

<u>STUDENT NAME</u>		<u>SOCIAL SECURITY NUMBER</u>		<u>EMAIL ADDRESS</u>
<i>Course# and Course Title</i>	<i>Credits</i>	<i>Point Calculation # of Credits X A=4, B=3, or C=2</i>	<i>Letter Grade</i>	<i>Name of College/University Where Course Was Taken</i>
HSC 1531 Medical Terminology	3			
ENC1101 Composition I	3			
PSY2012 General Psychology OR DEP 2004 Hum Growth and Develop	3			
CGS 1060 Introduction Info Systems	3			
CHM 1060 Chemistry for Liberal Arts OR PHY 1020C Physics for Liberal Arts	3			
HUM 2210 or 2230 Humanities I or II	3			
MAC 1105 College Algebra	3			
BSC2085 Anatomy & Physiology I	3			
BSC2085L Anatomy & Physiology Lab	1			
BSC2086 Anatomy & Physiology II	3			
BSC2086L Anatomy & Physiology II Lab	1			
Current Basic X-ray Machine Operator License (BMO) <i>Attach copy of current certification/license*</i>	IF, YES Insert 10 →			<b>RETURN THE COMPLETED APPLICATION TO:</b>  <b>Shands Jacksonville Medical Center School of Radiologic Technology 655 West 8<sup>th</sup> Street Jacksonville, FL 32209</b>
<b>YOUR TOTAL POINTS</b> →				
<b>ALL STUDENTS ACCEPTED MUST AGREE TO A CRIMINAL BACKGROUND CHECK AND DRUG TESTING!</b>				
Student Signature			Date	

**SHANDS JACKSONVILLE MEDICAL CENTER  
SCHOOL OF RADIOLOGIC TECHNOLOGY PROGRAM  
APPLICATION FOR ADMISSION FALL 2009**

**DEADLINE FOR SUBMISSION IS JUNE 1, 2009**

<b>Date:</b> ____/____/____ <b>Social Security Number:</b> ____-____-____	<b>Date Received:</b>
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**Name:**

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(Last)                      (First)                      (Middle)                      (Other Name Used)

**Permanent Mailing Address: (Street Address)** \_\_\_\_\_

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(City)                      (County)                      (State)                      (Zip)

**Phone/Email Contact Information:**

( ) \_\_\_\_\_ ( ) \_\_\_\_\_ \_\_\_\_\_  
(Home)                      (Work)                      (Email Address)

**Person to be notified in Case of an Emergency:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Telephone** ( ) \_\_\_\_\_ **Work Telephone** ( ) \_\_\_\_\_

Have you ever been convicted of a crime (other than minor traffic violation)? \_\_\_\_ Yes \_\_\_\_ No

NOTE: For further information regarding eligibility of candidates with felony convictions should contact the American Registry of Radiologic Technologists 1255 Northland Drive, St. Paul, MN 55120-1155 Telephone (651) 687-0048

**EACH CANDIDATE MUST SATISFY THE FOLLOWING REQUIREMENTS TO BE CONSIDERED FOR ADMISSION TO THE RADIOLOGIC TECHNOLOGY PROGRAM (PLEASE CHECK ALL THAT APPLY).**

I have completed the program application to School of Radiologic Technology.

I am submitting the official college transcripts that reflect the required pre-requisite course grades.

I will have or will complete the pre-requisite courses by the June 1, 2009 deadline with grades of "C" or better.

**NOTE: *Falsification of any part of this form will be grounds for denial of admission***  
(OVER)