#### APPLICATION FOR ADMISSION

Deadline for Application and All Materials – January 31st of each year.

Sharon Regional Health System is an Equal Opportunity Facility. Applicants' recruitment practices at SRHS, School of Radiography are non-discriminatory with respect to any legally protected status such as race, color, religion, gender, age, disability, and national origin, and any other protected class. Disabilities that are not related to bona fide occupational qualifications will not be considered as deterrents to selection of persons

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

(PLEASE PRINT RESPONSES)	RESPONSE
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 (Street/Road, City, State, Zip)	
7. Contact - Phone numbers (Cell, Home, Work)	Cell Home Work

8. Person	n to be notified in case of em	nergency:	
Name:		Relationship:	
Telephon	e #:		
Cell Tele	phone #:		
Address:			
9 If you	are attending or have attend	led a radiography school	give the following:
Name of		ed a radiography sonoon, g	sive the following.
Naille of	School.		
Address:			
riddi CSS.			
Program 1	Director's Name:		
	ntrance:		
	hdrew:		
Reason to	or Leaving:		
	t submit a transcript from the		
1 ou musi	, submit a transcript from the	above school.	
When do	you desire to enter our radio	graphy program?	
10. How	did you learn about the Share	on Regional Health Systen	n School of Radiography?
			Check Below
	Previous Graduate		
	Current Student		
	High School Counselor		
	Open House / Fair Newspaper Ad		
	Other (list source)		
	onici (not 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 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?

I	, hereby apply for entrance into SRHS School of
understand that I has application and fail	ree to make myself available for interviews in regard to this application. I ave the burden of producing adequate information for proper evaluation of this ure to produce adequate information in the prescribed timeframe will prevent in being evaluated or acted upon.
omission of the fac	ation, I declare the answers are true and understand that misrepresentation or ts whether intentional or not, shall be sufficient cause for automatic and n of this application. In the event that approval has been granted prior to the nisrepresentation or omission, such discovery may result in reversal of the
deems necessary of any of the informat current by informing the area of inquiry. who may have info on my qualification	SRHS School of Radiography and its designees to make whatever inquiries it any person or organization that is not a consumer-reporting agency to verify ion given in this application. I have the responsibility to keep this application age the School of Radiography, through the Program Director, of any change in I specifically authorize the School of Radiography to consult any third party rmation, including otherwise privileged or confidential information bearing as, credentials, competence, character, or any matter bearing on satisfactorily acceptance into Sharon Regional Health System, School of Radiography.

Date:	<del></del>	
Signature:		
Print Name:		
Parent/ Guardian Signature:		
	(If under 18 years of age)	

Date:			
	three letters of reference in Academic, Employmen	e: nt and Professional Reference	)
1.		Phone:	
		Phone:	
		Phone:Phone:	
Employment / Pro	fessional Reference	Phone:	
Secondary Educa	tion: List all high school	ols or other secondary schoo	ls attended.
Dates From – To	Name of School	City and State	Diploma Received
	Education: List all form  Name of School	al education beyond high scl	Diploma Received
Regarding vour I	Education – Which Cou	rse (s) did you like best?	
		(s) ara jou line best.	

Why?			
Regarding your F	Education – conti:		
Least: Why?			
Did your grades i explain)	represent your best ach	ievements or could you ha	eve done better? (Please
	ılar activities & achieve	ements, honors that you be	elieve might further
Employment: Lis	t all work experience (f	ull and part time), beginn	ing 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	n?

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?

#### **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.

Teo	chnical Standards		Meet Standard	Unable to fully meet standard
1.	Must be able to help in lifting and tr	ansferring patients who may be		
	comatose, paralyzed or incapacitated			
2.	Must have sufficient motor skills to equipment. Must be able to reach ov		avy	
3.	Must be able to hear faint signals su	ch as low sounding buzzers and b	pells to	
	determine and recognize equipment			
4.	Must be able determine differences		ys and	
	white for purposes of judging techni			
5.	Must be able to communicate orally			
	directions to patients, and other pers	onnel. Obtain health history and	other	
-	pertinent data from patients		4ahlaa	
6.	Must be able to maneuver patients in			
	without injury to patient self or othe medical emergencies	i hearm care workers and respond	110	
7	Must have the manual dexterity, goo	od motor skills hand-eve coordin	ation	
, .	skills and sensory function to perfor		ation	
	putting on sterile gloves, assist with			
	equipment. Must be able to move pa		and	
	palpate bony prominences to align b		and	
8.			th	
0.	environmental threats and stresses a			
	effectively in high stress periods	nd continue to function safety and		
On	tion 1: I have read and understand the	nese technical standards. To be be	est of knowledge. I c	urrently
	ye the ability to fully meet these stand			,,,
_			_	=
Stu	dents name (Print)	Student Signature	Date	
On	tion 2: I have read these Technical S	tandards and to the best of my kn	owledge I am curre	ntly unable
	fully meet the items indicated without			
	y			
		2. 1 . 0'		
Stu	dents 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.

Dear Guidance Co	ounselor:	II) FORM	
Please indicate the (Applicant Name)			_
If Applicable (Ma	niden 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
Name of High Sch Guidance Counse (Please print name	lor' Name:e)		
Signature:		Date:	
Please send this is School of Radiog Sharon Regional 740 East State St Sharon, Pennsylv Deadline is Janu	graphy Health System creet vania 16146	h a copy of the applicant's original t	ranscript to:

#### 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(s)
- 4. SAT/ACT scores
- 5. Completed application with \$25.00 fee (MONEY ORDER ONLY see below)
- 6. Signed Technical Standards
- 7. HOBET Exam Exam is scheduled and taken at the Sylvan Leaning Center, Hermitage, PA, phone number 724-346-6284 (there is a cost to this exam). It is your responsibility to be sure your score is a part of the application process in which you are applying.
  - If you have taken the Hobet test in the previous year, your score can be used with your application. Please be sure to provide the date and place that you took the test.
  - Be sure to include a copy of the official test results with your application.
  - NOTE: Failure to include a copy of your official score and the information at the bottom will result in your application being seen as incomplete and you will not be eligible to continue with the application process.

Date you previously took the Hobet Test
Test site in which you took the test
Name utilized when you took the test
Social Security Number

Mail all information to:

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

SPECIAL NOTE: A NON-REFUNDABLE \$25 APPLICATION FEE MUST ACCOMPANY THIS APPLICATION.

SEND A MONEY ORDER (<u>CASH AND PERSONAL CHECKS ARE NOT ACCEPTED</u>)
MONEY ORDER PAYABLE TO: SRHS SCHOOL OF RADIOGRAPHY
PLEASE SUBMIT COMPLETED APPLICATION WITH SEALED OFFICIAL
TRANSCRIPTS AND SEALED LETTERS OF REFERENCES.

Please call this school with any questions.