

GEISINGER

Application

School of Radiologic Technology

Personal

First Name:	Middle Name or Initial:	Last Name:	
Home Address:	City: State:	ZIP Code:	County
E-mail address:			
Phone Number:	Alternate Phone Number:	Social Security Number: ____ - ____ - ____ (optional) (required)	

Education

High School (Name & Address):			
Class Standing:	GPA:	S.A.T. Score:	
Date Graduated:			
Additional Post-High School Education (Name & Address):			
Course of Study:	Indicate completion of the following completed college courses, and final letter grade:		
Current GPA:	<input type="checkbox"/>	Course	Grade In Progress
Graduated: <input type="checkbox"/> Yes: Date: _____ <input type="checkbox"/> No: Anticipated date: _____	<input type="checkbox"/>	Anatomy & Physiology I (4 credits)	_____
	<input type="checkbox"/>	Anatomy & Physiology II (4 credits)	_____
	<input type="checkbox"/>	Medical Terminology	_____
	<input type="checkbox"/>	Math (Algebra)	_____
	<input type="checkbox"/>	Algebra-Based Gen. Physics	_____

Ethics Review: Indicate if any of the following apply. ☐ **None apply**

☐ Convicted of a felony or misdemeanor; ☐ Court-martialed; ☐ Disciplinary actions taken by a state or federal regulatory authority or certification board; ☐ Honor code violation

If any circumstances apply attach an explanation that fully describes the event and conviction outcome, and the pre-application results from ARRT.org. are required by the application deadline. (Note that the preapplication process may take 3 months.)

Tobacco Policy: In accordance with Geisinger Health System policy the school will not accept candidates who use tobacco products, including cigarettes, cigars and chewing or smokeless tobacco. Nicotine is included in a pre-enrollment drug screen. Candidates who test positive for nicotine will not be accepted into the program. Students who assume use of tobacco products will be dismissed from the program.

☐ I understand and am able to comply with the policy. Applicant Signature: _____

The above information is correct to the best of my knowledge. Permission is granted to verify any and all data with the understanding that false statements are grounds for rejection as an applicant, or dismissal as a student. All applicant information will be kept confidential in accordance with School Confidentiality Policy.

Signature of Applicant: _____ **Date Submitted:** _____

References

Reference #1) Academic: College Science Professor (Anatomy & Physiology, Physics or Math preferred)

Name:

Address:

Ph. Num.:

Reference #2) Aptitude and/or ability for science, technology, and/or customer service.

Name:

Address:

Ph. Num.:

Reference #3) Character

Name:

Address:

Ph. Num.:

NOTE: School reserves the right to contact listed references.

How did you first learn about the School of Radiologic Technology?

- ☐ Brochure ☐ GHS Internet Site ☐ High School Advisor ☐ College Advisor
☐ BU Adult Advisement ☐ GHS Employee ☐ Health Care Professional ☐ Family Member
☐ Other: _____

Application Procedures

A. PRINT CLEARLY

B. Submit application, application fee, and required attachments no later than **December 1** of the year preceding start of a class. Classes begin the last week of August each year. **(Do not fold application when mailing.)**

1. Applications **received** after the deadline, and/or without payment of the application fee will not be considered for the interview process.
2. See school web site for admission requirements.
<http://www.geisinger.org/professionals/education/index.html>

C. Required Attachments:

1. Cover Letter – must include a statement regarding reason for selecting medical imaging as a professional career choice.
2. Resume

D. Additional Required Application Materials: (May be sent under separate cover.)

1. Official college transcripts; current or upon completion of fall semester.
2. Official high school transcripts
3. Letters of recommendation provided by a minimum of three references.

E. Any additional material that supports the application is welcome.

F. Application Fee: For current fee refer to School WEB site, or contact school directly, (non-refundable payable to **Geisinger Medical Center**).

G. Selection of interview candidates will be based on receipt of application, and information presented through required application materials received on, or before the deadline.

H. Application Address & Contact Information

Send application to: Program Director

Kenneth Roszel, M.S., RT(R)

School of Radiologic Technology

Geisinger Medical Center

100 N. Academy Ave.

Danville, Pa 17822-1522

Phone: (570)-214-9253

e-mail: kroszel@geisinger.edu

The Geisinger Health System is an equal opportunity employer, and does not discriminate on the basis of age, race, color, or gender.

Students receive an equitable education in accordance with school policy in compliance with Joint Review Committee on Education in Radiologic Technology (JRCERT) standards.