WEBER STATE UNIVERSITY RADIOLOGIC SCIENCES APPLICATION FOR ADMISSION RADIOLOGY PRACTITIONER ASSISTANT/REGISTERED RADIOLOGIST ASSISTANT <u>RPA/RA PROGRAM</u>

All	applicants must comp	lete and return the	Date20					
NO	TE: PLEASE TYPE O	OR PRINT CLEA	RLY WHEN COMPLETING		Oldel – NO CASH)			
	Other Certification	ns	nologist (attach copy of currer		WSU W#			
1.	Print Name in Full_	Last Name	First Name		Middle Initial			
		Last Name	First Name		Middle Initial			
2.	Local Address							
	Stre	et Number	City	State	Zip Code			
3.	Permanent Address_							
	-	Street Number	City	State	Zip Code			
4.	Home PhoneCell		Cell Phone	Work	Phone			
	Area Code		Area Code		Area Code			
5.	Date of Birth		F-Mail Address					
<i>6</i> .	Date of BirthE-Mail Address I have applied for formal admission to Weber State University.							
7.	I have been notified of acceptance to Weber State University. \Box Yes \Box No							
	NOTE: Early application to the University is encouraged due to specialty program application deadlines.							
8	Fill in information concerning all College/University or other schools attended or currently attending.							
	Name of Institution		Address, City, State, Zip		# Months Degree Attended			
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9. List your Health Care Employment experience, including observation or volunteering in a Health Care Facility, starting with your <u>most recent</u> position.

Name of			Total	(Check Appropriate Box)		
Employer	City and State	Position Held	Time	Full	Part	Volunteer
			Employed	Time	Time	

10. Provide information for two people to be notified in case of an emergency:

Name	Relationship to Applicant	Address	Daytime Telephone	

- 11. It is important in the health care professions that you are able to communicate clearly. Because of this, please provide on an attached sheet of paper all of the following information:
 - 1. Reason(s) for desiring to enter this program;
 - 2. List your strengths and weaknesses;
 - 3. What you most enjoy doing in your leisure time;
 - 4. One thing you have accomplished that has given you great satisfaction;
 - 5. Any other information about yourself which you feel is pertinent to this application.

12. 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, gender, sexual orientation, national origin, age, veteran, or handicap status. Weber State University has a policy of non-discrimination in the admission of students.

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

- 1. Go to the following website to complete admissions process: <u>http://weber.edu/admissions/studentapplication.html</u>.
- 2. Receive acceptance letter with "W" number. This is your student identification.
- 3. Use this identification on this application and when contacting us. NOTE: Early application to the University is encouraged due to program application deadlines.

Please submit TOGETHER IN ONE PACKET application and materials listed below:

- 1. Application to Radiology Practitioner Assistant Program
- 2. All College/University transcripts
- 3. Copy of current ARRT Registry card
- 4. Narrative statement, as indicated in #11 above
- 5. Three recommendations submitted on proper forms (letters may accompany, but do not replace required forms)
- 6. Submission of health care facility and supervising radiologist forms provided with this application
- 7. \$20.00 non-refundable Application fee (made to WSU, Check or Money Order -NO CASH)

Submit application post-marked by January 10th, and above-requested supporting documents by February 1st to:

RADIOLOGY PRACTITIONER ASSISTANT/REGISTERED RADIOLOGIST ASSISTANT PROGRAM RADIOLOGIC SCIENCES DEPARTMENT WEBER STATE UNIVERSITY 3925 UNIVERSITY CIRCLE OGDEN UT 84408-3925

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 <u>optional</u>. Your decision to not provide this information will not penalize your application. You may also provide this information after you have been notified of your acceptance into a specialty program at Weber State University.

□Female □Male □Veteran US Citizen: □Yes □No: Specify Visa Type:_____