HERITAGE VALLEY KENNEDY
SCHOOL OF RADIOGRAPHY

RE-ADMISSION APPLICATION

Applicants are considered for acceptance and are treated equally during the program without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

Application Date: _____

Desired Start Date: _____

Name_____
Last First Middle

Phone_____ Alternate Phone_____

Address_____

_____

Circle one: Male Female

PERSONAL INFORMATION

Other names now or previously used: _____

Are you 18 years of age or older? _____

Have you ever pled guilty or been convicted of a crime other than a misdemeanor or summary offense? _____ if yes, please explain_____

Are you willing to submit to a criminal background check? _____

PREVIOUS HERITAGE VALLEY KENNEDY RADIOGRAPHY EDUCATION

ORGINIAL START DATE: _____LAST DATE: _____

BRIEF EXPLAINATION OF WHY YOU LEFT HERITAGE VALLEY KENNEDY'S RADIOGRAPHY PROGRAM:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Identify all of the university courses that you have successfully completed and the grade you received.

A&P I w/ lab	**____**	**A&P II w/ lab**	**_____**
Physics w/ lab	**____**	**College Algebra**	**_____**
College Writing I	**_____**	**College Writing II**	**_____**
Medical Terminology	**_____**	**Intro to Psychology**	**____**
Computer Applications	**_____**		

Attach your university transcripts to this application.

PLEASE DESCRIBE WHAT YOU HAVE BEEN DOING SINCE YOU LEFT THE HERITAGE VALLEY KENNEDY HOSPITAL RADIOGRAPHY PROGRAM:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Please list any community/ volunteer experiences.

Name: _____ Date(s): _____

Duties: _____

EMPLOYMENT RECORD (most recent first)

Employer_____ Supervisor_____

Address_____

_____

Telephone _____

Duties _____

Dates Employed From: _____ To: _____

Employer_____ Supervisor_____

Address_____

_____

Telephone _____

Duties _____

Dates Employed From: _____ To: _____

Please submit a check or money order for $50.00 made payable to Heritage Valley Kennedy Hospital, School of Radiography along with this completed application. This fee is non-refundable. Applications received incomplete cannot be processed. Since no two radiography students are the same, this application may take several weeks to process and the results may not be what you have requested. Re-admit students can only be considered if there is space available.

Payment and documents may be sent to:

Heritage Valley Kennedy Hospital
School of Radiography
25 Heckel Road, Kennedy Township
McKees Rocks, PA 15136

PLEASE READ CAREFULLY BEFORE SIGNING

My signature below indicates that I have read, I understand and I agree to the following:

1. I hereby certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if I am accepted, the discovery of any false information provided or any relevant information omitted (no matter when discovered) could result in the dismissal from the program.

2. I authorize and instruct Heritage Valley Kennedy Hospital, School of Radiography to make whatever inquiries it deems necessary of any person or organization, including other employees, to verify any of the information I have provided in this application in order to determine my qualifications and abilities.

3. In exchange for Heritage Valley Kennedy Hospital's, School of Radiography, agreement to receive, process and consider my application I hereby release Heritage Valley Kennedy Hospital, School of Radiography from any and all claims or causes of action arising out of Heritage Valley Kennedy Hospital's, School of Radiography verification of the information I have provided in this application and/or its determination of my qualifications and abilities.

4. I understand that acceptance at Heritage Valley Kennedy Hospital, School of Radiography is contingent on satisfactorily passing comprehensive tests covering the material I have already received a passing grade for at an earlier time. In addition, I must also pass a post-acceptance drug screening and any other medical examinations which may be required.

5. I understand that as part of the acceptance process to Heritage Valley Kennedy Hospital, School of Radiography that I have to submit to a criminal background check.

6. I also understand that if I have been absent from the program longer than one year, I may be required to start at the beginning of the program.

Signature: _____ Date: _____