



Date _____

Print name in full: _____
Last First Middle

Maiden Name or other Last Names used: _____

Home address: _____
Number and Street City State Zip Code

E-mail address: _____

Phone number: _____ Social Security number: _____

Will you be 18 prior to July 1? YES NO If no, what date will you be 18? _____

Are you a citizen of the United States? YES NO

If you are not a United States citizen, do you have a legal right to work in the United States? YES NO

Year of high school graduation: _____ High School GPA: _____

If GED, what state? _____ GED Score: _____

Please list information regarding all colleges attended:

Colleges Attended	City & State	Date of Entrance	Date of Leaving	Diploma or Degree Received

If a program was not completed or a diploma/degree was not received, please state the reason:

Please check the prerequisite course you have successfully completed:

- Introduction to Computers
- Ethics or Philosophy
- Anatomy & Physiology I
- General Humanities (HCC)
- English Composition
- Medical Terminology
- Anatomy & Physiology II
- College Algebra or higher
- General Psychology
- Wellness Concepts (PSC)

Of the pre-requisite courses not completed, please indicate the planned completion date(s):

If you have had any healthcare, professional, or business experience please give facts with date:

Please list the hobbies or extracurricular activities that you enjoy:

Person to notify in case of emergency:

Name: _____ Telephone Number: _____

Address: _____

Purpose Statement

Please write a two-page typed paper that includes, but is not limited to, the following topics:

1. Reasons for selecting Radiologic Technology as a career
2. Reasons for selecting LRH School of Radiologic Technology
3. Your plans and aspirations for the future

Prospective students must call the Program office for an appointment to observe in the Department of Radiology for a minimum of four hours (863.687.1100, extension 3768 or 3769). Observations are scheduled Monday through Thursday from 10:00 a.m. to 2:00 p.m. Before your appointment, please read and fill out observation application ([on-line http://LRH.com/wp-content/uploads/Student-Observation-Orientation-Handbook.pdf](http://LRH.com/wp-content/uploads/Student-Observation-Orientation-Handbook.pdf)) and bring with you for scheduled observation.

LRH Observation Date (to be completed before Feb 15): _____

Program application, official sealed copies of your college transcripts, two Applicant Reference Forms, Clinical Observation Form, signed Technical Performance Standards, Purpose Statement and \$25 application fee (check or money order payable to Lakeland Regional Health) are to be sent to:

Radiography Program Director
LRH School of Radiologic Technology
P.O. Box 95448
Lakeland, FL 33804

Your references must be completed by a current (or within the past 2 years) employer or educator on the Applicant Reference Form.

Applications are accepted from November 1 through February 15 of each year. Processing of applications begins in January.

Personal interviews with a selection committee will be set up in March or April. Prospective students will be notified of the time and date of their interview.

PLEASE NOTE THAT THE SCHOOL OFFICE MUST RECEIVE YOUR APPLICATION PACKET BY FEBRUARY 15.

Signature

LRH offers equal opportunity in education and employment without discrimination due to race, color, religion, gender, national origin, ancestry, marital status, age, disability, citizenship, veteran status, or any other protected job status.