

Check all that apply:  I have NOT previously applied for admission to this program.  
 I have previously applied for admission to this program.

**PERSONAL DATA**—Type or Print Legibly

LAST NAME		FIRST NAME		MIDDLE NAME
CURRENT MAILING ADDRESS		CITY	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS		
Is any additional information relative to change of name, use of assumed name, maiden name, or nickname necessary to conduct a check of your work record? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ Are you at least 18 years old? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing and able to participate in assignments that occur over various shifts? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				

**IN CASE OF EMERGENCY, PLEASE NOTIFY**

NAME	ADDRESS	TELEPHONE NUMBER
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**EDUCATION / SKILLS DATA**

NAME AND ADDRESS OF LAST HIGH SCHOOL ATTENDED		LAST GRADE COMPLETED		DID YOU GRADUATE <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF COLLEGE	ADDRESS	GRADE AVERAGE	DID YOU GRADUATE <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE OR NUMBER OF CREDITS EARNED
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT HISTORY**—Attach separate sheet describing shadow and volunteer experience.

PRESENT OR LAST EMPLOYER	JOB TITLE	DATES (month / year) From: _____ To: _____	TOTAL TIME EMPLOYED
STREET ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR NAME and TITLE		TELEPHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING			
DUTIES			

**EMPLOYMENT HISTORY—continued**

PRESENT OR LAST EMPLOYER	JOB TITLE	DATES (month / year) From: _____ To: _____	TOTAL TIME EMPLOYED
STREET ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR NAME and TITLE		TELEPHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING			
DUTIES			

PRESENT OR LAST EMPLOYER	JOB TITLE	DATES (month / year) From: _____ To: _____	TOTAL TIME EMPLOYED
STREET ADDRESS	CITY	STATE	ZIP CODE
SUPERVISOR NAME and TITLE		TELEPHONE NUMBER	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
REASON FOR LEAVING			
DUTIES			

**IMPORTANT:** Attach a check or money order, payable to RCRH Medical Radiography Program for the **NON-REFUNDABLE \$25.00** application fee. **Do not send cash.**

The use of this application does NOT indicate positions for students in this program exist and does not in any way obligate RCRH Medical Radiography Program. Additionally, this application and the acceptance thereof shall not be considered an admissions agreement to the RCRH Medical Radiography Program. This form, all attachments, and all items received as part of an applicant file, such as reference forms, academic transcripts, records, etc., become the sole property of the RCRH Medical Radiography Program.

**STOP:** The ARRT Registry Examination application addresses the issue of criminal history. If you have been convicted of a crime, or if you have other eligibility concerns, in order to receive important information regarding registrant eligibility, **prior to seeking entrance to this or any radiography program** contact the American Registry of Radiologic Technologists, 1255 Northland Drive, Mendota Heights MN, 55120.

I have carefully read this form in its entirety, and the information I have provided is correct and true to the best of my knowledge. I therefore submit this application to the RCRH Medical Radiography Program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send to:**  
 Medical Radiography Program  
 Rapid City Regional Hospital  
 353 Fairmont Blvd, PO Box 6000  
 Rapid City, SD 57709