Dear Applicant,

The following is the application to Arrowhead Regional Medical Center School of Radiologic Technology. This program is affiliated with Crafton Hills College. Graduates will receive an Associate of Science Degree from Crafton Hills College and/or Certificate of Completion from Arrowhead Regional Medical Center School of Radiologic Technology.

To be considered for a personal interview, the applicant shall:

1) **Submit** a completed application package and $50.00 fee
2) **Provide** official College Transcripts to Crafton Hills College
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**.

Applications must be postmarked by **April 1st** of the year applying. Late applications will not be considered. Include all documents in one envelope.

**Mail applications documents to:**

Melissa Huynh  
Arrowhead Regional Medical Center  
School of Radiologic Technology  
400 North Pepper Avenue  
Colton, CA 92324-1819

The application fee is **$50.00** payable to: **A.R.M.C. School of Radiologic Technology**. Please enclose a **money order or cashier’s check** with your application. **Do not submit cash or personal checks**. The application **fee** is **non-refundable**.

Sincerely,

Melissa Huynh  
Melissa Huynh, MSRS, RT(R), 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: ___________________ Phone: ___________
Address: ___________________ Phone: ___________

Name: ___________________ Occupation: ___________________ Phone: ___________
Address: ___________________ Phone: ___________

Name: ___________________ Occupation: ___________________ Phone: ___________
Address: ___________________ Phone: ___________

Please update your contact information if there are any changes prior to the interview. E-mail any updates to: huynhm@armc.sbcounty.gov.

Note: You may include a resume or personal reference letter(s) with this application, however they are not required.
# Radiography Program Prerequisites Checklist

To be completed by CHC Counselor

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COUNSELOR________________________________________ DATE____________________

**Note:**

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6. Have a Crafton Hills College counselor complete and sign **Radiography Program Prerequisites Checklist**.

A photograph is preferred, **but not required**. Please attach below with tape, do not staple.
Autobiographical Sketch

Submit a one page autobiography.

Include your interests, hobbies; how you became interested in Radiologic Technology; what are your future professional aspirations; what you believe to be your responsibility to the community as a professional person.