

## School of Radiologic Technology

PLEASE NOTE! You will not be permitted to sit for the Entrance Exam without this form being completed and submitted FIRST!

Classroom: 4 West Second Street, Lower Level, Riverhead, New York 11901

Mailing Address: 1300 Roanoke Avenue, Riverhead, New York 11901

(631) 548-6173

E-mail: [xrayschool@pbmchealth.org](mailto:xrayschool@pbmchealth.org)

### **APPLICATION FOR ADMISSION – DUE MARCH 1, 2023! (CLASS OF 2025)**

#### **Part I: Information**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Application Date: \_\_\_\_\_

Person To Be Contacted In Case of Emergency: \_\_\_\_\_

Telephone # of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have You Ever Been Known By Another Name? \_\_\_\_\_ YES \_\_\_\_\_ NO

If Yes, What Was The Name? \_\_\_\_\_

Are you legally eligible to attend school in the USA as per the Immigration Reform & Control Act? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you able to perform the duties of a student radiographer as stated in the Technical Standards on page 7 and 8 of the Program Catalog?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Are you a graduate with the minimum of an Associate Degree from an accredited college/university? If not, please state when your degree will be conferred by the college/university?

\_\_\_\_\_ Date of Conferral \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you ever had any previous training in Radiography? \_\_\_\_\_ YES \_\_\_\_\_ NO

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Do you have any previous healthcare experience? \_\_\_\_\_ YES \_\_\_\_\_ NO  
A "No" response does not negate your admission to the school!

**What is your current email address?** \_\_\_\_\_

Please PRINT CLEARLY ANY CHARACTERS IN THE EMAIL ADDRESS!

WE WILL CONTACT YOU USING YOUR EMAIL ADDRESS SUPPLIED UPON APPLICATION!

### **Part II: Education Section**

#### **College/University #1 (Most Recent Please!)**

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Town, State and Zip of Institution: \_\_\_\_\_

Attended From: \_\_\_\_\_ Attended To: \_\_\_\_\_

Degree/Certificate Awarded: \_\_\_\_\_  
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#### **College/University #2**

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Town, State and Zip of Institution: \_\_\_\_\_

Attended From: \_\_\_\_\_ Attended To: \_\_\_\_\_

Degree/Certificate Awarded: \_\_\_\_\_  
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### High School/GED Certificate

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Town, State and Zip of Institution: \_\_\_\_\_

Attended From: \_\_\_\_\_ Attended To: \_\_\_\_\_

Did you graduate/complete the requirements for the diploma/certificate? \_\_\_\_\_

\*\*\*PLEASE CONTACT **ALL** EDUCATIONAL INSTITUTIONS TO HAVE YOUR OFFICIAL TRANSCRIPTS FORWARDED TO THE FOLLOWING ADDRESS:

**Peconic Bay School of Radiologic Technology**  
**1300 Roanoke Avenue, Riverhead, New York 11901**  
**Riverhead, New York 11901**  
**Attention: Frank A. Zaleski, LMSW, MBA, BS RT ( R ), Program Director**

### Part III: Employment Section

#### Employer #1 (Most Recent)

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Town, State and Zip of Employer: \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

What Is/Was Your Position? \_\_\_\_\_  
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#### Employer #2

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Town, State and Zip of Employer: \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

What Was Your Position? \_\_\_\_\_  
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### Employer #3

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Town, State and Zip of Employer: \_\_\_\_\_

Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_

What Is/Was Your Position? \_\_\_\_\_

### **Part IV: Professional/Academic References (Please-no relatives or friends!)**

1. Name: \_\_\_\_\_ Relationship to Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Person: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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### Part V: Requirements

I have enclosed the essay component of the application utilizing the “**PERSONAL ESSAY FORM ATTACHMENT**” answering the questions: “**Out of all the healthcare professions to choose from, why are you choosing Radiologic Technology at Peconic Bay Program of Radiologic Technology?**” and then, “**Please describe any lessons, hardships, challenges, or opportunities that resulted from the global COVID-19 pandemic. In particular, describe how these insights have informed your motivations and preparation for our program in areas of academics, employment, volunteer service and/or other clinical experiences you may have.**”

\_\_\_\_\_ YES \_\_\_\_\_ NO

I have enclosed the application fee of **\$100.00** made payable to: “**Peconic Bay Medical Center**”

CERTIFIED BANK CHECK \_\_\_\_\_ YES \_\_\_\_\_ NO

**PLEASE NOTE THAT YOU CANNOT SCHEDULE YOUR ENTRANCE EXAM OR TAKE YOUR ENTRANCE EXAM UNLESS WE HAVE RECEIVED THIS APPLICATION TO THE SCHOOL! THERE ARE NO EXCEPTIONS!**

All of the answers given in this application are true and complete to the best of my knowledge. If I am accepted into the Peconic Bay School of Radiologic Technology, I agree to abide by the rules, policies, and regulations set forth by the school and by Peconic Bay Medical Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*A CERTIFIED BANK CHECK is a check that you receive from your bank. A certified check is a personal check guaranteed by the check writer’s bank.** The bank verifies the account holder’s signature and that he or she has enough money to pay, then sets aside the check amount for when it’s cashed or deposited.\*