

# BATON ROUGE GENERAL MEDICAL CENTER SCHOOL OF RADIOLOGIC TECHNOLOGY



## APPLICATION FOR ADMISSION

(Application Fee \$50 – Non Refundable)

Application deadline is August 31 each year for consideration for the class entering January of the following year.

**DIRECTIONS:**

- Type or Print in ink
- Fill in each blank - Incomplete applications cannot be processed
- Enclose a \$50 cashier's check or money order, payable to:  
Baton Rouge General Medical Center SORT
- Mail to: SORT Admissions, 3616 North Blvd., Baton Rouge, LA 70806

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever applied to this school? Yes  No

|                                 |             |  |                                   |           |         |
|---------------------------------|-------------|--|-----------------------------------|-----------|---------|
| Last Name:                      | First Name: | Middle Name:   | Maiden & all other married names: |           |         |
| Home Address:                   |             | City:  | State:                            | Zip Code: | Parish: |
| Mailing Address (If Different): |             | City:  | State:                            | Zip Code  | Parish: |
| Daytime Telephone Number:       |             | Evening Telephone number:  | E-mail Address:                   |           |         |
| Social Security Number:         |             | Citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/><br>If No, what country? _____<br>Visa Number: _____<br>Visa Type: _____ |                                   |           |         |

**Persons to be notified in case of emergency (List 2)**

|                             |               |                   |           |
|-----------------------------|---------------|-------------------|-----------|
| Name:                       | Relationship: | Telephone Number: |           |
| Address (Number and Street) | City:         | State:            | Zip Code: |

|                             |               |                   |           |
|-----------------------------|---------------|-------------------|-----------|
| Name:                       | Relationship: | Telephone Number: |           |
| Address (Number and Street) | City:         | State:            | Zip Code: |

A person under the age of 18 cannot be accurately monitored for amount of radiation received.

Will you be 18 years of age by October 1<sup>st</sup> of this year? Yes  No

Because of National Ethical Review Standards for being eligible for National Exam Testing, have you ever been convicted of a crime? Yes  No  (If YES, please explain on another piece of paper.)

How did you become interested in Baton Rouge General School of Radiologic Technology?

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Do you now hold or have you ever held a license in a health care discipline (i.e. Practical Nursing, Pharmacy, etc.)?

Yes  No

If yes, what discipline? \_\_\_\_\_

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List below information concerning every high school, college, university, medical training or other radiologic technology school attended:

| DATES |    | NAME OF INSTITUTION | CITY AND STATE | DEGREE EARNED OR NUMBER OF CREDITS |
|-------|----|---------------------|----------------|------------------------------------|
| FROM  | TO |                     |                |                                    |
|       |    |                     |                |                                    |
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|       |    |                     |                |                                    |

If program was not completed, state reason:

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Please list any collegiate awards and honors you have received:

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Employment – List all paid and volunteer work experience beginning with the most recent:

| DATES |    | NAME OF EMPLOYER | CITY AND STATE | TITLE OF POSITION |
|-------|----|------------------|----------------|-------------------|
| FROM  | TO |                  |                |                   |
|       |    |                  |                |                   |
|       |    |                  |                |                   |
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What contacts have you had within the healthcare field that are not listed under school or employment (include volunteer experience)?

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Why do you want to be a Radiologic Technologist?

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What qualities do you have that make you a good candidate for a Radiologic Technologist?

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What personal accomplishments have given you the most satisfaction?

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**You may add any additional information, community service, or recommendations about yourself that you think would be helpful to the Admissions Committee in evaluating your application for admission as an attachment to this document.**

Have you filled in each blank and attached a fee of \$50? Incomplete applications will not be processed.

I verify that the information in this application is correct and complete to the best of my knowledge. I understand that if it is later found to be otherwise, my application will be invalid, or in the event that I am enrolled, I will be subject to dismissal from the School of Radiologic Technology.

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Signature of Applicant

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Date

The Baton Rouge General School of Radiologic Technology is non-discriminatory in age, sex, handicap, race, creed, national origin or marital status in compliance with Title VI of the Civil Rights Act of 1964, Title IX of the 1962 Educational Amendments and Section 504 of the Rehabilitation Act of 1973.