



# 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](http://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 \_\_\_\_\_

State \_\_\_\_\_ *If different from above address* Zip \_\_\_\_\_

E-mail \_\_\_\_\_

## EDUCATION BACKGROUND

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

Official transcripts must be in a sealed envelope from the institution or sent by email securely using Parchment. If using Parchment please email to: [MPMC Radiology School@sutterhealth.org](mailto:MPMC Radiology School@sutterhealth.org)

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	Employer	Position
Month Year		
To	Address	Duties
Month Year		
	City	
	St Zip	
From	Employer	Position
Month Year		
To	Address	Duties
Month Year		
	City	
	St Zip	
From	Employer	Position
Month Year		
To	Address	Duties
Month Year		
	City	
	St Zip	
From	Employer	Position
Month Year		
To	Address	Duties
Month Year		
	City	
	St Zip	

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From <div>MonthYear</div>	Employer	Position
To <div>MonthYear</div>	Address	Duties
	City	
	StZip	

From <div>MonthYear</div>	Employer	Position
To <div>MonthYear</div>	Address	Duties
	City	
	StZip	

From <div>MonthYear</div>	Employer	Position
To <div>MonthYear</div>	Address	Duties
	City	
	StZip	

From <div>MonthYear</div>	Employer	Position
To <div>MonthYear</div>	Address	Duties
	City	
	StZip	

From <div>MonthYear</div>	Employer	Position
To <div>MonthYear</div>	Address	Duties
	City	
	StZip	

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. AA degree in any subject required

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 As of July 2024, no longer required					
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: Circle Yes or No

Attended another Radiology Program?	YES	NO	If yes, please explain on a separate sheet
Have you ever been convicted of a felony?	YES	NO	If yes, please explain on a separate sheet

## 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:**

Program Director  
School of Diagnostic Imaging  
Peninsula Medical Center  
1501 Trousdale Drive  
Burlingame, CA 94010

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

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

