

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!

Eastern Campus Classroom: 1225 Ostrander Avenue, Riverhead, New York 11901
Western Campus Classroom: 1979 Marcus Avenue, New Hyde Park, New York 11042
Mailing Address: 1300 Roanoke Avenue, Riverhead, New York 11901
(631) 548-6173

E-mail: xrayschool@northwell.edu

APPLICATION FOR ADMISSION – DUE MARCH 1, 2025! (CLASS OF 2027)

Part I: Information

Name: _____

Street Address: _____

Town: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Cell Phone #: _____

Application Date: _____

*Please note that your SOCIAL SECURITY NUMBER WILL BE NEEDED IF YOU ARE ACCEPTED TO THE PROGRAM!

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 pages 8-12 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

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!

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!

PLEASE INDICATE YOUR PREFERENCE FOR YOUR CAMPUS CLASSROOM AS THERE ARE TWO CLASSROOMS TO SERVE THE MISSION OF THE PROGRAM:

(Please indicate by 1st or 2nd choice!)

<p><u>Eastern Campus Classroom</u> 1225 Ostrander Avenue, Riverhead, New York 11901</p>	<p><u>Western Campus Classroom</u> 1979 Marcus Avenue, New Hyde Park, New York 11042</p>
--	---

PLEASE READ!!!!

The program cannot GUARANTEE PLACEMENT of your classroom preference. Please understand that you also could be assigned to clinical sites throughout the entire Northwell system regardless of your campus classroom preference. Your Clinical Coordinator will assign your location once you are accepted to the program.

**Reminder, your clinical site rotations are currently scheduled for every three months, but this could change to meet programmatic needs or clinical site needs.*

Example: Eastern Campus Classroom Student "A" could be assigned to North Shore University Hospital/Northwell, Manhasset.

Example: Western Campus Classroom Student "B" could be assigned to Peconic Bay Medical Center/Northwell, Riverhead.

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!

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? _____

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!

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

Peconic Bay School of Radiologic Technology
1300 Roanoke Avenue (1 Heroes Way), Riverhead, New York 11901
Riverhead, New York 11901
Attention: Frank A. Zaleski, LMSW, MBA, BS RT (R), Program Director
Email: fzaleski@northwell.edu

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? _____

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!

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 #: _____ Email Address: _____

I have forwarded this person the Recommendation Letter Form. _____

2. Name: _____ Relationship to Person: _____

Telephone #: _____ Email Address: _____

I have forwarded this person the Recommendation Letter Form. _____

3. Name: _____ Relationship to Person: _____

Telephone #: _____ Email Address: _____

I have forwarded this person the Recommendation Letter Form. _____

THESE INDIVIDUALS WILL BE THE SAME INDIVIDUALS WE WILL LOOK FOR LETTERS FROM IN YOUR APPLICATION PACKET.

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!

Part V: Requirements

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

CERTIFIED BANK CHECK _____ YES _____ NO

B) I have enclosed the Entrance Exam Form with the application – choosing the date(s) I will be taking the Entrance Exam. ***I understand that there is a separate fee for the Entrance Exam of \$75.00. I understand that the fee is FOR EACH EXAM as well as noting I may take the exam more than once, but no more than three times.*** 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!

_____ YES _____ NO

C) I have enclosed the essay component of the application utilizing the **“PERSONAL ESSAY FORM ATTACHMENT”** or submitted the essay in the electronic application answering the question: **“Our Program of Radiologic Technology is a two-year program dedicated to providing the healthcare environment with a well-rounded and competent professional Radiologic Technologist. Please identify, in no more than 500 words, why you are choosing our school and your personal vision for your future in our profession. You should also highlight any unique healthcare experiences with yourself or loved ones that are influencing your decision to become a Radiologic Technologist.”**

_____ YES _____ NO

D) I have enclosed or will be contacting my educational institutions to obtain my most recent transcript(s) from my high school and colleges, including the proof of the completion of the course in Medical Terminology from an accredited college/university.

**If you attended a different college/university for summer classes or winter classes besides your registered college/university that you have graduated/will graduate from, please contact those institutions as well.*

**Peconic Bay Program of Radiologic Technology is NOT responsible for any fees associated with any transcripts from any institution.*

**If I have not completed the course in Medical Terminology, please advise the program as to when it will be completed.*

Date of Completion of Medical Terminology course: _____ YES _____ NO

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!

E) I have forwarded the three (3) Letters of Recommendation Forms to the individuals listed on the application packet. I should remind these three people that it is their responsibility to return them either to myself or to the school ASAP!

_____ YES _____ NO

F) I have included my most recent resume' or CV for the admission committee to review.
If not, when can the school expect the resume' or CV from you?

_____ YES _____ NO

G) I will complete an observation of the minimum of four (4) hours at any facility that will permit my attendance, complying with all regulations of privacy, by March 1, 2025.
If I have scheduled it, but not completed it, please list the date of the observation on the form here.

Date of Observation: _____ YES _____ NO

H) I will complete an observation in the radiology school classroom of two (2) Hours at either classroom that will permit my attendance, to have an opportunity to discuss my goals and see a classroom interaction. I will use this time to discuss with the faculty any other concerns.

_____ 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/Northwell Health.

Signature: _____ Date: _____

***A CERTIFIED BANK CHECK is a check that you receive from your bank. A certified bank 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. *