



# Mercy Hospital St. Louis School of Radiologic Technology

Today's Date: \_\_\_\_\_

Applying for class beginning July 20 \_\_\_\_\_

## Personal Data

<b>Name:</b> _____		<b>Social Security Number:</b> _____	
Last	First	MI	
<b>Address:</b> _____			
Street Address	City	State	Zip Code
<b>Phone Number:</b> _____		<b>E-mail Address:</b> _____	
Home	Cell		

Are you a citizen of the United States or can you establish that you are authorized to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you at least 18 years of age?    Yes <input type="checkbox"/> No <input type="checkbox"/> If no, when will you be 18?
Do you have any physical and/or mental limitations that may interfere with your performance in this program?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe:
Have you ever been employed by a Mercy Facility?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, at which facility?
Have you applied to this program before?    Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, year applied _____    Did you have an interview?    Yes <input type="checkbox"/> No <input type="checkbox"/>

## Essential skills

<p>Essential skills required of a student in the School of Radiologic Technology at Mercy Hospital St. Louis include:</p> <ol style="list-style-type: none"><li>1. Ability to clearly communicate, both verbally and in writing with the patient, family, and co-workers to disseminate information relevant to patient care and work duties. Both speaking and hearing clearly are essential to quality patient care.</li><li>2. Ability to make appropriate judgment decisions and implement critical-thinking skills in an emergency or where a situation is not clearly governed by specific guidelines.</li><li>3. Ability to reach, manipulate and operate medical imaging equipment to include pushing heavy portable machines.</li><li>4. Ability to move, lift, transfer, manipulate, and observe a patient for imaging exams.</li><li>5. Ability to visually assess patients as needed for their comfort and safety.</li><li>6. Ability to demonstrate emotional stability on a routine basis and function independently in routine and/or stress situations.</li></ol> <p>I have read the essential requirements and believe that I possess the requirements needed to enter the program.</p> <p>Signature: _____ Date: _____</p>
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## Education

High School \_\_\_\_\_ Graduated  GED

Post- secondary Education	Dates attended	Major	Degree Earned
College			
College			
Other			
Other			

## Employment

Employer	Address	Date of Employment	Position/ Duties

## Career Goals

How did you become interested in pursuing a career in Radiologic Technology?

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What are your expectations from a program of this nature?

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## References

Name	Occupation	Address	Contact information	Yrs Known

Have you ever been convicted of, or entered a plea of guilty or nolo contendere (no contest) to a felony or misdemeanor criminal charge, including one in which you received a suspended imposition of sentence, suspended execution of sentence or any period of probation or parole? Yes  No

If yes, specify the offense and date: \_\_\_\_\_

Have you ever been made the subject of a complaint or investigation concerning alleged child or elder abuse or neglect, or are you listed on the employee disqualification list maintained by the Missouri Department of Social Services or any other state? Yes  No

If yes, specify the offense and date: \_\_\_\_\_

## Important- Please Read

I certify that the information I have furnished is correct and complete to the best of my knowledge and belief with the understanding that it may be subject to verification with former employers and other persons. I understand and agree that misrepresentation, falsification or omission may be considered sufficient cause for rejection or dismissal from the program. I understand that I must meet the health standards established by the Medical Center as a condition of acceptance and continued enrollment which will be determined by the required physical examination.

I authorize my past employers to supply any information they have concerning me or my work performance during my association with them and release them from all liability in connection therewith. I understand that if I am accepted for the School of Radiologic Technology, the student relationship will be terminable at will by either party, at any time, with or without cause.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Applicants to Mercy Hospital St. Louis School of Radiologic Technology are selected in accordance with nondiscriminatory practices.



### Mercy Hospital St. Louis

School of Radiologic Technology  
615 South New Ballas Road  
St. Louis, MO 63141  
314-251-6933 x21923