



NATIONAL PARK COLLEGE

RADIOLOGIC TECHNOLOGY PROGRAM APPLICATION FORM

Applications are accepted January- April 15th

Date of Birth: _____

NPC ID: _____

Print Name Full: _____
Last Name First Name Middle Name

Cell Phone: _____ Home Telephone: _____

Mailing Address: _____
Number & Street City State Zip Code

Social Security: _____ Are you a U.S. Citizen? Yes No

High School: _____
School Name City State

Date of High School Graduation: Month: _____ Year: _____ G.E.D. Certification: Yes No

Email Address: _____

List information concerning college, university, or other schools attended:

| Name of Institution | City & State | Dates (From - To) | Degree Received |
|---------------------|--------------|-------------------|-----------------|
| | | | |
| | | | |
| | | | |

List Work Experience:

| Employer | Location | Dates (From - To) | Description of Work |
|----------|----------|-------------------|---------------------|
| | | | |
| | | | |
| | | | |

Are all of your transcripts on file at NPC? Yes No Have you applied to NPC? Yes No

Have you previously applied to this Radiologic Technology program? Yes No Date: _____

Have you enrolled in a Radiologic Technology program previously? Yes No

If yes, date and institution: _____

How did you hear about this program? _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY: Between 8:00 a.m. - 4:00 p.m.

Name: _____ Relationship: _____
Last Name First Name

Cell Phone: _____ Work Phone: _____

(Please complete page 2)

Are you applying to more than one health science/ nursing program? Yes No

If yes, how many? _____ (Ex: if you are applying to the NPC RAD and another NPC program, count this as 2)

This information does not influence your admission status. It serves to provide information regarding the number of students interested in pursuing a degree in health science or nursing.

Because a person can find it difficult, if not impossible, to be eligible for the American Registry for Radiologic Technologists (ARRT) examination to practice as a Registered Radiologic Technologist, please answer the following questions:

1. Have you ever been convicted of a felony or a misdemeanor? Yes No
2. Do you have a felony charge pending? Yes No

If yes on either of the previous questions, submit an explanation of the felony or misdemeanor, including dates and specific details. Place it in a sealed envelope addressed to the Dean of Nursing and Health Sciences and attach it to this application.

3. Have you ever been suspended, dismissed or expelled from an educational program for a reason that might affect ARRT certification requirements? Yes No
4. Have you ever had any license registration or certificate denied, revoked, suspended, placed on probation or subjected to discipline by a regulatory authority or certification board (other than AART)? Yes No

If you answered yes on any of these question, you must contact the ARRT for a pre-application review of eligibility. Contact ARRT at 651-687-0048 or www.arrt.org. The ARRT states you must “be a person of good moral character and must not have engaged in conduct that is inconsistent with the ARRT rules of ethics”. You will not be eligible to apply for this program without proper documentation from the ARRT.

ON A SEPARATE SHEET OF PAPER PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Explain your reasons for choosing Radiologic Technology as a career.
 2. The Radiologic Technology program is very time intensive. What plans have you made to prepare to meet this schedule?
 3. What are your plans and aspirations for the future?
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IMPORTANT INFORMATION:

Please save the completed copy of this application and print. To finalize this application, submit a signed hard copy to the Division of Nursing & Health Sciences

Refer to the NPC website or the NPC catalog for the essential functions and/or technical standards required for each Nursing and Allied Health program before submission of this application. National Park College provides academic accommodations as mandated by ADA and 504. Please contact NPC’s Compliance officer at 760-4227 for reasonable accommodations under the American’s with Disabilities Act (ADA) and for disability assistance information.

Falsifying any records pertinent to this application can lead to ineligibility or immediate dismissal from the Radiologic Technology Program. I understand that falsifying my application is dishonest and demonstrates a lack of integrity which could compromise my acceptance and/or licensure. _____ (PLEASE INITIAL)

I understand the health care industry requires a criminal background check and drug screening upon employment and random drug testing throughout employment. I also understand that a criminal background check will be required at the time of admission to the program. I understand that the Substance Abuse Policy of NPC Radiologic Technology Program may require drug testing during my enrollment for the following reasons: 1) Upon admission into the program. 2) Scheduled testing at unannounced times throughout the program. 3) Random testing as required by the clinical agencies. 4) For cause.

Signature: _____ Date: _____

National Park College in compliance with Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972 Higher Education Act does not discriminate on the basis of race, color, national origin, sex, or qualified handicap in any of its policies, practices, or procedures. The provision includes, but is not limited to, admissions, employment, financial aid, and other educational services. Any person having inquiries concerning NPC compliance with Title IX is directed to contact the Dean of Students Office on the second floor of the Student Commons or by telephoning (501) 760-4229.

Return the Complete Application and all documents to:
Nursing & Health Sciences Division- Frederick Dierks
Radiologic Technology Program Director
101 College Drive: Hot Springs, AR 71913