



411 Canisteo Street  
Hornell, New York 14843  
Tel: 607.324.8000  
www.stjamesmercy.org

*A Member of  
Catholic Health East,  
Sponsored by the  
Sisters of Mercy*

Dear Prospective Student,

Thank you for your interest in the program. The following documents must be completed and returned to the program if you wish to apply for admissions. The application deadline is February 1<sup>st</sup>

- A. Application and Waiver
- B. Three (3) copies of reference letters and waivers
- C. Official College and/or High School Transcript

To apply, please do the following:

1. Complete the application
2. Enclose the \$50.00 application fee
3. Return both to the School of Radiologic Science
4. Have all transcripts forwarded directly to the School of Radiologic Science. (Applicants must meet the minimum standards as set forth in the school catalog)
5. Sign and date ALL waivers. Give reference letters to each of your (3) references and have them return the letters directly to the School of Radiologic Science. Be sure to sign the waiver on each reference letter. (Do not use family members as references)

If I can be of further assistance, please contact me at 607-324-8265 or by email at [bmayorga@sjmh.org](mailto:bmayorga@sjmh.org)

Sincerely,

Bridgett L Mayorga, MS Ed, R.T.(R), RDCS, RVT  
Director of Education



## SCHOOL OF RADIOLOGIC SCIENCE

St. James Mercy Hospital  
411 Canisteo Street, Hornell, New York, 14843

### APPLICATION FOR ADMISSION

For the Class Beginning Summer 20\_\_\_\_\_

#### PERSONAL INFORMATION

Name (Last) (Maiden) (First) (Middle) Social Security Number

Address (Street) (City) (State) (Zip code)

Home Telephone Number Address to which correspondence should be directed if different from Above Home Address

Are you a U.S. Citizen If No, Have you applied for Alien Registration Visa Registration  
 Yes  No  Yes  No Citizenship? Number Number

**Have You Ever Been Convicted of a Misdemeanor or Felony?**  Yes  No Convictions or charges resulting in any of the following must also be reported: plea of guilty- plea of no contest, withheld or deferred adjudication, suspended or stay of sentence, military court-martial. Misdemeanor charges or convictions that occurred while a juvenile and processed as a juvenile are not required to be reported. Speeding convictions are not required to be reported unless they are related to alcohol or drug use. If Yes, Please Give Details – use back of application if necessary. I hereby understand my final admission into the program is pursuant to a negative drug screen and negative background check.

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

Have You At Any Time Been Refused Admission To, or Attended, Any School of Radiologic Technology?  
 Yes  No

If Yes, Indicate:  Attended Name of School: Date:  
 Refused Attendance Name of School: Date:

#### EDUCATIONAL INFORMATION

School	Name & Location	Course of Study	Year/Dates Completed	Did you Graduate	Diploma/Degree
Elementary					
High School					
Colleges and Universities					
Other					

#### MILITARY STATUS

Branch of Service:  USA  USMC  USAF  USN  USCG  Other

Date Inducted	Rank At Entry	Date Of Discharge	Rank At Discharge
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Type of Discharge:  Honorable  Medical  General  Other \_\_\_\_\_

Name \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Please give accurate, complete FULL-TIME (FT) and PART-TIME (PT) employment record

Begin with present or most recent employer

Company Name (1)	Telephone
Address	Employed (State Month & Year) <input type="checkbox"/> FT <input type="checkbox"/> PT From _____ to _____
Name of Supervisor	Reason for Leaving
State Job Title & Describe Your Work:	
Company Name (2)	Telephone
Address	Employed (State Month & Year) <input type="checkbox"/> FT <input type="checkbox"/> PT From _____ To _____
Name of Supervisor	Reason for Leaving
State Job Title & Describe Your Work	
Company	Telephone
Address	Employed (State Month & Year) <input type="checkbox"/> FT <input type="checkbox"/> PT From _____ To _____
Name of Supervisor	Reason for Leaving
State Job Title & Describe Your Work	
Company	Telephone
Address	Employed (State Month & Year) <input type="checkbox"/> FT <input type="checkbox"/> PT From _____ To _____
Name of Supervisor	Reason for Leaving

State Job Title & Describe Your Work

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 Authorizations I hereby authorize St. James Mercy Hospital School of Radiologic Science to make inquiry of

*any of my former employers or reference sources as to my experience, character, or reasons for leaving. I here by release you from any liability connected with the submission of the requested information.*

**GENERAL INFORMATION**

Name \_\_\_\_\_

In the space below, write 100 to 200 words on why you are interested in entering the field of Radiologic Technology.

