



**EMPLOYMENT**

Are you currently employed? Yes \_\_\_\_ No \_\_\_\_

If yes, where? \_\_\_\_\_

May we contact your employer? Yes \_\_\_\_ No \_\_\_\_ Phone: \_\_\_\_\_

**CHARACTER REFERENCES** (*Other than relatives*): Please provide each of your references one of the enclosed *Personal Reference Form* to be completed and mailed to the School of Radiologic Technology.

Name and Complete Mailing Address

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**PHYSICAL/TECHNICAL STANDARDS:**

The Radiologic Technology Student must be able to meet the physical and technical requirements for the course of study in radiologic technology.

Must have sufficient strength, motor coordination and manual dexterity to:

- Transport, move and lift at least 50 pounds, and transfer patients from a wheelchair or stretcher to an x-ray table or patient bed.
- Move, adjust, and manipulate a variety of radiographic equipment.
- Stand or walk six to eight hours per day.

Must have:

- Sufficient critical thinking skills for sound clinical judgment.
- Communication abilities in English sufficient for appropriate interaction with others in written and verbal form.
- Visual ability sufficient for observation and assessment necessary in patient care and accurate color discrimination.
- Auditory ability sufficient to monitor and access, or document patient information.
- The mental capability to calculate and select proper technical exposure factors.
- The mental capability to review and evaluate recorded images.

Must be able to:

- Handle stressful situations related to technical and procedural standards and patient care situations.
- Provide physical and emotional support to the patients during the radiographic procedures, and be able to respond to situations requiring first aid and emergency care.

I hereby certify that all information given on this application is true and correct to the best of my knowledge. I understand that the Huntsville Hospital School of Radiologic Technology will conduct a through inquiry of my personal character and academic background. I understand that I will be required to submit to a drug screen, physical examination, and criminal background check if selected as a student and that final acceptance is conditional upon satisfactorily passing the drug screen, physical examination, and criminal background check. I also verify that I meet the physical and technical requirements required of a radiologic technology student. And further, in consideration of my possible enrollment, I agree to conform to the policies and procedures of Huntsville Hospital and the Huntsville Hospital School of Radiologic Technology.

Falsification of any part of this application will result in the disqualification of the applicant for consideration as a student, and if falsification is discovered after acceptance as an enrolled student, the student will be dismissed immediately.

---

**Signature**

---

**Date**

**Address Application to:**

Huntsville Hospital  
 School of Radiologic Technology  
 101 Sivley Road  
 Huntsville, AL 35801

**Application must be postmarked by March 15<sup>th</sup> to be considered.**

*The Huntsville Hospital School of Radiologic Technology does not discriminate because of race, color, creed, age, sex, national origin, disability, veteran status, or other reason in accordance with all applicable state and federal statutes, executive orders, and regulations which prohibit discriminatory practices.*

**Huntsville Hospital School of Radiologic Technology  
Reference Form**

**Applicant Name** \_\_\_\_\_

**APPLICANT:** Under the Federal Law entitled the Family Educational Rights and Privacy Act of 1974, students have the right to inspect their records, which include letters of recommendation. The Selections Committee considers all recommendation letters carefully and believes that in many instances letters written in confidence are of greater value in the assessment of the applicant's qualifications and abilities.

**I do** \_\_\_\_\_ **I do not** \_\_\_\_\_ waive my right to review the content of this form.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

To whom it may concern:

The above applicant has applied for admission to the Huntsville Hospital School of Radiologic Technology. He/she has given your name as a person to be contacted for information regarding his/her character and ability to work in patient care. Please read and complete the following recommendation form as honestly as possible. Please submit by **March 15th**.

1. How long have you known the applicant? \_\_\_\_\_
2. How well do you know the applicant? \_\_\_very well \_\_\_fairly well \_\_\_slightly
3. What is/was your relationship with this person? (Friend, teacher, employer, etc.)

Please rank the applicant in regards to the following:

	<b>Low 1</b>	<b>2</b>	<b>Medium 3</b>	<b>4</b>	<b>High 5</b>
Ability to perform under pressure/conflict					
Motivation: Initiative, depth of commitment					
Maturity: ability to cope with situations					
Critical thinking skills: ability to solve problems					
Reliability: dependable, promptness, responsible					
Personal Appearance: clean, tidy, and professional					
Self Confidence					
Communication Skills: articulate					
Quality of Work: accuracy & timeliness					

What do you feel is the applicant's greatest strengths?

What do you feel is the applicant's areas for improvement?

