



Arrowhead Regional Medical Center
School of Radiologic Technology
400 North Pepper Avenue
Colton, CA 92324-1817
(909) 580-3540
E-mail: huynhm@armc.sbcounty.gov

Dear Applicant,

The following is the **application** to Arrowhead Regional Medical Center School of Radiologic Technology. This program is affiliated with Crafton Hills College. All graduates will receive an Associate of Science Degree from Crafton Hills College

The applicant shall:

- 1) **Submit** a completed application package and \$50.00 fee
- 2) **Provide** official College Transcripts to Crafton Hills College, if attended other institutions
- 3) **Provide** unofficial College Transcripts with application package
- 4) **Complete** the program prerequisites with a minimum **2.7 GPA** plus complete all General Education Courses for AA or AS degree prior to the April 1st deadline.
- 5) **Submit** a completed general education form titled: **Crafton Hills College AA/AS Degree**.
- 6) Have a Crafton Hills College counselor complete and sign **Radiography Program Prerequisites Checklist**.

Application can be sent via email HuynhM@armc.sbcounty.gov by April 1st.

The application fee is **\$50.00** please Venmo **Melissa-Huynh-14**
The application **fee** is **non-refundable**.

Sincerely,

Melissa Huynh

Melissa Huynh, MSRS, RT(R) (CT) (ARRT), CRT
Program Director



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: _____

Note: You may include a resume or personal reference letter(s)
With this application, however they are not required.

Degree Yes No
 If Yes, Type of Degree _____
 Institution _____

Radiography Program Prerequisites Checklist

To be completed by CHC Counselor

Course	Year Completed	Units	Letter Grade	MET	IP	NEED
English Composition						
Computer Literacy						
Intermediate Algebra						
Anatomy						
Physiology						
Medical Terminology						
RADIOL 090 -Survey of Radiologic Technology						

COUNSELOR _____ DATE _____

Note:

The applicant shall:

1. Submit a completed application package and \$50.00 fee
2. Provide **official** College Transcripts to Crafton Hills College, if attended other institutions
3. Provide **unofficial** College Transcripts with application package
4. Complete the college courses listed above with minimum 2.7 GPA, plus complete all General Education Courses for AA or AS degree **prior** to the April 1st deadline.
5. Submit a completed general education form titled: Crafton Hills College AA/AS Degree
6. Have a college counselor complete and sign Radiography Program Prerequisites Checklist

A photograph is preferred, but not required.

