



UnityPoint Health Des Moines

School of Radiologic Technology Limited Radiographer Program Application

Please type or print clearly and complete all information.

Personal Information

1. Date of Application _____ 2. Social Security # _____

3. Name: _____
Last First Middle Maiden

4. Current Address: _____ Phone Number _____
Number and Street

_____ City State Zip Code Country

5. E-mail Address (Print Clearly!): _____

6. Emergency Contact _____

Address _____

Telephone number (____) _____

7. Enrollment? ____ Fall (Sept. start date) ____ Spring (Jan. start date) ____ Yr

8. If your manager/facility plans to pay for your tuition – you must provide the following information:

Facility _____

Manager's Name _____
First Last

Manager's Telephone Number (____) _____

Manager's Email, (please PRINT) _____

9. Have you ever been convicted of a crime in this state or any other state? ____ yes ____ no

If yes, please explain _____

10. Have you ever received special needs accommodations for educational purposes? ____ yes ____ no
(Disclosure of a disability is not a requirement for admission to the program but is required in order to receive academic and/or physical accommodations)

Healthcare Education – attach additional pages if needed

Name of School	City and State	Dates of Attendance	Did you graduate?

Licensure/Registration (if applicable)

YOU MUST SUBMIT PROOF OF LICENSURE/REGISTRATION IF APPLICABLE

Healthcare Discipline

Licensure/Registration #

Expiration Date

Work Experience – attach additional pages if needed

List all work experience, both full- and part-time, beginning with the most recent.

Name of Facility	Address	Position Held	Dates of Employment

Certification:

It is the policy of UnityPoint Health – Des Moines School of Radiologic Technology will not condone or tolerate discrimination of patients, employees, physicians, volunteers, students, or visitors based on age, race, creed, color, gender, religion, national origin, disability, sexual orientation or gender identity.

The preceding answers are true and complete to the best of my knowledge. If I accept this appointment, I agree to abide by the rules of the LRT Certificate Program, Department of Radiology, and Iowa Health – Des Moines.

Signature of Applicant

Date

Send application materials to:

Matthew J. Millard, M.S.T.D., R.T.(R)(CT)
Iowa Health – Des Moines
School of Radiologic Technology
Radiology Department
1200 Pleasant Street
Des Moines, IA 50309

Email: matthew.millard@unitypoint.org