



Arrowhead Regional Medical Center
School of Radiologic Technology
400 North Pepper Avenue
Colton, CA 92324-1817
(909) 580-3897
E-mail : chcradiology@craftonhills.edu

Dear Applicant,

Thank you for your interest in the Arrowhead Regional Medical Center School of Radiologic Technology. The following is the application packet for our program, which is proudly affiliated with Crafton Hills College. All graduates will earn an Associate of Science Degree from Crafton Hills College upon successful completion.

Our program is dedicated to providing comprehensive training that prepares students for a rewarding career in radiologic technology. Through a combination of classroom instruction, hands-on clinical experience, and professional development, we strive to equip our students with the knowledge and skills necessary to excel in this dynamic healthcare field.

We encourage you to carefully review the application requirements and complete all steps thoroughly. This process helps us select candidates for an interview who demonstrate commitment to academic excellence and compassionate patient care.

We look forward to learning more about you and your aspirations.

Sincerely,
Shannon Cundieff
Shannon Cundieff, MPA, BSRT, CRT (R)(CT)
Program Director

ARMC Radiologic Technology Program

Application Packet Requirements

To apply to the Radiologic Technology Program, please complete the following steps carefully. Incomplete applications or missing documents will not be accepted.

Academic Requirements:

- Complete all college courses listed as prerequisites with a minimum GPA of 2.7.
- Complete all general education courses required for the AA or AS degree **prior** to the application deadline of March 31st. In-progress courses will NOT be accepted.

Application Steps:

Step 1: Submit official college transcripts to Crafton Hills College (if you have attended any other institution).

Step 2: Meet with a Crafton Hills College counselor to have the following completed:

- Crafton Hills College AA/AS Degree General Education Form
- Radiography Program Prerequisite Checklist

Step 3: Fill out the application packet (page 3-5 of this document).

Step 4: Email the following documents to chcradiology@craftonhills.edu:

1. Completed Application Packet
2. AA/AS Degree General Education Form
3. Radiography Program Prerequisite Checklist
4. Unofficial college transcripts

Confirmation of Submission:

- A confirmation email will be sent upon receipt of your application.
- If you do **not** receive a confirmation email within one week, please follow up to verify your submission.

Important Notes:

- All steps must be completed by the March 31st deadline.
- Applications that are incomplete or do not meet the stated requirements will not be considered. No exceptions will be made.



APPLICATION FOR ADMISSION

Print Name: _____

Maiden name: _____ Last 4 digits of SSN: XXX-XX-_____

Home phone: _____

Cell phone: _____ Other contact number: _____

E-mail address: _____

Mailing address: _____

Have you ever applied to this radiography program? _____ If yes, what year? _____

How did you learn about this program? _____

EDUCATION

College: _____
Name Location Degree (yes/no)

College: _____
Name Location Degree (yes/no)

Other: _____

EXPERIENCE: Give your employment history for the last three years, *including relevant volunteer experience*. If additional space is needed, add an attachment.

Institution: _____

Phone: _____ Address: _____

Position Held: _____ Supervisor: _____

How Long at this Job? _____ Duties _____

Institution: _____

Phone: _____ Address: _____

Position Held: _____ Supervisor: _____

How Long at this Job? _____ Duties _____

Institution: _____

Phone: _____ Address: _____

Position Held: _____ Supervisor: _____

How Long at this Job? _____ Duties _____

REFERENCES: List three personal references (other than relatives) who have known you for at least two years.

Name: _____ Occupation: _____

Address: _____ Phone: _____

Name: _____ Occupation: _____

Address: _____ Phone: _____

Name: _____ Occupation: _____

Address: _____ Phone: _____

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Note: You may include a resume or personal reference letter(s)

With this application, however they are not required.

Autobiographical Sketch

Submit a typed, double-spaced autobiographical sketch between 500 and 750 words that includes:

- Your interests and hobbies
- What led you to pursue a career in Radiologic Technology
- Your professional goals for the future
- How you see yourself contributing to your community as a healthcare professional