

School of Radiologic Technology

PLEASE FORWARD THIS APPLICATION WITH YOUR ENTRANCE EXAM REQUEST FORM!

4 West Second Street, Lower Level
Riverhead, New York 11901
(631) 548-6173E-mail: xrayschool@northwell.edu**APPLICATION FOR ADMISSION – SEPTEMBER 2019****Part I: Information**

Name: _____

Street Address: _____

Town: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Cell Phone #: _____

Social Security #: _____ Application Date: _____

Person To Be Contacted In Case of Emergency: _____

Telephone # of Emergency Contact: _____ Relationship: _____

Have You Ever Been Known By Another Name? _____ YES _____ NO

If Yes, What Was The Name? _____

Are you legally eligible to attend school in the
USA as per the Immigration Reform & Control Act? _____ YES _____ NOHave you ever been convicted of a criminal offense? (FELONY/MISDEMEANOR)
_____ YES _____ NO*An affirmation response will not automatically exclude anyone from the program.**If you have ever been convicted of moral turpitude, or convicted of driving while intoxicated, a felony, you must check with the New York State Department of Health to verify that you satisfy requirements for licensing and the certification from the American Registry of Radiologic Technologists?*New York State Department of Health
BERP – Radiologic Technology
Corning Tower – Empire State Plaza
12th Floor – Room 1221
Albany, NY 12237
Phone: (518) 402-7580
Email: berp@health.state.ny.usThe American Registry of Radiologic Technologists (ARRT)
1255 Northland Drive
St. Paul, Minnesota 55120-1155
Phone: (651) 687-0048

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Are you able to perform the duties of a student radiographer as stated in the Technical Standards on page 7 and 8 of the Program Catalog?

_____ YES _____ NO

Are you a graduate with the minimum of an Associate Degree from an accredited college/university?
If not, please state when your degree will be conferred by the college/university?

_____ Date of Conferral _____ YES _____ NO

Have you ever had any previous training in Radiography? _____ YES _____ NO

Do you have any previous healthcare experience? _____ YES _____ NO

A "No" response does not negate your admission to the school!

What is your current email address? _____

Please PRINT CLEARLY ANY CHARACTERS IN THE EMAIL ADDRESS!

WE WILL CONTACT YOU USING YOUR EMAIL ADDRESS SUPPLIED UPON APPLICATION!

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Part II: Education Section**College/University #1 (Most Recent Please!)**

Name of Institution: _____

Address of Institution: _____

Town, State and Zip of Institution: _____

Attended From: _____ Attended To: _____

Degree/Certificate Awarded: _____
-----**College/University #2**

Name of Institution: _____

Address of Institution: _____

Town, State and Zip of Institution: _____

Attended From: _____ Attended To: _____

Degree/Certificate Awarded: _____
-----**High School/GED Certificate**

Name of Institution: _____

Address of Institution: _____

Town, State and Zip of Institution: _____

Attended From: _____ Attended To: _____

Did you graduate/complete the requirements for the diploma/certificate? _____

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***PLEASE CONTACT **ALL** EDUCATIONAL INSTITUTIONS TO HAVE YOUR OFFICIAL TRANSCRIPTS FORWARDED TO THE FOLLOWING ADDRESS:

Peconic Bay School of Radiologic Technology
4 West Second Street, Lower Level
Riverhead, New York 11901
Attention: Frank A. Zaleski, LMSW, MBA, BS RT (R), Program Director

Part III: Employment Section

Employer #1 (Most Recent)

Name of Employer: _____

Address of Employer: _____

Town, State and Zip of Employer: _____

Employed From: _____ Employed To: _____

What Is/Was Your Position? _____

Employer #2

Name of Employer: _____

Address of Employer: _____

Town, State and Zip of Employer: _____

Employed From: _____ Employed To: _____

What Was Your Position? _____

Employer #3

Name of Employer: _____

Address of Employer: _____

Town, State and Zip of Employer: _____

Employed From: _____ Employed To: _____

What Is/Was Your Position? _____

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Part IV: Professional/Academic References (Please-no relatives or friends!)

1. Name: _____ Relationship to Person: _____

Telephone #: _____

2. Name: _____ Relationship to Person: _____

Telephone #: _____

3. Name: _____ Relationship to Person: _____

Telephone #: _____

Part V: Requirements

I have enclosed the essay component of the application: **“Out of all the professions in the world to choose, why are you choosing to become a Radiographer and why our school?”** And then...**“What do you want people to know about you but are afraid to tell them?”**

_____ YES _____ NO

I have enclosed the application fee of **\$75.00** made payable to: **“Peconic Bay Medical Center”**

CERTIFIED BANK CHECK _____ YES _____ NO

All of the answers given in this application are true and complete to the best of my knowledge. If I am accepted into the Peconic Bay School of Radiologic Technology, I agree to abide by the rules, policies, and regulations set forth by the school and by Peconic Bay Medical Center.

Signature: _____ Date: _____