

Admission Process

All applicants for admission to the Radiologic Technology Program are evaluated without discrimination regarding any legally protected status such as race, color, religion, gender, age, disability, national origin, or any other protected class.

Admission into the Children's Wisconsin School of Radiologic Technology Program requires the applicant to complete the following for submission of records:

- Official documentation of an associate degree prior to admission or proof of enrollment into a bachelor's degree program through an affiliated university. Official transcripts should be mailed directly from the college/university.
 - Post-Secondary Education Courses required for admission: (*Minimum GPA of 2.5 or higher is required*)
 - Mathematics Course
 - Communication Course
 - Anatomy and Physiology I&II
 - Medical Terminology
- Submit the program application and required essay (essay criteria outlined on application). Applications must be postmarked by January 31st each year.
- Provide three written character references. Healthcare related references are preferred.
- Complete a minimum of four hours job shadowing in a Radiology Department.
 - Job shadow application for Children's Wisconsin is listed on the CWSRT website
 - Please contact Sarah Dembiec at sdembiec@childrenswi.org to submit forms and schedule shadow experience.
- Submit a \$25 non-refundable application fee. Checks payable to Children's Wisconsin School of Radiologic Technology.

Mail to:

David Artis-Demick - Program Director
Children's Wisconsin School of Radiologic Technology
PO Box 1997
Milwaukee, WI 53226

Education

	Name	Location	Dates Attended	Year Graduated	Degree if Granted
High School					
Junior/Technical College					
Post-Secondary Institution					
Post-Secondary Institution					
Post-Secondary Institution					

Do you have any professional certifications/licenses? Yes / No

If Yes, please list: _____

Employment History

While additional consideration is given for healthcare experience, work experience in customer service/communication is also valued. Please indicate any relevant work experience below.

(List most current, first)

Employer	Position Held	Dates Employed

Do you have healthcare experience? Yes / No If Yes, does it include direct patient care? Yes / No

Do you have pediatric experience? Yes / No

References

Please list three references: (Employers, professors, coaches, etc. - no family members)

Name	Email Address	Phone #

Prerequisite Coursework

Required Courses	Date Completed	Institution	Grade
Anatomy & Physiology I & II			
Medical Terminology			
College Math			
Oral or Written Communication			

Job Shadow Experience

Applicants must shadow a minimum of **four hours** in a radiology department. Preferably, job shadows will be completed at Children's Wisconsin

Date Completed	Institution	Hours

Applicant Acknowledgement

I acknowledge that the information I have supplied in this application is correct and understand that any falsification of information on this form may be cause for rejection as an applicant.

I understand that this application is not legally binding to me in any way and that after enrollment as a student, I have the right to withdraw voluntarily from the program for personal reasons.

I authorize the persons, employers, schools and organizations listed above to give any information to the program director they have regarding me. I hereby release those employers, schools and organizations and all individuals connected with them from all liability including any claim for damages for releasing this information.

I understand that, if accepted, and enrolled as a student, I shall be subject to dismissal from the program for poor scholastic and/or technical performance, criminal acts or proven charges of unprofessional conduct.

If admitted, I agree to abide by the school's policies including, but not limited to, those contained in the Student Handbook and this application.

Upon acceptance to the program, I must complete a criminal background check, drug screening and physical exam. Failure or refusal to complete the required testing will result in ineligibility and dismissal from the program.

For questions regarding eligibility, contact: The American Registry of Radiologic Technologists;
www.arrt.org.

I acknowledge that all submitted official transcripts will become property of the school and will not be forwarded to another institution or returned to me.

Signature

Date Signed

Mail to:

David Artis-Demick - Program Director
Children's Wisconsin School of Radiologic Technology
PO Box 1997 MS 721
Milwaukee, WI 53226



School of Radiologic Technology Admission Application

Essay Requirements

Personal Essay will need to be submitted with the Admission Application. Essay should be 1-2 pages outlining why you want to become a Radiologic Technologist. Please include information on work history and shadow experience and how they influenced your decision. Also include why you are interested in pediatric imaging and describe any personal experience working with children.