

# Application for Admission to Lakeland Regional Medical Center School of Radiologic Technology

Date \_\_\_\_\_

**Print name in full:** \_\_\_\_\_  
Last
First
Middle

**Maiden Name or other Last Names Used:** \_\_\_\_\_

**Home address:** \_\_\_\_\_  
Number and Street

\_\_\_\_\_

City
State
Zip Code

**Phone Number:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Will you be 18 prior to July 1st?** YES \_\_\_\_\_ NO \_\_\_\_\_

**Are you a citizen of the United States?**  
 YES \_\_\_\_\_ NO \_\_\_\_\_

**If you are not a United States citizen, do you have a legal right to work in the United States?**  
 YES \_\_\_\_\_ NO \_\_\_\_\_

**Year of high school graduation:** \_\_\_\_\_ **High School GPA** \_\_\_\_\_

**If GED, what state?** \_\_\_\_\_ **GED Score** \_\_\_\_\_

Please list information regarding all colleges attended.

Colleges Attended	City & State	Date of Entrance	Date of Leaving	Diploma or Degree Received

If a program was not completed or a diploma/degree was not received, please state the reason.

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Please check the pre-requisite courses you have successfully completed:

Introduction to Computers  English Composition  
 Intermediate Algebra or higher  Ethics or Philosophy  
 Medical Terminology  General Psychology  
 Basic Anatomy & Physiology *or*  Anatomy & Physiology I & II

Of the pre-requisite courses not completed, please indicate the planned completion date(s).

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If you have had any healthcare, professional, or business experience please give facts with dates:

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Please list your hobbies or extracurricular activities that you enjoy:

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Person to be notified in case of emergency:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

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Prospective students must call the Program office for an appointment and fill out observation application (on-line [www.lrmc.com](http://www.lrmc.com)) to observe in the Department of Radiology for a minimum of four hours on a Monday – Friday from 8:00 a.m. - 12:00 Noon. For an appointment please call 863-687-1100, extension 3768 or 3769.

LRMC Observation Date: \_\_\_\_\_

Program application, official sealed copies of your high school and college transcripts, and the two reference forms along with the \$25.00 application fee are to be sent to:

Radiography Program Director  
LRMC School of Radiologic Technology  
P.O. Box 95448  
Lakeland, FL 33804

Please make the check for the \$25.00 application fee made payable to *Lakeland Regional Medical Center*. The references must be from a previous (within the last two years) or present employer, and/or from a high school/college instructor or counselor.

Applications are accepted from November 1<sup>st</sup> through February 15<sup>th</sup> of each year. Processing of applications begins in January.