I hereby certify that the information submitted in this application is complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or omission of facts may result in my dismissal from the Program.

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

\_\_\_\_\_  
Date

**N.Y. State Law Against Discrimination  
Prohibits Discrimination Because of Age, Race, Creed  
Color, National Origin, Sex, Disability or Marital Status**

\_\_\_\_\_  
Signature of Parent/Guardian, if  
Applicant is Under 18 years of Age

\_\_\_\_\_  
Date

**AUTHORIZATION, CONSENT, RELEASE FORM**

**Applicant Acknowledges the School's authorized representatives will be undertaking a Detailed Inquiry into Applicant's Professional Competency, Background and Qualifications, to the Extent Necessary for the Applicant's Application For Admission to be Considered Fully. In Order to Aid the School in its Investigation, Applicant Covenants and Agrees As Follows:**

**"I HEREBY RELEASE FROM LIABILITY ALL REPRESENTATIVE OF THE SCHOOL FOR THEIR ACTS PERFORMED IN GOOD FAITH AND WITHOUT MALICE IN CONNECTION WITH EVALUATING MY APPLICATION AND MY CREDENTIALS AND QUALIFICATIONS AND I HEREBY RELEASE FROM ANY LIABILITY ANY AND ALL INDIVIDUALS AND ORGANIZATIONS WHO PROVIDE INFORMATION TO THE SCHOOL, IN GOOD FAITH AND WITHOUT MALICE CONCERNING MY PROFESSIONAL COMPETENCY, ETHICS, CHARACTER, AND OTHER QUALIFICATIONS FOR ADMISSION AND I HEREBY CONSENT TO THE RELEASE OF SUCH INFORMATION."**

**Signature:**

**Date:**

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St. James Mercy Hospital  
School of Radiologic Science  
411 Canisteo Street  
Hornell, NY 14823

**EVALUATION OF APPLICANT'S PERFORMANCE AND POTENTIAL**

(Applicants to the above named institution are selected in accordance with non-discrimination practices)

The below named applicant is a candidate for admission to the School of Radiologic Science. We would appreciate your evaluation of the applicant's performance and potential. Your comments will be used by the admissions committee to help arrive at a better understanding of the applicant. Your cooperation in completing and promptly returning this form will assist both the applicant and the School of Radiologic Science.

Name of Applicant \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Pursuant to Federal law, a student admitted to this School of Radiologic Science is entitled to inspect this evaluation in his or her file, UNLESS the student has signed a waiver of this right to access. However, the Program does not require a waiver as a condition for admission to, receipt of financial aid form, or receipt of any other services or benefits from this Program. Applicants submitting names of individuals for letters of recommendation therefore are free to determine whether or not they wish to waive their potential right to examine such evaluations.

**WAIVER**

The Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, we request that you waive, would arise if you were an enrolled student at this school and if the evaluation were maintained after your enrollment. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to the School of Radiologic Science. If you elect to waive your rights of access and review of this information, please sign your name.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**EVALUATION OF APPLICANT'S PERFORMANCE AND POTENTIAL**  
(Applicants to the above named institution are selected in accordance with non-discrimination practices)

How long have you known this applicant? \_\_\_\_\_  
In what capacity?

What do you consider the chief qualities of strength or weakness of this applicant?  
If possible, give illustration.

In what activities has this applicant taken part?

Identify experiences that might have influenced the development of this applicant.

Additional Comments:

If this applicant's signature appears at the end of the paragraph identified as "waiver" on the previous page, you can be assured that your evaluation will not be reviewed by the applicant. If the applicant has not signed the waiver and enrolls at in this School, then the applicant will have the right to review your evaluation.	
Signature _____	Date _____
Position _____	
Address _____	
_____	