

Admissions Application

School of Diagnostic Imaging

Mills-Peninsula Medical Center

1501 Trousdale Drive, Burlingame, CA 94010

(650) 696-5519

www.mills-peninsula.org/radiologic-school

INSTRUCTIONS:

- Please print legibly.
- Attached resumes will not be accepted
- Incomplete applications will not be considered.
- Deadline for submission is April 1(end of business day)
- Two year course of instruction begins in July

PERSONAL DATA

Name _____ Date _____
Last First M.I.

Other name(s) you have used _____ Social Security No.(last 4 digits) _____

Address _____ Home phone _____

City _____ State _____ Zip _____ Mobile phone _____

Mailing address _____ City _____
If different from above address

State _____ Zip _____ E-mail _____

EDUCATION BACKGROUND

I have previously attended courses in a different radiography program YES NO If yes, please explain:

School	Name & Location	Major Course	Diploma/Degree	Dates
High School				
College				
College				
College				
College				
College				

It is the applicants responsibility to have official transcripts sent to MPMC. Official transcripts must be in a sealed envelope from the institution. High School transcripts are not required.

WORK EXPERIENCE

Begin with your most recent experience and list all employment for the past 10 years. Use a separate sheet if necessary and include all information

From <small>Month</small> <small>Year</small>	Employer	Position
To <small>Month</small> <small>Year</small>	Address	Duties
	City	
	St Zip	
From <small>Month</small> <small>Year</small>	Employer	Position
To <small>Month</small> <small>Year</small>	Address	Duties
	City	
	St Zip	
From <small>Month</small> <small>Year</small>	Employer	Position
To <small>Month</small> <small>Year</small>	Address	Duties
	City	
	St Zip	
From <small>Month</small> <small>Year</small>	Employer	Position
To <small>Month</small> <small>Year</small>	Address	Duties
	City	
	St Zip	

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From <small>Month Year</small>	Employer	Position
To <small>Month Year</small>	Address	Duties
	City	
	St Zip	

From <small>Month Year</small>	Employer	Position
To <small>Month Year</small>	Address	Duties
	City	
	St Zip	

From <small>Month Year</small>	Employer	Position
To <small>Month Year</small>	Address	Duties
	City	
	St Zip	

From <small>Month Year</small>	Employer	Position
To <small>Month Year</small>	Address	Duties
	City	
	St Zip	

From <small>Month Year</small>	Employer	Position
To <small>Month Year</small>	Address	Duties
	City	
	St Zip	

APPLICATION CHECKLIST

In addition to the completion and filling of the application, each applicant must submit the following:

- Letter of Intent
 - No more than 2 typed pages
 - State your reasons for applying to the program
 - List personal attributes that would contribute to the success in the program
 - Explain pertinent work or volunteer experience
- Two letters of character reference
- Completed at least 80-hours of officially documented volunteer service or possess previous work experience in a health care facility (Include log documenting signed off hours)
- Official sealed transcripts from educational institutions, demonstrating Associate Degree earned.
Delivered by April 1
- Ensure **all required prerequisites are completed by April 1.**
- The following prerequisite course must have been completed **within the past seven (7) years:**
 - Intermediate Algebra or higher level math (if completed more than 7 years ago, the applicant may take a math placement test to determine math competency in algebra).

Please note: Student interviews will take place on April 8, 9, & 10

Please provide prerequisite information. To satisfy Anatomy & Physiology prerequisite, students must have completed #A **and** #B **or** #C (combination course). Anatomy & Physiology (with lab preferred) must cover all major body systems. Courses must be college level and a minimum of 3 units with a grade of C+ (2.5 GPA) or higher.

Course	Name of College	Course Number	Date Completed	Number of Units	Grade Received
A. Human Anatomy (with Lab preferred)					
B. Human Physiology (with Lab preferred)					
C. Human Anatomy & Physiology					
Intermediate Algebra or taken a math placement test (within the last 7 years)					
Introduction to Computers and Information Science					
General Physics					
Associate Degree Earned					

LICENSURE/CERTIFICATION

Indicate your current licensure or certification in your profession or occupation, if any:

California License or Certification Number: _____

Other professional certification: _____

Are you CPR certified? YES NO Expiration date: _____

GENERAL INFORMATION

Have you ever been convicted of a felony? YES NO If yes, please explain:

PLEASE NOTE:

The School of Diagnostic Imaging does not discriminate because of race , color, creed, religion, marital status, gender, ancestry, national origin, age, disability or status as a veteran or a disabled veteran.

RELEASE AND AUTHORIZATION

I understand that in connection with the application process, Mills-Peninsula, and/or their designees, may request verbal or written information from my past employers, educational institutions, personal references, and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that any such investigation may include a review of my motor vehicle history and any criminal records. I have provided complete and truthful information to Mills-Peninsula Medical Center regarding all sources of information about my past employment, education, licensure, certification, criminal conviction record, as well as any other information requested in the application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for denying my application, withdrawing any offer of admission to the School of Diagnostic Imaging, or immediate discharge. I further hereby release and hold harmless Mills Peninsula Medical Center, its officers, employees and agents, and any other person, or public or private entity inquiring about, investigating, furnishing, communicating, reviewing or evaluating information or documents pursuant to the Release, or making any verbal or written communications for such purposes, from any claims arising from such activities.

Signature: _____ Date: _____

Full name (print legibly) _____

Driver's License Number _____ State Issued: _____

Please review requirements in school brochure or website very carefully.

Applications will be rejected for incomplete prerequisites.

Application packet may be dropped off to the Radiology Department or mailed to:

School of Diagnostic Imaging c/o
Cynthia Payne, Director
Mills-Peninsula Medical Center
1501 Trousdale Drive
Burlingame, CA 94010

Please note: Prospective student interviews will take place on April 8, 9, & 10

How did you hear about this Program? (Please check all that apply)

- Friend
- MPMC School of Diagnostic Imaging Information Seminar
- Website / Internet
- MPMC Employee
- MPMC Publication