



## Associate of Science Degree in Radiography Application for Radiography Program Admission

### Instructions

Please print or type the information on this application. Be sure to use your legal name. If your high school or college records appear under a different name, please indicate that under "previous names". For additional information about admission, campus visits, financial aid and scholarships, visit [www.aultmancollege.edu](http://www.aultmancollege.edu) or call **330.363.6347**.

### Application Deadline

January 15 for Fall Enrollment

### Application Checklist *(check boxes)*

Applications will be considered complete once the Admissions Office receives all of the required documents. Please use the following checklist to complete the application process. **Please note: All college admission requirements must be met before an applicant will be admitted to the Radiography Program.**

- College application completed and submitted (or a current Aultman College student)
- Radiography Program criteria met
 

High School GPA 3.0 or greater or equivalent GED **and** ACT composite score of 20 (SAT equivalent 950) or greater

**OR**

College GPA 2.5 or greater established from six (6) credit hours or more of coursework of general education or program specific courses
- Complete and sign Radiography Program application
- Submit documentation of 4-hr radiography job shadowing experience (for more information, visit [www.aultmancollege.edu](http://www.aultmancollege.edu))
- Submit documentation of category 3 criteria (if applicable)
  - Proof of high school community services and/or leadership roles
  - Copies of related licensures or certificates (eg LPN, STNA, GXMO, EMT)
  - Copies of proof of military service, including length of time served
- Complete COMPASS testing (Visit the Admissions tab of the website for more information.)

#### APPLICATIONS, DOCUMENTS AND TRANSCRIPTS SHOULD BE SUBMITTED TO:

Aultman College of Nursing and Health Sciences  
Office of Admissions, 2600 Sixth St. SW, Canton, OH 44710

*NOTE TO ALL STUDENTS: Admission to the Radiography Program is competitive in nature and is not guaranteed. A selection committee ranks all applications and preferences are given to the most qualified applicants. For more information, please refer to the radiography program ranking procedure available at [www.aultmancollege.edu](http://www.aultmancollege.edu).*

# Aultman College of Nursing and Health Sciences

Office of Admissions, 2600 Sixth St. SW, Canton, OH 44710

Phone: 330.363.5075 Fax 330.580.6654 Email: admissions@aultmancollege.edu

Web: www.aultmancollege.edu

## Term and Program Identification

Date of Application: \_\_\_\_\_

Please indicate in which academic term and year you intend to enroll: (Fill in year)

Fall 20\_\_\_\_\_

Have you previously applied for admission to the Radiography Program? Yes  Date \_\_\_\_\_ No

Have you previously been admitted to the Radiography Program? Yes  Date \_\_\_\_\_ No

## Personal Information

### Legal Name

\_\_\_\_\_  
Last Name First Name Middle Name Previous Name(s)

### Current Contact Information

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip Code County

\_\_\_\_\_  
Home Phone (Area Code and Number) Email Address, if available

\_\_\_\_\_  
Work Phone (Area Code and Number) Fax Number, if available Cell/Other Phone (Area Code and Number)

### Permanent Address *(if different than above)*

\_\_\_\_\_  
Number and Street City State Zip Code County

## Health Care Licensures and Certifications

Have you completed any health care training that leads to licensure or certification? Yes  No

If yes, please check any of the following that you have successfully completed

- \*  Licensed Practical Nurse (LPN) Expiration Date \_\_\_\_\_ State Issued \_\_\_\_\_
- \*  State-Tested Nursing Assistant (STNA) Expiration Date \_\_\_\_\_ State Issued \_\_\_\_\_
- \*  Certified Emergency Medical Technician- Basic Expiration Date \_\_\_\_\_ State Issued \_\_\_\_\_
- \*  Certified Paramedic Expiration Date \_\_\_\_\_ State Issued \_\_\_\_\_
- \*  General Xray Machine Operator Expiration Date \_\_\_\_\_ State Issued \_\_\_\_\_
- Other \_\_\_\_\_ Expiration Date \_\_\_\_\_ State Issued \_\_\_\_\_

\* Included in category 3 of ranking criteria. Documentation must be provided.

## High School Community Service/Leadership

(ie National Honor Society, Teen Institute, President or Captain of athletic team, club or organization, etc.)  
Must have occurred within three years of application date. Documentation may consist of a recognition certificate or a reference letter from an advisor, counselor, coach or teacher on official high school letterhead.

Activity	Date	Coach or Advisor

## Military Service

Branch	Dates	Chapter #
	From _____ To _____	

## Certification Statement

I have read this form and understand what it means. I have filled it out completely and accurately to the best of my knowledge.

I hereby certify that the answers to all questions on the application are correct. I understand that any false information, misinterpretation or omission will be cause for withdrawal of my application or my dismissal from the College. I authorize any provided companies, schools, agencies, or person(s) to give information regarding my employment, character, education, work history, health, or police record to Aultman College of Nursing and Health Sciences.

I understand my final acceptance to the Radiography Program at Aultman College of Nursing and Health Sciences is contingent upon:

- Meeting all college entrance requirements.
- Meeting the entrance criteria for the Radiography Program.
- Completing all aspects of the pre-admission physical, immunization, and drug-screening requirements.
- Submitting evidence of current Healthcare Provider CPR certification from the American Heart Association.
- Receiving the Hepatitis "B" surface antibody series (recommended).

OR

Declining the Hepatitis "B" surface antibody series by completing the declination form.

- Upon acceptance to the program, return of my RSVP form with payment of \$100 non-refundable reservation fee.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_