

RADIOGRAPHY PROGRAM APPLICATION

INSTRUCTIONS

Please review the application information found on the [UNLV Radiography Website](#) before completing this application.

Complete the following forms and submit, along with your personal statement, supporting documents, transcripts of all colleges attended, degree worksheet and proof of admission to UNLV to Radiography Program Office, located in BHS 345.

Each applicant is responsible for placing the following items in his or her application packet, and delivering it to the Radiography Program Office by the last business day of February.

Packets delivered on or after March 1 will not be accepted.

PROGRAM CONTACT INFORMATION

MAILING ADDRESS

University of Nevada, Las Vegas
Radiography Program
4505 S Maryland Parkway
Box 453017
Las Vegas, NV 89154

CAMPUS LOCATION

Bigelow Health Sciences (BHS), Room 345
Radiography Website: <http://www.unlv.edu/hpds/radiography>
Email: radiography@unlv.edu
Office: 702-895-3296
Fax: 702-895-1312

RADIOGRAPHY PROGRAM APPLICATION FORM

Fill out the application form completely and legibly. Be sure to type or print clearly.

In concert with UNLV's Equal Opportunity commitment, the Radiography Program is readily accessible to all eligible individuals "without regard to their race, color, religion, gender, national origin, ancestry, age, disability, Vietnam-era and/or disabled veteran status, any protected class under relevant state and federal laws, and in accordance with the University Policy, sexual orientation."

PERSONAL INFORMATION

Full Name: _____
(Last Name, First Name, Middle Initial)

Address: _____
(Number, Street, Apt. No.)

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

NSHE #: _____ **UNLV Email Address:** _____

UNLV ACADEMIC INFORMATION

Have you previously applied to the UNLV Radiography Program?

- No
- Yes – I have applied _____ year(s)

What is your current UNLV enrollment status?

- Admitted
- Not Admitted – my anticipated admittance date will be _____

Have you met with a Health Science Advisor?

- No
- Yes – Please submit a copy of your completed degree worksheet.

ACADEMIC HISTORY

List all colleges, technical schools, and universities attended. Unofficial transcripts must be submitted in the application packet for all institutions listed below, including UNLV. You may use a separate page if necessary.

NAME OF COLLEGE, VOCATIONAL/TECHNICAL SCHOOL ATTENDED	DID YOU GRADUATE? YES OR NO	TYPE OF DEGREE (IF APPLICABLE)	GPA	CREDITS EARNED

EXPERIENCE

Do you have healthcare, civic, charitable, or other relevant experience? Must be within 4-years

No

Yes – Please list your experience(s) below. Proof of experience is required. Letters of reference from the previously identified experience is recommended but not required. You may use a separate page if necessary).

EXPERIENCE	EMPLOYED OR VOLUNTEER	EMPLOYMENT/VOLUNTEER STATUS

Do you hold any certifications or licenses?

No

Yes – Please list your certifications/licenses. Must attach a copy of any certifications/licenses held.

CERTIFICATIONS/LICENSES	CERTIFYING/LICENSING AGENCY (I.E., CSN, STATE AGENCY, ETC)	EXPIRATION DATE

Do you have Military, Peace Corps, or related experience?

No

Yes – Please tell us your branch, rank, and years of service.

MILITARY BRANCH	RANK	YEARS OF SERVICE

STUDENT INVOLVEMENT

Are you a current STARS member?

No

Yes (please submit a copy of your registration receipt)

Are you on the PACE committee?

No

Yes

ACKNOWLEDGEMENT

I understand that this application will be reviewed by the Radiography Program's Admissions Committee.

Signature

Date

PERSONAL STATEMENT

The personal statement is meant to provide insight to the applicant's preparation and intentions for being a Radiologic Technologist. The statement should be written as a narrative essay with serious thought. The personal statement will be graded on the applicant's knowledge of radiography, question responses, grammar, and overall quality.

Provide a cover sheet with your name, but do not put your name in or on the actual essay

Answer the following questions:

1. Why are you choosing Radiography as a career?
2. What are your personal and professional goals?
3. What qualities do you possess that would make you a good Radiologic Technologist?

Your statement should adhere to the following guidelines

- 1 page maximum
- 12-point font
- Single spaced
- 1" margins

APPLICATION CHECKLIST

This checklist is designed to assist the applicant in determining if the Radiography Program Application is complete. Applicants must check “yes” or “no” for each of the following documents/requirements listed, then initial. Incomplete applications will not be reviewed by the admissions committee. Please submit this checklist with your application packet.

APPLICATION DOCUMENTS/REQUIREMENTS	APPLICANT INITIALS	FACULTY/STAFF INITIALS
Application Checklist <input type="checkbox"/> Yes <input type="checkbox"/> No		
Minimum of 2.5 Cumulative GPA or higher <input type="checkbox"/> Yes <input type="checkbox"/> No		
Copies of all college unofficial transcripts <ul style="list-style-type: none"> • Include all colleges attended, including UNLV <input type="checkbox"/> Yes <input type="checkbox"/> No		
Copy of Degree Worksheet <ul style="list-style-type: none"> • Completed by a Health Science Advisor <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pre-Admissions Counseling Session with Program Director <ul style="list-style-type: none"> • To schedule appointment: <ul style="list-style-type: none"> ○ Call 702-895-3296 or email radiography@unlv.edu <input type="checkbox"/> Yes <input type="checkbox"/> No		
Completed application to RAD Program <input type="checkbox"/> Yes <input type="checkbox"/> No		
Supporting documents <ul style="list-style-type: none"> • Proof of previous experience, STARS receipt, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Personal Statement <input type="checkbox"/> Yes <input type="checkbox"/> No		

PLEASE NOTE: Students who are not accepted and choose to re-apply need to submit another application, personal statement, transcript(s), degree worksheet, and application checklist. A second meeting with the program director is **not** required.

Applicant's Signature

Applicant's Name (Print)

Date

Faculty/Staff Signature

Faculty Staff Name (Print)

Date