NATIONAL PARK COLLEGE

RADIOLOGIC TECHNOLOGY PROGRAM APPLICATION FORM

Date of Birth: _____ NPC ID: _____

Print Full Legal Name: _____

Last Name First Name Middle Name

Preferred Name (if different from legal name): _____

Personal Email: _____ NPC Email: _____

Cell Phone: _____ Work Phone: _____

Mailing Address: _____

Number & Street City State Zip Code

Social Security Number: _____ Do you have a valid U.S. Social Security number? ◯ Yes ◯ No

I understand a valid Social Security number is required to apply for Radiologic Technologist licensure in Arkansas: ◯ Yes ◯ No

Are you a U.S. Citizen? ◯ Yes ◯ No Do you speak English in your home? ◯ Yes ◯ No

High School: _____

School Name City State

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

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: 8:00 a.m. - 4:00 p.m.

Name: _____ Relationship: _____
Last Name First Name

Cell Phone: _____ Work Phone: _____

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 to take the American Registry for Radiologic Technologists (ARRT) examination to practice as a Registered 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 that you have attended in order to meet 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 ARRT)? ◯ ◯ 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 program without proper documentation from the ARRT.

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

National Park College provides academic accommodations as mandated by ADA and 504. Please contact NPC's Compliance officer at 501-760-6388 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 that the health care industry requires drug testing upon employment and random testing throughout employment. Also, I understand that the Substance Abuse Policy at NPC Radiologic Technology Program may require drug testing during my enrollment for the following reasons: 1) Scheduled testing at unannounced designated times throughout the program. 2) Random testing as required by the clinical agencies. 3) 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
National Park College
101 College Drive: Hot Springs, AR 71913