

**School of Radiologic Technology**

Mail completed application to: Western Suffolk BOCES Program of Radiologic Technology  
152 Laurel Hill Road, Northport, NY 11768  
E-mail: nreimann@wsboces.org

**School of Radiologic Technology**  
**APPLICATION FOR ADMISSION – DUE MARCH 31, 2023 (Class of 2025)**

Name \_\_\_\_\_  
Last Name First Name Middle Name

Other name under which school or work record would be recorded \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Name of Nearest Relative \_\_\_\_\_ Emergency Telephone # \_\_\_\_\_

**Education:**

Institution	Name	Address	Year-Graduated
High School			
Colleges/Universities			
Technical Programs			
Other			

References: (Non-Relative) Two Business, One Personal		
Name	Address	Relationship to Applicant
1.		
2.		
3.		

Work Experience: (List most recent first)				
Job Title	Employer Name	Address	Position Held	Date Employed
1.				
2.				
3.				

**I certify that all of the information submitted on this application is correct.**

**I have advised the school of any past criminal record, history of substance abuse, proven patient abuse or other conditions that would potentially impact upon my performance in the clinical setting.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Pre-Entrance Examination Date \_\_\_\_\_