

**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.**

- \_\_\_ Ashley Valley Medical Center, Vernal, UT
- \_\_\_ Beaver Valley Hospital, Beaver, UT
- \_\_\_ Castleview Hospital, Price, UT
- \_\_\_ Central Valley Medical Center, Nephi, UT
- \_\_\_ Fillmore Hospital, Fillmore, UT
- \_\_\_ Garfield Memorial Hospital, Panquitch, UT
- \_\_\_ Gunnison Valley Hospital, Gunnison, UT
- \_\_\_ Mesa View Regional Hospital, Mesquite, NV
- \_\_\_ Mountain View Hospital, Payson UT
- \_\_\_ Sanpete Valley Hospital, Mt. Pleasant UT
- \_\_\_ Sevier Valley Hospital, Richfield UT
- \_\_\_ Uintah Basin Medical Center, Roosevelt UT
- \_\_\_ Valley View Medical Center, Cedar City UT
- \_\_\_ William Bee Rirey Hospital, Ely, NV
- \_\_\_ Other Approved Site: \_\_\_\_\_

- Wyoming Program
- \_\_\_ Evanston Regional Hospital, Evanston, 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

- 4 Corners Program
- \_\_\_ Blue Mountain Hospital, Blanding, UT
  - \_\_\_ Mercy Medical Center, Durango CO
  - \_\_\_ Moab Regional Hospital, Moab, UT
  - \_\_\_ San Juan County Hospital, Monticello UT
  - \_\_\_ San Juan Regional Medical Center, Farmington, NM
  - \_\_\_ Southwest Memorial Hospital, Cortez, CO

**Other Locations Applied to: (List All)**

Provo  Outreach \_\_\_\_\_  Wyoming \_\_\_\_\_  
 4Corners \_\_\_\_\_  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 COMPETE 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 10<sup>th</sup>:

- (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) \_\_\_\_\_