

Application for Admission Consideration

The attached application is to be completed, signed and submitted when applying to the following programs sponsored by West Virginia University Hospitals:

- ✓ **Radiography**
- ✓ **Radiation Therapy**
- ✓ **Nuclear Medicine**
- ✓ **Diagnostic Medical Sonography**
- ✓ **Magnetic Resonance Imaging**
- ✓ **Echocardiography**

All applicants should review the following:

- ✓ The deadline for receipt of **all** application materials is **February 1st** of each year.
 - ✓ Candidates should review the Admission's policy of the respective program to which you are applying as **admission criteria varies by program.**
 - ✓ Candidates must submit the following by the February 1st deadline:
 - ✓ **Program Application**
 - ✓ **Official ACT or SAT scores**
 - ✓ **Official Academic transcripts from....**
 - High School (if applicable)
 - College or University (if applicable)
 - Radiology or Technical School (if applicable)
 - ✓ **Applicant Reference forms (x3)** (if applicable)
 - Forms can be printed from web-site
- Please review the Admission policies at www.wvuhradtech.com to view specific requirements for each program.***
- ✓ Candidates for the programs in Radiation Therapy, Nuclear Medicine, Diagnostic Medical Sonography and Magnetic Resonance Imaging must (1) be graduates or pending graduates from a JRCERT accredited program in Radiography (2) possess an Associate's degree (or higher), and (3) complete specific college level course work.
 - ✓ Candidates for the Echocardiography program must (1) be a graduates or pending graduates from a 2 year allied health education program that is patient care related (2) possess an Associate's degree (or higher) and (3) complete specific college level course work.
 - ✓ Enrollment into these programs is competitive and is limited to a certain number of students based on each program's maximum capacity. See specific programmatic admission policies on the web-site for details.
 - ✓ The attached application can be submitted by **one** of the following:
 - ✓ **Saving the application and e-mailing to the respective program to which you are applying.**
 - ✓ **Printing the application and mailing to the respective program to which you are applying.**
 - ✓ The following address can be utilized for mailing this application and related materials:

West Virginia University Hospitals
Radiologic Technology Education Programs
"Specify the program to which you are applying" (Radiography, MRI,etc)
Medical Center Drive
Box 8062
Morgantown, WV 26506

Application for Admission Consideration

Select Program to Which You Are Applying

- Radiography
- Radiation Therapy
- Nuclear Medicine
- Diagnostic Medical Sonography
- Magnetic Resonance Imaging
- Echocardiography

Please review the admission policies of each program before applying.

Candidates must possess an Associate's degree and be a graduate or a pending graduate from a JRCERT accredited Radiography program.

Echo candidates must possess an Associate's degree and be a graduate or a pending graduate from a specific allied health education program.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone# _____ Cell Phone # _____ Email: _____

Emergency Contact _____ Phone # _____

Have you ever been convicted in court of a misdemeanor or a felony? No Yes

If yes, explain: _____

Education

High School: _____ City, State: _____

From: _____ To: _____ Current Status: Graduate Currently enrolled GPA: _____

College: _____ City, State _____

From: _____ To: _____ Current Status: Graduate Currently enrolled GPA: _____

Degree Earned / Major: _____

Other: _____ City, State: _____

From: _____ To: _____ Current Status: Graduate Currently enrolled GPA: _____

Degree Earned / Major: _____

References

Please list three personal or professional references.

Name: _____ Relationship: _____

Address _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Employment History

Company: _____ Job Title: _____

Dates Employed: From: _____ To: _____ Reason for Leaving _____

Responsibilities: _____

Company: _____ Job Title: _____

Dates Employed: From: _____ To: _____ Reason for Leaving _____

Responsibilities: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that the information I have provided on this application is true and complete to the best of my knowledge.

*I understand that to be considered for admission consideration, I must document **either** a minimum ACT composite score of 19 **or** an SAT equivalent score by the February 1st application deadline.*

I hereby authorize investigation of all matters contained in this application and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal in the event that I am accepted for admission into the Program.

I understand that program officials will rely upon professional opinion in admission consideration to enroll individuals whose personal characteristics match those of a health care professional.

I understand that enrollment is contingent upon the satisfactory completion of all required orientation procedures of West Virginia University Hospitals including but not limited to, a criminal background check and drug screening.

*By checking this box and typing my name below, I am electronically signing this application. (required if submitting by email)

Signature _____ Date: _____