the following statement very carefully:**

The Board of Trustees for The American Registry of Radiologic Technologists (ARRT) specifies **that applicants for certification by the ARRT may be denied a certification or privilege of sitting for the registry examination if they have been convicted of a felony or misdemeanor (especially that regarding a crime of moral turpitude).** Personal concerns regarding this position should be directed to the ARRT. They can be reached by going to [www.arrt.org](http://www.arrt.org) or telephone number (651) 687-0048, before completing this application. You will be directed to complete the Ethics Pre-application Review which is reserved for those who:

- Are not enrolled in an ARRT-recognized education program, or
- Are more than six months until graduating from an ARRT-recognized education program.

**DECLARATION STATEMENT:**

I \_\_\_\_\_, hereby apply for entrance into SRHS School of Radiography. I agree to make myself available for interviews in regard to this application. I understand that I have the burden of producing adequate information for proper evaluation of this application and failure to produce adequate information in the prescribed timeframe will prevent the application from being evaluated or acted upon. In filing this application, I declare the answers are true and understand that misrepresentation or omission of the facts whether intentional or not, shall be sufficient cause for automatic and immediate rejection of this application. In the event that approval has been granted prior to the discovery of such misrepresentation or omission, such discovery may result in reversal of the approval decision.

I hereby authorize SRHS School of Radiography and its designees to make whatever inquiries it deems necessary of any person or organization that is not a consumer-reporting agency to verify any of the information given in this application. I have the responsibility to keep this application current by informing the School of Radiography, through the Program Director, of any change in the area of inquiry. I specifically authorize the School of Radiography to consult any third party who may have information, including otherwise privileged or confidential information bearing on my qualifications, credentials, competence, character, or any matter bearing on satisfactorily meeting criteria for acceptance into Sharon Regional Health System, School of Radiography.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Parent/ Guardian Signature:** \_\_\_\_\_  
(If under 18 years of age)

**Date:** \_\_\_\_\_

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You must provide three letters of reference:  
(We recommend an Academic, Employment and Professional Reference)

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
Academic Reference
2. \_\_\_\_\_ Phone: \_\_\_\_\_  
Employment / Professional Reference
3. \_\_\_\_\_ Phone: \_\_\_\_\_  
Employment / Professional Reference

**Secondary Education: List all high schools or other secondary schools attended.**

Dates From – To	Name of School	City and State	Diploma Received

**Post Secondary Education: List all formal education beyond high school.**

Dates From – To	Name of School	City and State	Diploma Received

**Regarding your Education – Which Course (s) did you like best?**

\_\_\_\_\_  
**Why?**  
\_\_\_\_\_  
\_\_\_\_\_

**Least:** \_\_\_\_\_  
**Why?**  
\_\_\_\_\_  
\_\_\_\_\_

**Did your grades represent your best achievements or could you have done better?  
(Please explain)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List extra-curricular activities & achievements, honors that you believe might further qualify you: \_\_\_\_\_  
\_\_\_\_\_

**Employment: List all work experience (full and part time), beginning with most recent**

Dates From – To	Title of Position	Employer	City and State

**What do you (or did you) like best about your most recent position?**

\_\_\_\_\_  
\_\_\_\_\_

**What do you (or did you) like least about this position?**

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL DATA**

**List (3) things you have done that you are most proud of (work or non-work) and why?**

1.

2.

3.

**What appeals to you about working in the health care field?**

**What plans do you have for your future?**

**What have you already done to make these plans work out?**

**What are you currently planning to do to see that these plans work out?**

**What do you consider to be your personal strengths?**

**What is your typical way of dealing with conflict? Give an example**

**What hobbies or recreational interests are you involved in?**

**List any civic or community activities and offices held?**

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**TECHNICAL STANDARDS**

In Accordance with Section 504 of the 1973 Vocational Rehabilitation Act and the Americans with Disabilities Act (PL-101-336), the School of Radiography at Sharon Regional Health System has established a set of program technical standards relative to its education curriculum. While technical standards are not admission criteria, they are standards; which are necessary for successful completion of the clinical portion of the program and the practice of the profession.

