



**Part II — Education**

Level of Education Completed	Name & Address of School	Number of years completed	Diploma/ Degree	Major
High School	Name:			
	City/State:			
High School	Name:			
	City/State:			
General Education Development Test (G.E.D)	Name:			
	City/State:			
Professional/Technical / College/University	Name:			
	City/State:			
Professional/Technical / College/University	Name:			
	City/State:			
	City/State:			
Radiography	Name:			
	City/State:			
Other	Name:			
	City/State:			

List courses in progress or other education experiences (travel, workshops, seminars, etc.)		
Course/Workshop	Date	Location of Attendance

Additional comments or remarks on your education background that you would like to submit for admission review:

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**Part III — Employment History**

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**Present or Most Recent Employer**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

Job Title: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

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Supervisor's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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May we contact this employer as a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**Next Most Recent Employer**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: (     ) \_\_\_\_\_

Job Title: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Describe your duties: \_\_\_\_\_

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Supervisor's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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May we contact this employer as a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

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If your employment history does not cover the last three years, please explain any periods of unemployment in the last three years.

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## Part IV — Emergency Information

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Person to notify in case of emergency:

Name: \_\_\_\_\_  
*last* *first* *middle*

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (days) ( ) \_\_\_\_\_ (evenings) ( ) \_\_\_\_\_

## Part V — Non-Academic Qualifications for Admission

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The School identifies non-academic qualifications (technical standards) that are essential for students to satisfactorily perform/complete the classroom and clinical learning objectives of the program. Applicants must meet these non-academic qualifications (technical standards) for satisfactory completion of the educational program. The student must be able to:

1. Transport patients from or onto wheelchairs, gurneys and examination tables.
2. Operate medical imaging equipment and accessory devices.
3. Position/maneuver patients and medical imaging equipment to perform radiographic examinations and procedures.
4. Monitor the physical and emotional state of patients for their care and safety.
5. Evaluate medical images for technical quality and accuracy of patient positioning.
6. Evaluate diagnostic information on display screens/monitors and adjust controls as required.
7. Verbally communicate and demonstrate an auditory sense sufficient to:
  - give and acknowledge receipt of information in classroom and clinical instruction and in processes that involve the care, safety and examination of patient.
  - transfer information within a timeframe appropriate to the situation.
8. Document/input information on/with appropriate recording mediums, i.e. computer keyboard, request forms, labels, x-ray film envelopes.
9. Lift and transport radiographic equipment and supplies weighing up to fifteen pounds.
10. Perform required and essential tasks wearing protective (lead lined) apparel on the neck (thyroid collars), trunk (full aprons) and hands (gloves) with an approximate equivalent weight of ten to fifteen pounds.
11. Demonstrate the manual dexterity to perform venipuncture, monitor pulse, blood pressure, temperature, and prepare syringes and medications for injection.
12. For extended periods of time, demonstrate the physical strength, coordination and endurance to independently navigate in diagnostic examination rooms.

## Please read carefully and sign:

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I have reviewed the non-academic qualifications (technical standards) for admission. I understand that these standards are essential to the satisfactory completion of all learning objectives of the program.

I certify that all information contained in this application is true and correct to the best of my knowledge. I authorize the contacting of former employers, schools, and other references by Advocate Illinois Masonic School of Radiologic Technology (School), unless otherwise stated. I realize that any false statement made here could be cause for non-acceptance or dismissal upon acceptance to the educational program. If I agree to accept an appointment to the School, I will comply with its requirements and regulations.

Signature \_\_\_\_\_ Date \_\_\_\_\_

11/10/03; 4/27/04, 08/04/04, 10/05/04, 10/27/05, 10/26/06  
Website

**You are required to contact the School office at 773-296-8950 to receive a complete information packet.**