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

Mailing Address: 1300 Roanoke Avenue (1 Heroes Way), Riverhead, New York 11901

Phone: (631) 548-6173

Email: [xrayschool@pbmchealth.org](mailto:xrayschool@pbmchealth.org)

**Entrance Examination Request Form**

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

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

Current Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*YOU MAY TAKE THE EXAM UP TO TWICE PER YEAR\*

\*\*BOTH TESTS WILL BE FACTORED INTO YOUR APPLICATION – THE ADMISSIONS COMMITTEE WILL FACTOR THE HIGHER SCORES FOR YOUR OVERALL APPLICATION\*\*

\*\*\*IT IS NOT MANDATORY TO TAKE TWO TESTS\*\*\*

1. Please review the Exam Date(s) below that you would like to secure your seat for.

**Example: January 20, 2023 at 2:30PM \_YES\_**

The following are the examination dates for potential candidates in September, 2023:

(Wed) February 8, 2023 at 9:00AM \_\_\_\_\_\_\_\_\_\_ (Fri) March 3, 2023 at 1:00PM \_\_\_\_\_\_\_\_\_\_\_\_\_

(Wed) February 22, 2023 at 9:00AM \_\_\_\_\_\_\_\_\_ (Sat) March 11, 2023 at 9:00AM \_\_\_\_\_\_\_\_\_\_\_\_

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

(YOU ARE REQUIRED TO SIGN THIS FORM TO OBTAIN YOUR RESULTS via email!)

1. Contact Janice Zilnicki – 631 – 548 – 6173 to inform her and schedule your exam with her.

\*You will be required to wear a mask during the exam.

1. Janice will forward you a confirmation letter with your test date and specific instructions approximately two weeks prior to the date of your chosen exam. **PLEASE REMEMBER THAT YOU SHOULD NOT SCHEDULE YOUR TEST UNTIL WE HAVE RECEIVED YOUR APPLICATION TO THE SCHOOL!**
2. The examination will take approximately 2.5 hours – 3 hours.
3. The fee for the entrance exam is **$75.00** submitted with a **CERTIFIED BANK CHECK** to be paid at the time of the test. DO NOT SEND ENTRANCE EXAM FEE WITH YOUR APPLICATION!

Date(s) You Have Chosen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may want to consider and possibly review the following skills for SATISFACTORY ACHIEMENT on the entrance examination:

**Science Section**

\*Graph Interpretation

\*Basic & Minimal Understanding of High School Biology, Chemistry, Physics, Anatomy and Physiology

\*Interpretation of Data

\*Knowledge of Metric System

**Mathematics Section**

\*Algebra (Basic Addition, Subtraction, Multiplication, and Division of Whole Numbers, Decimals, Fractions, Percentages)

\*Word Problems Using Algebra

\*Knowledge of Exponents

\*Knowledge of Metric System

\*Basic Knowledge of Scientific Notation

\*Geometry (Angles)

\*Graph Interpretation

\*Knowledge of Roman Numerals

\*Greatest Common Factor & Least Common Denominator

\*\*\*REMEMBER YOU WILL BE PROVIDED A CALCULATOR FOR THIS SECTION\*\*\*

**Reading Comprehension Section**

\*Knowledge of High School/First Year College Vocabulary

\*Reading High School/First Year College Passages

\*Decipher Meaning from those Reading Passages

\*Identify Noun, Verb, and Adjective

**Spelling Section**

\*Identify Correct Spelling

\*Identify Incorrect Spelling

**Analytic Section**

\*Graph and Data Interpretation

**\*\*\*A REMINDER – YOU MUST BE VACCINATED FOR COVID-19 TO BE ADMITTED TO PECONIC BAY PROGRAM OF RADIOLOGIC TECHNOLOGY\*\*\***

I do wish you the best of luck on your examination and I look forward to meeting you and reviewing your application.

Professor Frank Zaleski

Program Director