\_\_\_\_\_ I recommend this applicant with confidence

\_\_\_\_\_ I recommend this applicant

\_\_\_\_\_ I recommend this applicant with some reservations

\_\_\_\_\_ I do not recommend this applicant for admission

Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN TO:**

Applicant in sealed envelope with your signature across the flap  
**OR** mail directly to:

Huntsville Hospital School of Radiologic Technology  
Program Director  
101 Sivley Rd.  
Huntsville, AL 35801

**Huntsville Hospital School of Radiologic Technology  
Personal Reference Form**

**Applicant Name** \_\_\_\_\_

**APPLICANT:** Under the Federal Law entitled the Family Educational Rights and Privacy Act of 1974, students have the right to inspect their records, which include letters of recommendation. The Selections Committee considers all recommendation letters carefully and believes that in many instances letters written in confidence are of greater value in the assessment of the applicant's qualifications and abilities.

**I do** \_\_\_\_\_ **I do not** \_\_\_\_\_ waive my right to review the content of this form.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

To whom it may concern:

The above applicant has applied for admission to the Huntsville Hospital School of Radiologic Technology. He/she has given your name as a person to be contacted for information regarding his/her character and ability to work in patient care. Please read and complete the following recommendation form as honestly as possible. Please submit by **March 15<sup>th</sup>**.

4. How long have you known the applicant? \_\_\_\_\_
5. How well do you know the applicant? \_\_\_very well \_\_\_fairly well \_\_\_slightly
6. What is/was your relationship with this person? (Friend, teacher, employer, etc.)

Please rank the applicant in regards to the following:

	<b>Low 1</b>	<b>2</b>	<b>Medium 3</b>	<b>4</b>	<b>High 5</b>
Ability to perform under pressure/conflict					
Motivation: Initiative, depth of commitment					
Maturity: ability to cope with situations					
Critical thinking skills: ability to solve problems					
Reliability: dependable, promptness, responsible					
Personal Appearance: clean, tidy, and professional					
Self Confidence					
Communication Skills: articulate					
Quality of Work: accuracy & timeliness					

What do you feel is the applicant's greatest strengths?

What do you feel is the applicant's areas for improvement?

\_\_\_\_\_ I recommend this applicant with confidence

\_\_\_\_\_ I recommend this applicant

\_\_\_\_\_ I recommend this applicant with some reservations

\_\_\_\_\_ I do not recommend this applicant for admission

Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN TO:**

Applicant in sealed envelope with your signature across the flap  
**OR** mail directly to:

Huntsville Hospital School of Radiologic Technology  
Program Director  
101 Sivley Rd.  
Huntsville, AL 35801

**Huntsville Hospital School of Radiologic Technology  
Personal Reference Form**

**Applicant Name** \_\_\_\_\_

**APPLICANT:** Under the Federal Law entitled the Family Educational Rights and Privacy Act of 1974, students have the right to inspect their records, which include letters of recommendation. The Selections Committee considers all recommendation letters carefully and believes that in many instances letters written in confidence are of greater value in the assessment of the applicant's qualifications and abilities.

**I do** \_\_\_\_\_ **I do not** \_\_\_\_\_ waive my right to review the content of this form.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

To whom it may concern:

The above applicant has applied for admission to the Huntsville Hospital School of Radiologic Technology. He/she has given your name as a person to be contacted for information regarding his/her character and ability to work in patient care. Please read and complete the following recommendation form as honestly as possible. Please submit by **March 15th**.

7. How long have you known the applicant? \_\_\_\_\_
8. How well do you know the applicant? \_\_\_very well \_\_\_fairly well \_\_\_slightly
9. What is/was your relationship with this person? (Friend, teacher, employer, etc.)

Please rank the applicant in regards to the following:

	<b>Low 1</b>	<b>2</b>	<b>Medium 3</b>	<b>4</b>	<b>High 5</b>
Ability to perform under pressure/conflict					
Motivation: Initiative, depth of commitment					
Maturity: ability to cope with situations					
Critical thinking skills: ability to solve problems					
Reliability: dependable, promptness, responsible					
Personal Appearance: clean, tidy, and professional					
Self Confidence					
Communication Skills: articulate					
Quality of Work: accuracy & timeliness					

What do you feel is the applicant's greatest strengths?

What do you feel is the applicant's areas for improvement?

