



APPLICATION FOR ADMISSION

\$25 Application Fee Enclosed (Check or Money Order Payable to: "Northwestern Memorial Hospital")

Please do not send completed applications packets via "Certified Mail". Any other mailing process is acceptable.

Name: _____
Last First Middle

Have you ever been known by any other name? _____

Current Mailing Address: _____
Number/Street City State Zip Code

Permanent Mailing Address: _____
Number/Street City State Zip Code

Home Telephone: _____ E-Mail Address: _____

Resident Status: US Citizen Permanent US Resident Other
If other, please specify: _____

School(s) to which you are applying: School of Diagnostic Medical Sonography
 School of Nuclear Medicine Technology
 School of Radiation Therapy
 School of Radiography

Admissions Classification (Check only one): Degree Program** Certificate Program
Degree Program requires current enrollment at an affiliate college or university. Please verify that you meet all of the requirements for the program that you select.

**What College/University are you currently attending? _____

Are you licensed/registered in a medical service field? Yes No
If yes, indicate type (RN, ASCP, RT, etc.): _____

Has your license ever been revoked, suspended or subject to disciplinary measures? Yes No
If yes, explain: _____

Have you ever applied to one of the NMH Clinical Schools before? Yes No

Have you ever been convicted of any crime other than a minor traffic violation? Yes No
If yes, state the nature of the crime, when, where and disposition of offense. You are not obligated to disclose sealed or expunged records of convictions or arrests:

Have you ever been debarred, suspended, excluded or otherwise found ineligible for participation in federally funded health programs? Yes No

If yes, state nature of the ineligibility, title of the federal program and current status:

Previous Education: (Please list all colleges/universities you have attended and degree earned)

From	To	Degree
From	To	Degree
From	To	Degree
From	To	Degree

Specialized Training or Education not listed above:

School	Location	Course	Dates	Certification
School	Location	Course	Dates	Certification
School	Location	Course	Dates	Certification

College/University coursework in progress:

Work Experience: (Last four years, including military service)

Job Title	Employer	Dates	Reason for Leaving
Job Title	Employer	Dates	Reason for Leaving
Job Title	Employer	Dates	Reason for Leaving

References: Three letters of recommendation from a supervisor or educator who knows your ability to be successful in a work or school environment. (Please include their sealed letters at the time you apply)

Name	Profession
Name	Profession
Name	Profession

Transcripts: When application is made, please request all post high school educational institutions to forward official transcripts directly to the Registrar. If the semester is currently in session, please send additional transcript once current semester is complete.

Essay: Briefly describe in a 1 page typed essay why you are interested in the profession and your career goals. Staple essay to the back of your application.

IMPORTANT: *You must sign and date the application.* By doing so, you agree, to the best of your knowledge, the information given is true. You also understand that misrepresentation of facts on this application will be cause for refusal of admission, or cancellation of admission. You also agree to abide by the policies and regulations of Northwestern Memorial Hospital.

Signature _____ Date _____

Northwestern Memorial Hospital does not discriminate on the basis of age, sex, race, color, religion, national origin, sexual orientation, disability, veteran status, or any other protected status.