

School of Radiologic Technology

PLEASE FORWARD THIS APPLICATION WITH YOUR ENTRANCE EXAM REQUEST FORM!

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@northwell.edu

APPLICATION FOR ADMISSION – DUE MARCH 2, 2020! (CLASS OF 2022)

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

Do you have any previous healthcare experience? _____ YES _____ NO

A "No" response does not negate your admission to the school!

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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: _____

College/University #2

Name of Institution: _____

Address of Institution: _____

Town, State and Zip of Institution: _____

Attended From: _____ Attended To: _____

Degree/Certificate Awarded: _____

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? _____

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***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? _____

Employer #2

Name of Employer: _____

Address of Employer: _____

Town, State and Zip of Employer: _____

Employed From: _____ Employed To: _____

What Was Your Position? _____

Employer #3

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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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 #: _____

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 professions in the world to choose, why are you choosing to become a Radiographer and why our school?**” and “**How has your education you have completed so far contributed to who you are today?**”

_____ YES _____ NO

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

CERTIFIED BANK CHECK _____ YES _____ NO

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: _____