

**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, 2022 (Class of 2024)**

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 \_\_\_\_\_