Personal Information

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Last Name

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First Name

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Maiden Name

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Current Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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City State Zip

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Mailing Address

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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City State Zip

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Primary Phone Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Email Address

Are you at least 18 years of age? Yes / No

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Last 4 digits of SS#

Are you a US citizen? Yes / No

Are you a Children’s Wisconsin employee? Yes / No

Are you currently certified in American Heart Healthcare Provider BLS CPR? Yes / No

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

(List most current, first)

|  |  |  |
| --- | --- | --- |
| Employer | Position Held | Dates Employed |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Do you have Healthcare experience? Yes / No

Do you have pediatric experience? Yes / No

References

Please list 3 references: (Employers, instructors - no family members)

*Reference forms will be mailed to individuals below*

|  |  |  |
| --- | --- | --- |
| Name | Address | Phone # |
|  |  |  |
|  |  |  |
|  |  |  |

Prerequisite Coursework

|  |  |  |  |
| --- | --- | --- | --- |
| Required Courses | Date Completed | Institution | Grade |
| Anatomy & Physiology I &II |  |  |  |
| Medical Terminology |  |  |  |
| College Math |  |  |  |
| Communication |  |  |  |

Job Shadow Experience

Applicants must shadow a minimum of 4 hours at Children’s Wisconsin Radiology department. Students may also choose to perform additional job shadow experiences at other facilities.

|  |  |  |
| --- | --- | --- |
| 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 form 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.

I acknowledge that I must satisfactorily complete a physical assessment, which includes an examination and a drug screen as well as meet all health requirements set forth by Children’s Wisconsin as a condition of my enrollment.

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.

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Signature Date Signed

**Mail to:**

Jennifer Peterson – Interim Radiography Program Director

Children’s Wisconsin School of Radiologic Technology

PO Box 1997

Milwaukee, WI 53226