

# UPMC Chautauqua WCA

207 Foote Avenue, PO Box 840  
 Jamestown, New York 14702-0840  
 Telephone – 716-664-8366

For Office Use Only:	
ρ P	_____
ρ R	_____

## UPMC Chautauqua WCA School of Radiology Application

### PERSONAL DATA

Date \_\_\_\_\_

Name: \_\_\_\_\_  
 Last First Middle Initial

Present Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
 Number & Street Apt. #

\_\_\_\_\_ Message Telephone: \_\_\_\_\_  
 City State Zip

Are you over 18 years of age? ρ Yes ρ No

### EDUCATION

Type	Institute & Address	Did You Graduate?	Academic Major	Degree Received
High School	_____			
	_____			
	_____			
College	_____			
	_____			
	_____			
Other	_____			
	_____			
	_____			

### EMPLOYMENT HISTORY

**GIVE EMPLOYMENT RECORD – AS COMPLETELY AS POSSIBLE – STARTING WITH YOUR PRESENT OR LAST EMPLOYER**

From Mo./Yr.	To Mo./Yr.	Employer & Address	Job Title And Duties	Final Wages	Reason for Leaving

# UPMC Chautauqua WCA

## REFERENCES

GIVE A MINIMUM OF FOUR REFERENCES, PREFERABLY EDUCATIONAL OR WORK RELATED

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>

## PLEASE READ CAREFULLY BEFORE SIGNING

I hereby authorize UPMC Chautauqua WCA School of Radiology to contact any schools, employers, references, law enforcement agencies and/or persons who may aid the school in determining my suitability for program acceptance. I release those individuals and/or organizations contacted from all liability whatsoever for issuing the requested information. Additionally, I waive all rights to see or review the information furnished.

I understand that according to the UPMC Chautauqua WCA School of Radiology policy that I am required to undergo a drug-screening test prior to admission. To comply with that requirement, I consent to providing a sample of my urine prior to school admission and again at any time so requested. Specimens will be tested for both legal (prescription drugs) and illegal substances. A positive test for a legal substance will require proof of a current prescription.

I further understand that refusal to submit to an alcohol or drug screen test at any time will result in immediate dismissal from the Radiology School. I also understand that failure to pass an alcohol or drug screening at any time during my education may result in immediate discharge from the UPMC Chautauqua WCA School of Radiology.

I understand that according to the UPMC Chautauqua WCA School of Radiology policy that I am required to undergo a physical examination at my own expense prior to admission.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## GENERAL INFORMATION

1. Have you had any work experience that required you to interact with the general public? If so, please explain:

# UPMC Chautauqua WCA

---

---

---

2. Do you have any experience in a medical-related field (i.e., volunteer work, job, schooling, etc.)?

---

---

---

3. Why did you choose Radiologic Technology as a possible career?

---

---

---

4. Do you know the average salary of a staff radiographer?

---

5. What do you think are the duties of a staff radiographer?

---

---

---

6. If you are selected as a radiology student, what are your future goals?

---

---

---

7. Why did you select *UPMC Chautauqua WCA School of Radiology*? Have you applied to any other program? If so, what program? \_\_\_\_\_

---

---

8. *UPMC Chautauqua WCA School of Radiology* does not affiliate with any type of financial aid program. Are you prepared to meet the financial obligations of the school?

# UPMC Chautauqua WCA

---

---

---

The **UPMC Chautauqua WCA School of Radiology** takes an applicant's total qualifications into consideration. Admission practices are non-discriminatory with respect to race, age, religion, gender, national origin, color, disability and any other protected class.

The American Registry of Radiologic Technologists pledges to promote high standards of patient care to include enforcing high standards of ethics among Registered Technologists and candidates for certification. For that reason, the **UPMC Chautauqua WCA School of Radiology** requires that applicants answer the following questions:

Have you ever been convicted of a felony or misdemeanor?      **YES**      **NO**           

If yes, please describe in full :

---

---

---

**NOTE 1:** Convictions resulting from a plea of guilty or a plea of nolo contendere must be reported along with convictions from military courts-martial, and, they must be reported even if you were conditionally discharged or you received a suspended sentence. Misdemeanor speeding convictions are not required to be reported unless they are related to alcohol or drug use.

**NOTE 2:** Applicants who answer yes to the question immediately above may be deemed registry ineligible, and, thus, will also not be eligible for entrance into the **UPMC Chautauqua WCA School of Radiology**.

**NOTE 3:** It is also important to note that students enrolled in the **UPMC Chautauqua WCA School of Radiology** who are subsequently convicted of a felony or misdemeanor, as explained in Note 1, above, may be dismissed from the program immediately.

**NOTE 4:** The providing of false, dishonest, and/or misleading information anywhere on the above application or in connection therewith, will, whenever discovered, result in immediate dismissal from the **UPMC Chautauqua WCA School of Radiology**.