\_\_\_\_\_ I recommend this applicant with confidence

\_\_\_\_\_ I recommend this applicant

\_\_\_\_\_ I recommend this applicant with some reservations

\_\_\_\_\_ I do not recommend this applicant for admission

Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN TO:**

Applicant in sealed envelope with your signature across the flap  
**OR** mail directly to:

Huntsville Hospital School of Radiologic Technology  
Program Director  
101 Sivley Rd.  
Huntsville, AL 35801

**Huntsville Hospital School of Radiologic Technology  
Personal Reference Form**

**Applicant Name** \_\_\_\_\_

**APPLICANT:** Under the Federal Law entitled the Family Educational Rights and Privacy Act of 1974, students have the right to inspect their records, which include letters of recommendation. The Selections Committee considers all recommendation letters carefully and believes that in many instances letters written in confidence are of greater value in the assessment of the applicant's qualifications and abilities.

**I do** \_\_\_\_\_ **I do not** \_\_\_\_\_ waive my right to review the content of this form.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

To whom it may concern:

The above applicant has applied for admission to the Huntsville Hospital School of Radiologic Technology. He/she has given your name as a person to be contacted for information regarding his/her character and ability to work in patient care. Please read and complete the following recommendation form as honestly as possible. Please submit by **March 15<sup>th</sup>**.

10. How long have you known the applicant? \_\_\_\_\_

11. How well do you know the applicant? \_\_\_very well \_\_\_fairly well \_\_\_slightly

12. What is/was your relationship with this person? (Friend, teacher, employer, etc.)

Please rank the applicant in regards to the following:

	<b>Low 1</b>	<b>2</b>	<b>Medium 3</b>	<b>4</b>	<b>High 5</b>
Ability to perform under pressure/conflict					
Motivation: Initiative, depth of commitment					
Maturity: ability to cope with situations					
Critical thinking skills: ability to solve problems					
Reliability: dependable, promptness, responsible					
Personal Appearance: clean, tidy, and professional					
Self Confidence					
Communication Skills: articulate					
Quality of Work: accuracy & timeliness					

What do you feel is the applicant's greatest strengths?

What do you feel is the applicant's areas for improvement?

\_\_\_\_\_ I recommend this applicant with confidence

\_\_\_\_\_ I recommend this applicant

\_\_\_\_\_ I recommend this applicant with some reservations

\_\_\_\_\_ I do not recommend this applicant for admission

Name \_\_\_\_\_ Date \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN TO:**

Applicant in sealed envelope with your signature across the flap

**OR** mail directly to:

Huntsville Hospital School of Radiologic Technology

Program Director

101 Sivley Rd.

Huntsville, AL 35801

**Huntsville Hospital  
School of Radiologic Technology**

**Applicant Self-Evaluation Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

<b>Characteristic</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
Confidence			
Dependability			
Sensitivity			
Cooperative Attitude			
Motivation			
Ability to accept criticism			
Ability to work with others			
Ability to remain calm in stressful situations			
Communication Skills			
Mathematical Skills			

## Application Checklist 2012

\* *Applications are only accepted January 1st – March 15<sup>th</sup> of each year.*

\* *Applications must be postmarked by **March 13th** to be considered*

\* *Before submitting the application packet, please ensure that all of the following are completed:*

- Submit application with a \$50.00 non-refundable application fee made payable to “HH Radiology School”
- Four completed professional reference forms.
- The following college pre-requisites ***must be completed*** by May 31<sup>st</sup> to be considered for July admission.
  - Anatomy & Physiology I (required)
  - Anatomy & Physiology II (required)
  - Intermediate Algebra or higher (required)
  - English Composition (required)
  - Elective: (Required) Information Systems (preferred) social/behavioral sciences, and/or humanities.

***\* Anatomy and Physiology I & II must have been completed within the past 7 years to be considered.***

***\*The program recognizes the College Level Examination Program (CLEP) for college credit. Passing scores recommended by the American Council on Education (ACE) are accepted.***

- Submit ***Official*** high school/GED scores and college transcripts, no copies will be accepted.
- Submit GED scores if applicable
- Radiology Career Letter of Intent. Applicants are required to submit an essay detailing :
  - Reasons for applying to the program
  - Personal attributes that would contribute to the applicant’s success in the program.
  - Pertinent work or volunteer experience
- *Note: The American Registry of Radiologic Technologists (ARRT) requires disclosure of all misdemeanor and felony convictions for all applicants applying for certification after graduating from a radiography program. Applicants considering enrollment into the school should contact the ARRT prior to applying to learn if a previous conviction will prevent certification. Please refer to the ARRT website at [www.arrt.org](http://www.arrt.org)*
- ***Note: Completion of admission requirements does not guarantee admission.***