



MEDICAL CENTER

SCHOOL OF RADIOGRAPHY

Application for Admission

Date: _____

Name: _____
Last First Middle/Maiden

S.S.# _____

Address: _____
City State

Zip Code: _____

Contact Telephone: _____ E-mail: _____

Name of person to be notified in case of emergency:

_____ Telephone: _____

Have you ever been convicted of a misdemeanor, felony, or similar offense in a military or civilian court? Yes No

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? Yes No

Have you ever been suspended, dismissed, or expelled from an educational program that you attended in order to meet application requirements for this program? Yes No

If you answered yes to either of the above questions please describe: _____

EDUCATION

Information concerning high school and post-secondary schools:

Name of School City and State Dates of Attendance

Please provide an official transcript from each school that you have attended.

Do you have any health care experience? Yes No

If yes, describe:

Do you have any professional or business experience? Yes No

If yes, describe:

Describe any classes, achievements, specialized training or skills that may have special relevance to your admission.

The training period officially begins July 1 of each year. Application deadline is March 1. Incomplete or complete application received after March 1 will not be considered.

To be considered for admission to this program, the applicant must:

1. Be a graduate of an accredited high school or equivalent.
2. All applicants must complete a minimum of 15 credit-hours at the college level of study prior to acceptance to the School of Radiography. College course work must include one course in mathematical or logical reasoning, one course in English or oral communications and one course in Anatomy
3. All applicants whose native language is not English are required to submit scores on the TOEFL exam.
4. Complete and submit an application and a \$15 application fee to the school.
Make checks payable to: The University of Tennessee Medical Center
5. Submit two professional letters of reference from past employers or educators.
6. Submit all transcripts (high school and college).
7. Submit a written summary regarding your activities since you last attended school, how you became interested in radiologic technology, and why you would choose radiologic technology as a career.
8. Report for a scheduled interview as designated by the educational coordinator.

Submit the above to: The University of Tennessee Medical Center

School of Radiography
1924 Alcoa Highway
Knoxville, TN 37920

By my signature below, I understand, agree and certify:

- Any misrepresentations or deliberate omissions on this application may be justification for refusal of admission, or if admitted, dismissal by The School of Radiography; therefore, the information I have supplied in this application is accurate to the best of my knowledge and is subject to verification by The School of Radiography.
- All final applicants will be required to successfully complete and pass a drug and alcohol screen prior to final admission to The School of Radiography.
- If admitted to The School of Radiography and I ever appear to a school official to be impaired due to suspected influence of alcohol or other drugs, I may be subject to further alcohol and other drug screening including screening of my blood, urine, breath or saliva. If I refuse, I will face disciplinary consequences, up to and including dismissal from The School of Radiography.

Student Signature: _____

Date: _____

Applicants are considered without regard to race, color, sex, national origin, religion, age or disability.

