UnityPoint Health
Des Moines

School of Radiologic Technology
Application for Admission

You must submit the non-refundable application fee of $25. Make checks/money orders payable to UPH-DM Radiology School. DO NOT SEND CASH.

Please type or print clearly and complete all information.

Personal Information

1. Social Security Number _____

2. Name: _____
Last First Middle Maiden

3. Current
Address:_____ Phone Number _____
Number and Street

_____
City State Zip Code Country

4. E-mail Address: PRINT CLEARLY: _____

5. Emergency Contact _____

Address _____

Telephone number __(____)_____

6. Citizenship - Please check one:

___ United States Citizen

___ United States Permanent Resident
Country of Citizenship _____ Alien Reg. # from Form 1-551_____

___ other (example: refugee)

Country of Citizenship _____ Current Immigration Status _____

7. Ethnic Information: (optional)

__ White, Non-Hispanic ___ Hispanic ___ American Indian/Alaskan Native ___ Asian

__ Black, Non-Hispanic ___ Native Hawaiian/Pacific Islander ___ Middle Eastern or North African

Revised: 4/06; 6/06; 1/07; 1/10; 11/10; 2/11; 5/12; 6/13; 6/14; 2/19; 6/26

8. Will you be 18 years or older at the time of entrance into the program? ___ yes ___ no

9. Have you ever been convicted of a crime in this state or any other state? ___ yes ___ no

If yes, please explain _____

10. Do you have a record of founded child abuse or dependent adult abuse? ___ yes ___ no
If yes, please explain _____

11. Have you ever received special needs accommodations for educational purposes? ___ yes ___ no

(*Disclosure of a disability is not a requirement for admission to the program but is required in order to receive academic and/or physical accommodations)*

12. The program begins in July of each year. What year do you desire to enter the program? _____

Secondary Education

13. List in chronological order the high schools you attended between grades 9 – 12.

Name of School	City and State	Dates of Attendance	Did you graduate from this school?

14. If not a high school graduate, have you earned the General Equivalency Diploma (GED)? __ yes __ no

Post-Secondary Education

15. List in chronological order, starting with the first post-secondary institution you attended - include **ALL** education you have received beyond high school.

Name of school	City and State	Dates of Attendance	Did you graduate?	Degree Earned

Work Experience

16. List all work experience, both full- and part-time, beginning with the most recent.

Name of Firm	Address	Position Held	Dates of Employment

THE FOLLOWING INFORMATION MUST ALSO BE SUBMITTED TO THE PROGRAM FOR YOUR APPLICATION TO BE REVIEWED.

1. Official* high school transcripts from any and all high schools attended. These should all be listed on your application in the appropriate section of this application form.

2. Official* college transcripts from all colleges/universities/community colleges attended. These should all be listed on your application in the appropriate section of this application form.

* Official transcripts are sent directly from the school/college to the Radiology School at the address below.

IT IS YOUR RESPONSIBILITY TO CONTACT THE INSTITUTIONS. YOU SHOULD CONTACT Daniel P. Van Horn, M.S.Ed., R.T.(R)(ARRT) TO ASSURE THESE HAVE BEEN RECEIVED PRIOR TO THE APPLICATION DEADLINE.

Certification:

It is the policy of UnityPoint Health – Des Moines School of Radiologic Technology will not condone or tolerate discrimination of patients, employees, physicians, volunteers, students, or visitors based on age, race, creed, color, gender, religion, national origin, disability, sexual orientation or gender identity.

The preceding answers are true and complete to the best of my knowledge. If I accept this appointment, I agree to abide by the rules of the Department of Radiology, Clinical Affiliates, and UnityPoint Health – Des Moines.

17. _____ _____
Signature of Applicant Date

Send application, official transcripts, and non-refundable fee to:

Daniel P. Van Horn, M.S.Ed., R.T.(R)(ARRT) – Program Director
UnityPoint Health – Des Moines
School of Radiologic Technology
1200 Pleasant Street
Des Moines, IA 50309
Office Phone # (515) 241-6880
Cell Phone # (515) 451-4080
Fax # (515) 241-3206
Email: daniel.vanhorn@unitypoint.org

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