

**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. 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

<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 (Street/Road, 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: \_\_\_\_\_

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

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

Name of School:

\_\_\_\_\_

Address:

\_\_\_\_\_

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

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

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

Reason for Leaving:

\_\_\_\_\_

You must submit a transcript from the above school.

When do you desire to enter our radiography program?

\_\_\_\_\_

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)**

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

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?**

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Why?

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Regarding your Education – conti:

Least:

Why?

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

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

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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?

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

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**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?**



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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.

**GUIDANCE COUNSELOR (High School) 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 January 31**



**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**

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SEND A MONEY ORDER (**CASH AND PERSONAL CHECKS ARE NOT ACCEPTED**)  
**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.