



## SCHOOL OF RADIOGRAPHY APPLICATION FOR ADMISSION

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

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

Last 4 of 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 post-secondary schools:

<u>Name of School/College/University</u>	<u>City and State</u>	<u>Dates of Attendance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 community volunteer experience or volunteer experience in healthcare?  Yes  No  
If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Do you have any professional or business experience?  Yes  No

If yes, describe:

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

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How did you hear about the school of radiography? \_\_\_\_\_

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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. Possess at least an associate's degree from a college or university accredited by United States Department of Education (USDE) or Counsel for Higher Education Accreditation (CHEA). Credits obtained outside the U.S. must be translated by an International Education Credential Evaluation Organization at the applicant's expense.
2. College course work must include one course in mathematical or logical reasoning, one course in English or oral communications and one course in Human Anatomy and Physiology with Lab and Medical Terminology I.
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 \$50 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 official transcripts from each educational institution you have attended (each college attended).
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. If requested, 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 Box 107  
Knoxville, TN 37920

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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/alcohol screen and background check 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, disability or other protected status.

