

# Mercyhealth Hospital School of Radiography Application for Admission

**Name:** \_\_\_\_\_  
Last First Middle Maiden

**Address:** \_\_\_\_\_  
Number and Street City State Zip

**Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**When would you like to enter this program?** \_\_\_\_\_

**Education:**

High School \_\_\_\_\_  
Name of School Date of Graduation

Associate degree or higher \_\_\_\_\_  
Name of School Date of Graduation

Additional Education \_\_\_\_\_  
Name of School Date of Graduation

Degree(s) Received: \_\_\_\_\_

Student must provide proof of degree received.

If you have attended any school of radiography, please provide the following information:

\_\_\_\_\_  
Name City and State

Dates attended \_\_\_\_\_ Reason for leaving \_\_\_\_\_

\*\*Have you ever attended a school of radiography and were dismissed? You should contact the ARRT (American Registry of Radiologic Technologists) to determine your eligibility to take the certifying exam upon graduation from this program. [www.arrt.org](http://www.arrt.org)

\*\*Have you had any license, registration or certification denied, revoked, suspended, placed on probation or subjected to discipline by a regulatory authority or certification board? You should contact the ARRT (American Registry of Radiologic Technologists) to determine your eligibility to take the certifying exam upon graduation from this program. [www.arrt.org](http://www.arrt.org)

\*\*Have you ever been convicted of a misdemeanor, felony, or similar offense in the military court- martial? You should contact the ARRT (American Registry of Radiologic Technologists) to determine your eligibility to take the certifying exam upon graduation from this program. [www.arrt.org](http://www.arrt.org)

**List two references**

1. \_\_\_\_\_

2. \_\_\_\_\_

These persons should be contacted by you and asked to send a personal letter of reference to: Program Director  
Mercyhealth Hospital  
School of Radiography  
2400 N. Rockton Avenue  
Rockford, Illinois 61103

Mercyhealth School of Radiography has defined non-academic standards or Technical Standards to which all applicants must comply in order to be ABLE to participate and complete our Radiography Program. They are instituted not only for your protection but the protection of the patients, they are as follows:

\*Applicants are evaluated on the same basis regardless of age, sex, race, religion, national origin, marital status or handicap.

**The student MUST be able to:**

- Communicate verbally and audibly with patients and staff;
- Maneuver all radiographic equipment used in the art and science of radiography;
- Visually inspect requests and images to evaluate the image for quality and positioning;
- Participate in the academic setting using both verbal and written English formats;
- Assist patients in transferring and/or ambulation from wheelchairs, carts, and beds.

Every effort will be made to reasonably accommodate a disability.

If a student radiographer develops a health problem that will prevent them from adhering to the health standards policy, he/she must notify the program director. A student may continue in the program with written permission from their physician, and as long as he/she fulfill the responsibilities and objectives of this policy and objectives and of the program are met.

The student will be evaluated on the contents of this policy on their health examination before entering the program.

\*The school selects students whose qualifications indicate the greatest potential for professional and personal development. Applications are reviewed on the same basis regardless of age, sex, race, religion, national origin, martial status, or handicap.

My signature below signifies I have read and that I comply with the above Technical Standards Policy. And verify that all information I submit to the Mercyhealth School of Radiography has not been falsified.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please remit with \$15 application fee.**

Mercyhealth Hospital  
School of Radiography  
2400 N. Rockton Avenue  
Rockford, Illinois 61103  
815-971-5480