Technical Standards	Meet Standard	Unable to fully meet standard
1. Must be able to help in lifting and transferring patients who may be comatose, paralyzed or incapacitated		
2. Must have sufficient motor skills to be able to lift, move and push heavy equipment. Must be able to reach overhead		
3. Must be able to hear faint signals such as low sounding buzzers and bells to determine and recognize equipment malfunctions		
4. Must be able determine differences in gradual changes in blacks, grays and white for purposes of judging technical quality of images		
5. Must be able to communicate orally and in writing, instruction and directions to patients, and other personnel. Obtain health history and other pertinent data from patients		
6. Must be able to maneuver patients in wheelchairs, carts and imaging tables without injury to patient self or other health care workers and respond to medical emergencies		
7. Must have the manual dexterity, good motor skills, hand-eye coordination skills and sensory function to perform skills such as filling a syringe, putting on sterile gloves, assist with sterile procedures, maneuver equipment. Must be able to move patient and table to align body part and palpate bony prominences to align body part with image receptor		
8. Must have the cognitive ability to perceive and deal appropriately with environmental threats and stresses and continue to function safely and effectively in high stress periods		

**Option 1:** I have read and understand these technical standards. To be best of knowledge, I currently have the ability to fully meet these standards.

\_\_\_\_\_

Students name (Print) Student Signature Date

**Option 2:** I have read these Technical Standards and to the best of my knowledge, I am currently unable to fully meet the items indicated without accommodations. I am requesting the following accommodation.

\_\_\_\_\_

Students name (Print) Student Signature Date

These technical standards are provided for informational purposes only in order to better describe typical requirements of the profession, and in no way constitute an entrance requirement for the program. Students who identify potential difficulties with meeting the technical standards listed above will be encouraged to request auxiliary aid. Determination is made on an individual basis as to whether or not an accommodation or modification can be reasonably made. SRHS makes no pre-admission inquires concerning an applicant's disabling condition, and does not discriminate against individuals on the basis of physical or mental disability.

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**GUIDANCE COUNSELOR FORM**

Dear Guidance Counselor:

Please indicate the following for \_\_\_\_\_  
(Applicant Name)

If Applicable (Maiden Name) \_\_\_\_\_

Q.P.A. \_\_\_\_\_ (example: 4.0, 3.5, 2.5.etc.)

COURSE		
Algebra I	_____ Did Not Take	Passed with a C or Better; Yes _____ No _____
Algebra II	_____ Did Not Take	Passed with a C or Better; Yes _____ No _____
Biology	_____ Did Not Take	Passed with a C or Better; Yes _____ No _____
Chemistry	_____ Did Not Take	Passed with a C or Better; Yes _____ No _____

SAT/ACT scores \_\_\_\_\_

Name of High School: \_\_\_\_\_

Guidance Counselor' Name: \_\_\_\_\_  
(Please print name)

High School Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send this form filled out along with a copy of the applicant's original transcript to:**

**School of Radiography  
Sharon Regional Health System  
740 East State Street  
Sharon, Pennsylvania 16146  
Deadline is February 1**

**Have you included the following?**

1. High school transcripts with official seal
2. College transcripts with official seal in envelope
3. 3 reference letters in sealed envelope
4. SAT/ACT scores
5. Completed application with \$25.00 fee
6. Signed Technical Standards

Mail all information to:

**SHARON REGIONAL HEALTH SYSTEM  
SCHOOL OF RADIOGRAPHY  
740 EAST STATE ST,  
SHARON, PENNSYLVANIA 16146**

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MONEY ORDER PAYABLE TO: SRHS SCHOOL OF RADIOGRAPHY  
PLEASE SUBMIT COMPLETED APPLICATION WITH SEALED OFFICIAL TRANSCRIPTS AND SEALED LETTERS OF REFERENCES.**