

THE  
**University of Vermont**  
HEALTH NETWORK  
**Champlain Valley Physicians Hospital**

SCHOOL OF  
RADIOLOGIC TECHNOLOGY

**APPLICATION FOR ADMISSION**

**A GENERAL INFORMATION**

Name:

Last

First

MI

Home Address:

Number and Street

Apt.

City

State

Zip

(\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Area code Home Phone

Area code Cell Phone

Mailing Address if different from above:

Number and Street

Apt.

City

State

Zip

E-Mail Address: \_\_\_\_\_

Have you ever applied to this program before? \_\_\_\_\_ When? \_\_\_\_\_

**B CITIZENSHIP**

Are you a United States Citizen? \_\_\_\_\_

Are you a legal resident of New York State? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

**C EDUCATION**

Diploma-Granting High School

Name of School \_\_\_\_\_

Address \_\_\_\_\_

Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Graduation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

GED Date received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

List Other Secondary Schools Attended

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NAMES OF POST-SECONDARY SCHOOL

Please give information concerning College, University, or other Schools Attended

1. _____	Name of School	Location	
	Dates Attended	# of Credits Earned	Degree/Diploma
2. _____	Name of School	Location	
	Dates Attended	# of Credits Earned	Degree/Diploma

**ACADEMIC HONORS:** briefly List Any Academic Awards and/or Honors You Have Received

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**\*\*\* PLEASE REQUEST AN OFFICIAL TRANSCRIPT OF ALL GRADES (HIGH SCHOOL, COLLEGE, ETC.)**

**BE SENT DIRECTLY TO THE ADDRESS LISTED ON THE FINAL PAGE\*\*\***

Transcripts sent directly from your school to our program are considered OFFICIAL. These can be sent by mail in a sealed, signature-stamped envelope or sent electronically.

<b>OFFICIAL TRANSCRIPT</b>	<b>UNOFFICIAL TRANSCRIPT</b>
Official paper transcripts are sent in a sealed, signature-stamped envelope.	<i>Is sent to the program from the student or an unauthorized party.</i>
Is sent electronically from the originating school (or authorized party) to the program.	<i>Is electronically forwarded from the student or unauthorized party.</i>

**D MILITARY EXPERIENCE**

Date of Entry \_\_\_\_\_ Months of Active Service \_\_\_\_\_ Branch of Service \_\_\_\_\_

Type of Discharge \_\_\_\_\_

**E PERSONAL INFORMATION:** The following questions are required by the US Department of Health Education and Welfare, Title IV of the Civil Rights Act.

**GENDER:**  M  F  Other: \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

## **F MANDATORY ESSAY**

Please type an essay of at least 300 words on a separate sheet of paper. Please include an account of:

1. Your experiences and activities since you last attended school if more than six months.
2. All the things you have accomplished that have given you the greatest satisfaction.
3. What you most enjoy in your leisure time.
4. Your reason for choosing a career as a radiologic technologist.
5. Any reason for choosing CVPN over any other x-ray program.
6. Your plans and aspirations for the future.

If references are needed, you will be e-mailed a link for this purpose.

CVPN Medical Center School of Radiologic Technology is an equal opportunity educator which complies with local, state, and federal regulations prohibiting discriminatory practices based on race, religion, color, national origin, age, sex, sexual orientation, military status, marital status, citizenship status, ex-offender status, disability, or any other protected status.

The Americans with Disabilities Act (ADA) gives civil rights protections to individuals with disabilities that are like those provided to individuals on the basis of race, sex, national origin, and religion. It guarantees equal opportunity for individuals with disabilities in employment, public accommodations, transportation, State and local government services, and telecommunications.

(The Americans with Disabilities Act (ADA) 1990)

I certify to the best of my knowledge that the information provided in this application for admission is true and complete and I understand that any misrepresentation or omission of facts called for herein may be cause for terminating my attendance in the school program at any time. I hereby release from all liability or damage, those persons, agencies, or organizations who may furnish informational connection with my application for admission. I understand that I must satisfactorily pass a physical examination relative to my ability to complete the school program and periodical physical examinations may be required. I understand that I will be bound by all student rules, regulations, and other requirements if I am accepted for enrollment. In the event that I leave, I agree to return all School and Hospital property issued to me.

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Applicant's Full Signature *(electronic signature not accepted)*

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Date

*This application, essay and official transcripts can be mailed to:*

***CVPH School of Radiologic Technology  
75 Beekman Street  
Plattsburgh, NY 12901***