

B. Education

List all high schools, colleges or other schools attended with most recent first:
Please include any other name that may appear on the transcript.

College/School	Location	Dates Attended	Degree and/or Diploma

C. Employment

List your last three employers beginning with the most recent:

Employer	Address	Position	Dates of Employment	Reason for Leaving	Supervisors Name and Phone Number

D. Health Care / Radiology Experience

Have you had any previous healthcare / radiology experience? If so, where and When?

E. Letters of Reference

All applicants are required to submit at least three letters of reference.

Applicants must request a letter of reference from your current employer in addition to two other individuals who have known you for three or more years. Letters of reference may not be from a relative.

F. Personal Statement

On a separate piece of paper, in 250 words or less, state your career goals and why you have chosen a career in health care.

I hereby certify that all information given in the above application is true and complete to the best of my knowledge. Falsification of information will result in denial of acceptance into the GBMC School of Radiography.

I understand that admission into the School of Radiography requires adherence to all hospital and school policies and regulations.

If accepted into the School of Radiography I agree to have a medical examination at GBMC during admission / enrollment.

Signature: _____ Date: _____

How did you hear about our program?

The Greater Baltimore Medical Center School of Radiography does not discriminate on the basis of age, sex, race, color, national origin, marital status religion, or handicap.