

**Advanced Modality Education Programs**

**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.

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

**All applicants should review the following:**

- ✓ The deadline for receipt of all application materials is **February 1<sup>st</sup>** 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 1<sup>st</sup> 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)**
      - Forms can be printed from web-site
- Please review the Admission policies at <https://wvumedicine.org/radtech/> to view specific requirements for each program.*
- ✓ Candidates for the programs in Radiation Therapy, Nuclear Medicine 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 Diagnostic Medical Sonography and Echocardiography programs must (1) be a graduate or pending graduate 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:
    1. **Saving the application and e-mailing to the respective program to which you are applying.**
    - or**
    2. **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**  
**Imaging Science Education Programs**  
*Specify the program to which you are applying (Radiation Therapy, MRI, etc.)*  
**Medical Center Drive Box 8062**  
**Morgantown, WV 26506**

**Advanced Imaging Modality Programs**

**Application for Admission Consideration**

**Select Program to Which You Are Applying**

- Radiation Therapy
- Nuclear Medicine
- Magnetic Resonance Imaging
- Diagnostic Medical Sonography
- 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.*

*DMS & Echo candidates must possess an Associate's degree and be a graduate or a pending graduate from a 2 year allied health education program that is patient care related. (See admission policies for specifics)*

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 1<sup>st</sup> 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: \_\_\_\_\_