

**WEBER STATE UNIVERSITY RADIOLOGIC TECHNOLOGY
APPLICATION FOR ADMISSION**

OUTREACH

Date _____ 20 _____

\$25.00 Non-Refundable Fee _____

(Check or Money Order – NO CASH)

NOTE: A SEPARATE APPLICATION IS REQUIRED FOR EACH SITE APPLIED TO. Please be advised that some hospitals do not select students every year. Please contact our office for list of current hospitals prior to applying.

Wyoming Program

- ___ Allen Memorial Hospital, Moab, UT
- ___ Ashley Valley Medical Center, Vernal, UT
- ___ Beaver Valley Hospital, Beaver, UT
- ___ Castleview Hospital, Price, UT
- ___ Central Valley Medical Center, Nephi, UT

- ___ Evanston Regional Hospital, Evanston, WY
- ___ Lander Valley Hospital, Lander, WY
- ___ Memorial Hospital, Douglas, WY
- ___ Memorial Hospital, Rawlins, WY
- ___ Memorial Hospital, Riverton, WY
- ___ Memorial Hospital, Rock Springs, WY
- ___ St. John's Hospital & Nursing Center, Jackson, WY
- ___ Star Valley Medical Center, Afton, WY
- ___ Other Wyoming Site: _____

- ___ Garfield Memorial Hospital, Panquitch, UT
- ___ Gunnison Valley Hospital, Gunnison, UT
- ___ Mountain View Hospital, Payson UT
- ___ San Juan County Hospital, Monticello UT
- ___ Sanpete Valley Hospital, Mt. Pleasant UT
- ___ Sevier Valley Hospital, Richfield UT

4 Corners Program

- ___ Uintah Basin Medical Center, Roosevelt UT
- ___ Valley View Medical Center, Cedar City UT
- ___ Mesa View Regional Hospital, Mesquite, NV
- ___ William Bee Rirey Hospital, Ely, NV

- ___ Mercy Medical Center, Durango CO
- ___ Rangely District Hospital, Rangely, CO
- ___ San Juan Regional Medical Center, Farmington, NM
- ___ Southwest Memorial Hospital, Cortez, CO
- ___ Other Colorado Site: _____
- ___ Other New Mexico Site: _____

Other Locations Applied to: (List All)

Provo Outreach _____ Wyoming _____

4 Corners _____ Other _____

NOTE: PLEASE TYPE OR PRINT CLEARLY WHEN COMPLETING THIS FORM:

1. Print Name in Full _____ / _____
Last Name First Name Middle Initial W Number

Other possible names (AKA): _____

2. Local Address _____
Number and Street City State Zip Code

3. Permanent Address _____
Number and Street City State Zip Code

4. Home Phone _____ Work Phone _____ Other Daytime Phone _____
Area Code Area Code Area Code

5. Date of Birth _____ E-Mail address _____

6. Give information concerning High School and College/University or other school attended or are currently attending.

NAME OF INSTITUTION	CITY AND STATE	TOTAL # OF MONTHS ATTENDED	DIPLOMA/DEGREE RECEIVED

7. Provide your work history and any health care employment experience, including observation and volunteering in a health care facility, starting with your most recent position:

NAME OF EMPLOYER	CITY AND STATE	POSITION HELD	TOTAL TIME EMPLOYED	(CHECK BOX)		
				FULL TIME	PART TIME	VOLUNTEER

8. Are you currently certified in/as a (attach documentation) _____ CPR _____ Practical Technician or Limited Permit
9. Have you ever made application to the Weber State Radiologic Technology Program? No _____ Yes _____ Year _____
10. Have you applied for formal admission to Weber State University? Yes _____ No _____
11. Have you been notified or acceptance to Weber State University? Yes _____ No _____
12. Provide information on the persons to be notified in case of an emergency:

NAME/RELATIONSHIP TO APPLICANT	LOCAL ADDRESS	DAYTIME TELEPHONE

13. It is important in the radiography profession that you are able to communicate clearly. Because of this, please provide on an attached sheet of paper all of the following information:
- (1) Activities in which you have been involved during High School, College/University or community in the last five years.
 - (2) One thing you have accomplished that has given you great satisfaction.
 - (3) What you most enjoy doing in your leisure time.
 - (4) Your reasons for selecting Radiologic Technology as a career.
 - (5) Any special reasons for desiring to enter this program.
 - (6) List your strengths and weaknesses.
 - (7) Any other information about yourself which you feel is pertinent to this application.
14. I DO HEREBY CERTIFY THAT THE STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Applicant Signature

Date

Weber State University does not discriminate on the basis of race, color, religion, sex, national origin, age, veteran or handicap status. Weber State University has a policy of nondiscrimination in the admission of students.

Apply on-line to WSU Admissions to be accepted as a student to Weber State University:

- (1) Go to following website to complete admissions process:
<http://weber.edu/admissions/studentapplication.html>
- (2) Receive acceptance letter with "W" number. This is your student identification.
- (3) Use this identification on this application and when contacting us.

Please submit TOGETHER IN ONE PACKET ALL application materials listed below post-marked by JANUARY 10th:

- (1) Application to Radiography Program
- (2) Other material requested within this application
- (3) All College/University transcripts (including WSU)
- (4) Three personal reference forms
- (5) \$25.00 non-refundable Application fee (made out to WSU, Check or Money Order-NO CASH)

Submit application and above requested materials to:

ADMISSIONS AND COUNSELING
DR. EZEKIEL R. DUMKE COLLEGE OF HEALTH PROFESSIONS
WEBER STATE UNIVERSITY
3907 UNIVERSITY CIRCLE
OGDEN UT 84408-3907

For information, please contact the Dr. Ezekiel R. Dumke College of Health Professions admissions and Counseling Office in the Marriott Health Building, Room 108A (801) 626-7136 or the Department of Radiologic Sciences at (801) 626-6057.

AFFIRMATIVE ACTION INFORMATION

To enable the Radiologic Sciences Programs to make required affirmative action reports to various agencies, applicants are asked to provide the following information. Your response is optional; your decision not to provide this information will not penalize your application. You may also provide this information after you have been notified of your acceptance in the Radiologic Technology Program.

Female _____ Male _____ US Citizen: Yes _____ No _____; Specify Visa Type: _____
Ethnic Origin: White _____ Black _____ Hispanic _____ Asian/Pacific Islander _____ Native American _____
Other _____ (Specify) _____