



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?  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

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:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Introduction to Computers | <input type="checkbox"/> English Composition     | <input type="checkbox"/> College Algebra or higher |
| <input type="checkbox"/> Ethics or Philosophy      | <input type="checkbox"/> Medical Terminology     | <input type="checkbox"/> General Psychology        |
| <input type="checkbox"/> Anatomy & Physiology I    | <input type="checkbox"/> Anatomy & Physiology II | <input type="checkbox"/> Wellness Concepts (PSC)   |
| <input type="checkbox"/> General Humanities        |  |  |

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

\_\_\_\_\_  
\_\_\_\_\_

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 <https://mylrh.org/wp-content/uploads/2016/08/Student-Observation-Orientation-Handbook.pdf> and bring with you for scheduled observation.

LRH Observation Date (to be completed before Feb 1): \_\_\_\_\_

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 1 of each year. Processing of applications begins in January.

Personal interviews with a selection committee will be set up in March. 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 1.**

If I am accepted into the LRH School of Radiologic Technology, I hereby consent to undergo a pre-placement physical examination, which will include urinalysis and/or blood screening for nicotine, drug and alcohol use. Effective 4/1/2017, LRH will no longer accept nicotine/tobacco users. I understand that attending the Radiography School is dependent upon successful completion of such examination. Please be advised that annual influenza vaccinations are required. I agree that any knowledge the examining physician may have of me and of my health record may, at his/her discretion, become part of my employment health record.

### English Language

All classroom and clinical instruction will be conducted in English. By accepting a position in this program, the student acknowledges this and accepts the responsibility for sufficient proficiency in the English language to be able to successfully complete the program.

\_\_\_\_\_  
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.