

TRINITY HEALTH RADIOLOGIC TECHNOLOGY PROGRAM

Health Center – 3rd Street
420 3rd Street SE • PO Box 5020
Minot, North Dakota 58702-5020
701-857-2316 • Fax: 701-857-3494



STUDENT APPLICATION

The completed application can be submitted via this website, or by mail, fax or email to:

Address: Program Director
Trinity Health Radiologic Technology Program
PO Box 5020
Minot, ND 58702-5020
Fax: 701-857-3494
Email: michellebratton@trinityhealth.org

This portion of the application can be submitted via the website. However, for the application to be considered complete and ready for review, the applicant must also submit a \$35.00 non-refundable application fee, 3 completed and sealed Reference Forms and all official college transcripts.

Date: _____ Are you over the age of 18? Yes No

(Students must be 18 years of age upon admission to the School)

Name: _____
Last First Middle

Address: _____
Street Address

_____ *City State Zip Code*

Current Telephone Number: _____ E-mail Address: _____

Permanent Mailing Address and Telephone Number: _____

EDUCATION HISTORY (Include High School, Colleges, Universities enrolled)

Name of school, city and state	From	To	Diploma / Degree / Major Courses

Official high school and college transcript(s) to include posted grade of current **Fall semester** must be mailed to the Program Director before application will be considered complete.

Specialized training certifications or healthcare experience _____

Volunteer activities _____

EMPLOYMENT HISTORY

List most recent employment first (include military history):

Company Name and Address	Phone	Position	From/To	Reason for Leaving

Employment History

Company Name and Address	Phone	Position	From/To	Reason for Leaving

List the names/information of your references below. These references should not be relatives but rather people who know you well and can give honest information about you. One person should be an employment reference, a second person should be an academic reference and a third should be a personal reference.

Please carefully review all the instructions in the Reference Form regarding the Applicant's Option to Waive and directions for returning them. Applicants are free to determine whether they wish to waive the potential right to examine the contents of the completed reference evaluations if enrolled in this school. We request, **BUT DO NOT REQUIRE**, that you read and execute the waiver found on Page 1 of the Reference Form before giving the forms to your references. **You are required to return the completed and sealed references to the program to complete your application. Your application will not be considered complete if the references are not returned by you to the program.**

Reference:

1. Name: _____ Position or Title: _____
 Address: _____
 Email: _____

Reference:

2. Name: _____ Position or Title: _____
 Address: _____
 Email: _____

Reference:

3. Name: _____ Position or Title: _____
 Address: _____
 Email: _____

I certify that the statements on this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application.

_____ Date

_____ Signature of Applicant

**Application deadline is the first business day after January 1 of each year for the class which begins the following June.
 All applications are pre-scored, based on academics, performance, employment, and volunteer experiences.
 Applicants meeting the selection criteria will be interviewed.**