

**Norton King's Daughters' Health
School of Radiologic Technology
1373 East State Road 62
Madison, IN 47250**



APPLICATION FOR ENROLLMENT
(for the start date of July 1, 2024)

Please print or type:

SECTION I - PERSONAL INFORMATION: Date: _____

Name: _____ Social Security #: _____

Present Address: _____ City: _____ State: _____ Zip Code: _____

Have you lived at this address more than one year? _____ If not, please list your previous address:

E-Mail Address: _____

Telephone Numbers:

Home #: _____ Day #: _____ Cell #: _____

Is it ok to send texts to your cell phone number? Yes _____ No _____

Previously employed or currently working at Norton King's Daughters' Health? Yes _____ No _____

Have you ever been charged with or convicted of a felony or misdemeanor*? Yes _____ No _____

****Note: Your answer to the question above may impact your eligibility for certification and registration with the American Registry of Radiologic Technologists (ARRT). Please contact the ARRT for information about pre-application eligibility, process, and review. Applicants who answer 'Yes' to the question above must present proof of certification/registration eligibility to Norton King's Daughters' Health School of Radiologic Technology from the ARRT Ethics Committee by April 1, 2024.***

SECTION II - EDUCATION:

High School - number of years completed: 1 2 3 4

School: _____ City: _____ State: _____

High School Diploma: Yes _____ No _____ GED: Yes _____ No _____

College - Number of years completed: 1 2 3 4 5 6 other

College(s): _____ City/State: _____

Major: _____ Degree Earned: _____

Other Training or Degrees -

School(s): _____ City/State: _____

Current employment license, registration, or certification and number(s): _____

SECTION III - EMPLOYMENT: (Please list last employer first.)

<u>Date/Month/Year (to/from)</u>	<u>Employer Name/Address</u>	<u>Position Held</u>	<u>Reason for Leaving</u>

SECTION IV – SPECIFIC ADMISSIONS CRITERIA:

The Norton King’s Daughters’ Health School of Radiologic Technology Applicant must:

1. have sufficient strength, motor coordination and manual dexterity to be able to:
 - transport, move, lift (up to 100lbs) or transfer patients from a wheelchair or gurney to an x-ray table or to a patient bed.
 - push, pull, bend, kneel and squat routinely.
 - move, adjust, and manipulate a variety of x-ray equipment (including the physical transportation of portable x-ray machines), in order to arrange and align the equipment with respect to the patient and the image receptor according to established procedures and standards of speed and accuracy.
 - work standing on feet 80% of the time.
 - communicate verbally in an effective manner in order to explain and direct patients as it relates to their examinations, and to physically place patients in proper positions for the examination according to established procedures and standards of speed and accuracy.
 -
2. be capable of:
 - handling stressful situations related to technical and procedural standards and patient care.
 - providing physical and emotional support to the patient during radiographic procedures.
 - responding to situations requiring first aid and emergency care (within the scope of practice) for the patient in the absence of a nurse/physician, or until the nurse/physician arrives.
3. have the mental or intellectual capacity to:
 - calculate and select proper technical exposure factors according to the individual needs of the patient and the requirements of the procedural standards of speed and accuracy.
 - review and evaluate the recorded images on radiographs for the purpose of identifying proper patient positioning, accurate procedural sequencing, proper radiographic exposure, and other appropriate and pertinent technical qualities.

The above "Specific Admissions Criteria" has been provided for you. Please review and explain any reason that would interfere with your satisfactory performance of these items. Check "none" if there is no reason to keep you from satisfactorily performing the admissions criteria. Check "yes" if there is reason to keep you from satisfactorily performing the admissions criteria.

_____none _____yes

Explain any reasons for inability to perform the specific admissions criteria:

SECTION V – CAREER OBSERVATION/SHADOW VISIT FORM:

Follow the link: <https://nortonhealthcare.com/careers/students-in-healthcare/job-shadowing/>
Or go to NortonHealthcare.com and search "shadow" and click on "Job Shadowing" to the right on the page. Complete the form using the below guidelines. A program official will contact the applicant to schedule the career observation once the form has been processed and application for enrollment has been received.

- 1) Fill in personal information and or legal guardian information if necessary.
 - 1. **Have you already submitted an application but never got a placement date?** "No, I have never submitted an application."
 - 2. **Reason for request-** "NKDH Radiology School Application Requirement"
 - 3. **Requirement for School Application-** "Yes"
 - 4. **Requested Shadow Location-**"Other"
 - 5. **Location-**"NKDH Madison, IN"
 - 6. **Requested Department-**"Radiology"
 - 7. **Choose your role request-**"Radiology Tech"
 - 8. **Specific Role/Unit-**"Radiology Tech"
 - 9. **Dates and Times-** Please note: Observations are available Monday-Thursdays 8am-12pm.

SECTION VI – RELEASE, UNDERSTANDING, ACKNOWLEDGEMENT, & SIGNATURE:

I hereby release Norton King’s Daughters’ Health, all employers listed on this application, and any references I use from any liability whatsoever in any response they may give to Norton King’s Daughters’ Health and Norton King’s Daughters’ Health School of Radiologic Technology from their inquiry into my background.

I understand that misrepresentation or falsification of any statement on this application or supplemental forms is a cause for cancellation of my application and sufficient cause for dismissal if the falsification is discovered after I am enrolled. If my application for enrollment is accepted, I agree to abide by all rules and regulations of Norton King’s Daughters’ Health School of Radiologic Technology which is owned and operated by Norton King’s Daughters’ Health.

I further acknowledge that passing a background check, and drug-screen test is required for enrollment. I also understand the Associate Degree / collegiate requirements for enrollment (as listed on pages 6 to 9 of the Information/Application Packet).

Signature: _____

Date: _____

It is recommended that you complete the application and send the application and fee to the school promptly. This allows faculty to open a file. Once the file is open, the program director will inform you of receipt of your completed application or she will let you know what items are missing. Shadow visits must be scheduled by April 1, 2024 and completed by April 12, 2024.

revised:, 5/19, 7/20, 7/21, 7/22, 7/23, 2/24

APPLICATION CHECKLIST

This page for office use only

Date application received: _____

COMMENTS ON APPLICANT'S STATUS:

Signature and date when considered complete.

Program Director

Date

LETTERS FORWARDED:

- _____ letter of receipt of completed application
- _____ letter of receipt of incomplete application
- _____ interview letter
- _____ acceptance/ alternate/ denial letter

APPLICATION IS COMPLETE WHEN ALL ITEMS ARE CHECKED:

Items Checklist:

App fee (\$75)	_____
Official HS Transcript	_____
Official College Transcript	_____
Minimum SAT/ACT met	_____
2 professional references	_____
Career Observation	_____

Prereqs.

- _____ Ivy Success Seminar (IVYT 1XX)
- _____ English Composition (ENGL 111)
- _____ College Algebra (MATH 136)
- _____ Speech or Int. Communication (COMM 101 or COMM 102)
- _____ Intro to Psychology or Intro to Sociology (PSYC 101 or SOCI 111)
- _____ Anatomy and Physiology I (APHY 101)
- _____ Anatomy and Physiology II (APHY 102)
- _____ Medical Terminology (HLHS 101)

Notes: _____
