

Valid October 1, 2024 through January 15, 2025. Call faculty at (704)384-5104 or visit

<https://www.novanthealth.org/presbyterian-medical-center/careers/presbyterian-radiologic-technology-program.aspx> for current form.

STEPS IN APPLICATION PROCESS

- 1 Complete form, sign on last page and mail with \$35.00 Application fee to:  
**Radiologic Technology Program  
Presbyterian Medical Center  
PO Box 33549  
Charlotte, NC 28233-3549**  
Checks or money orders should be made payable to Presbyterian Medical Center. We suggest submission through certified mail.  
**OR**  
Complete form, sign on last page and email to [esshields@novanthealth.org](mailto:esshields@novanthealth.org). Call Barb Burngasser at (704)384-4886 to pay the \$35.00 Application fee by credit card.
- 2 Contact college(s) attended and have official transcripts mailed to above address or emailed to [esshields@novanthealth.org](mailto:esshields@novanthealth.org).
- 3 Read the top of the Reference forms, check waiver choice, and sign. Distribute to three individuals and ask them to return the completed form directly to the program at the above address or email to [esshields@novanthealth.org](mailto:esshields@novanthealth.org). We suggest you supply them with stamped and addressed envelopes if mailing.
- 4 The faculty will contact you to inform you of eligibility. Eligible applicants have satisfactorily completed prerequisites or can show proof of enrollment in prerequisites by January 15, 2025. If eligible, you will be invited to an interview.
  - 5 From those interviewed, up to 20 will be selected for the class beginning in July 2025.

►PERSONAL HISTORY:

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street or PO Box

City State Zip Code

Telephone #: (\_\_\_\_\_) \_\_\_\_\_ Day (\_\_\_\_\_) \_\_\_\_\_ Night  
(\_\_\_\_\_) \_\_\_\_\_ Cell

E-mail: \_\_\_\_\_

Last 4 Digits of Social Security #: \_\_\_\_ \_

Yes No Have you made application to this program previously?

Yes No Are you known to schools by another name?

If yes, by what name? \_\_\_\_\_

Yes No Have you been convicted of a misdemeanor or felony? \*

Yes No Have you had any license, registration, or certification denied, revoked, suspended, placed on probation, or subjected to discipline by a regulatory authority or certification board? \*

Yes No Have you ever been suspended, dismissed, or expelled from an educational program? \*

Yes No Are you a citizen of the United States?

Yes No If no, are you authorized to work in the United States?

(\*Please see acknowledgement statement above signature line on the last page of this form. If you checked yes, you will be advised to complete the Ethics Review with the ARRT.)

**► EDUCATIONAL EXPERIENCE:**

**Post-Secondary School(s) attended: (Community College, College, and/or University)**

School: \_\_\_\_\_

City, State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree received?  Yes  No

If yes, degree received: \_\_\_\_\_

. . . . .

School: \_\_\_\_\_

City, State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree received?  Yes  No

If yes, degree received: \_\_\_\_\_

. . . . .

School: \_\_\_\_\_

City, State: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree received?  Yes  No

If yes, degree received: \_\_\_\_\_

Yes  No Are you currently enrolled in college courses? If yes, please include a current class schedule with your application.

**► EMPLOYMENT HISTORY:**

Place of Employment: \_\_\_\_\_

City, State: \_\_\_\_\_

Dates: \_\_\_\_\_ Position: \_\_\_\_\_

. . . . .

Place of Employment: \_\_\_\_\_

City, State: \_\_\_\_\_

Dates: \_\_\_\_\_ Position: \_\_\_\_\_

. . . . .

Place of Employment: \_\_\_\_\_

City, State: \_\_\_\_\_

Dates: \_\_\_\_\_ Position: \_\_\_\_\_

**▶COMMUNITY SERVICE EXPERIENCE:**

**(Extracurricular, community, church, civic, and volunteer activities)**

---

---

---

---

---

---

---

**▶ESSAY:**

On this page and the back, write paragraphs on your reasons for choosing a career in radiologic technology and for selecting Presbyterian Medical Center for your education. If you need additional space, attach sheet(s).

**ESSAY: (continued)**

**▶ PLEASE READ CAREFULLY AND SIGN BELOW:**

In making application to Presbyterian Medical Center Radiologic Technology Program, I understand and acknowledge the following:

- ▶ I certify that the information provided by me on this Application for Admission form is complete and true in all respects.
- ▶ I understand that omission or falsification of information on this Application for Admission form will be sufficient cause for rejection or dismissal from Presbyterian Medical Center Radiologic Technology Program.
- ▶ \* I understand that the American Registry of Radiologic Technologists (ARRT) may deny eligibility to sit for the certification exam to individuals who have been convicted of a felony or misdemeanor; suspended, dismissed, or expelled from school; or had a license, registration, or certification denied, revoked, suspended, placed on probation, or subjected to discipline. Please visit <https://www.arrt.org/pages/resources/ethics-information/reporting-ethics-violations> or contact the ARRT at (651) 687-0048, then choose the option for ethics information for further information.
- ▶ I understand that if accepted into the program, entrance is contingent on a satisfactory criminal background check.
- ▶ I understand that if accepted into the program, entrance is contingent on a negative drug screen. I further understand that failure to submit to a drug screen will make me ineligible for entrance.
- ▶ I understand that the \$35.00 Application fee is non-refundable.

---

Signature

Date

All of the following must be postmarked on or before January 15, 2025 to be considered for the class beginning in July 2025:

- ▶ completed Application for Admission form;
- ▶ \$35.00 Application fee;
- ▶ official transcripts from all community colleges, colleges, and/or universities attended; and
- ▶ three completed Reference forms.