



# 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

Black, Non-Hispanic  Asian/Pacific Islander  S.E. Asian (not included in Asian/Pacific Islander)

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](mailto:daniel.vanhorn@unitypoint.org)***