



TODAY'S DATE: _____

Did you attend the Health Professions Academy at SMMC Center for Education while in high school? ☐ Yes* ☐ No
* If Yes, what year did you attend the Health Professions Academy? _____

Have you ever attended Mountwest Community
& Technical College?

☐ Yes ☐ No

Have you ever applied to St. Mary's?

☐ Yes ☐ No

ADMISSION INFORMATION

Last Name:	First Name:	Middle Name:
Academic Year and Semester You are Applying for:		Mountwest Community & Technical College ID #

Select the program you are applying to:

☐ St. Mary's/Mountwest Community & Technical College School of Medical Imaging

IMPORTANT NOTICE OF NON-DISCRIMINATION

No qualified candidate in the United States shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination by or in conjunction with St. Mary's Medical Center Cooperative Degree Programs and receiving federal assistance on the basis of age, religion, creed, color, national origin, marital status, sex or handicap.

BACKGROUND CHECK AND DRUG SCREEN REQUIRED

Admission for all students into the program is contingent upon a clear background check and negative drug screening. Each applicant is responsible for the cost of the background check and drug screening.

INTERNAL USE ONLY: APPLICATION FEE RECEIVED YES _____ NO _____

ADMISSION CHECKLIST

This checklist is provided to assist you in ensuring your application is complete. Please fill in the boxes below as you complete the application.

- ☐ \$30 application fee enclosed (Checks may be payable to St. Mary's School of Medical Imaging. Checks are non-refundable.) ☐
- All transcripts (official copies) have been requested to be sent to St. Mary's and Mountwest Community & Technical College
- ☐ Application completed and sent to: ☐ St. Mary's ☐ Mountwest Community & Technical College
- ☐ ACT/SAT scores requested to be sent to:
- ☐ St. Mary's ☐ Mountwest Community & Technical College
- ☐ GED certificate sent to:
- ☐ St. Mary's ☐ Mountwest Community & Technical College
- ☐ All sections of the application are completed. Incomplete applications will not be considered.
- ☐ All sections requiring a signature and date have been signed and dated.

APPLICATION DEADLINES: January 1st - May 15th

The West Virginia Medical Imaging and Radiation Therapy Technology Board of Examiners may deny eligibility of licensing to individuals who have been convicted of a felony or misdemeanor and persons with drug/chemical dependency.

TRANSCRIPT INFORMATION

Before your application can be considered, the program must receive all transcripts from all institutions attended (high school, college and other), ACT scores and GED scores when applicable. All transcripts must be official and be sent directly from the institution.

(Any deviation from this protocol must have program director's permission.)

Send the application and transcripts to:

Or hand deliver to:

OFFICE OF ADMISSIONS

SMMC School of Medical Imaging
2853 5th Avenue
Huntington, WV 25702

ST. MARY'S CENTER FOR EDUCATION

2853 5th Avenue
Huntington, WV 25702

Questions?

Debby Moore, Program Director

phone (304) 526-1259 • fax (304) 399-1981 • Deborah.Moore@st-marys.org

ADMISSION INFORMATION

Last Name:	First Name:	Middle Name:	
Other name under which a high school or college transcript may be listed:			
Permanent Mailing Address:			
City:	State:	Zip:	County:
Social Security Number: _____-_____-_____	Date of Birth ____/____/____	Telephone Number: (____) _____-_____	
MCTC ID #	Email (MCTC email preferred):		
Emergency Contact:	Telephone Number:		

Are you a United States citizen?

☐ Yes ☐ No

If you are not a citizen, are you an alien lawfully authorized to attend school in the United States?

☐ Yes ☐ No

EDUCATION INFORMATION

High School Name/Address:		City/State:
Diploma/Course of Study in:	Last Year Attended:	Last Year Completed:
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you earn a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, certificate # and state: _____ date: _____	
Did you take the ACT or SAT? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please send us your scores.
Have you attended Mountwest Community & Technical College ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you attended any other colleges or universities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list: _____ (Transcripts from all schools must be received.)		
Institution Name/Address:		City/State:
Diploma/Course of Study in:	Last Year Attended:	Year Completed:
Institution Name/Address:		City/State:
Diploma/Course of Study in:	Last Year Attended:	Year Completed:

STATEMENT OF TRUTH

This application is true and complete to the best of my knowledge.

Signed _____ Date _____



PROFESSIONAL CONDUCT

The St. Mary's/Mountwest Community & Technical College School of Medical Imaging Program strongly supports the standards of the Medical Imaging Profession and the American Registry of Radiologic Technologists Code of Ethics regarding the need for student radiographers and professional radiographers to be persons of good moral character who demonstrate responsible behaviors.

Applicants are advised that their conduct before and after submitting their application to the School of Medical Imaging will be considered in the admission process. Conduct derogatory to the morals or standing of the profession may be reason for denial of admission or dismissal from the program (WV Code 30-23-10). The Board of Medical Imaging may revoke, suspend or refuse to renew any license, or place on probation, or otherwise reprimand a licensee or permit holder, or deny a license to an applicant if it finds that the person:

- (a) criminal activities - e.g. DUI, misdemeanors, felonies
- (b) substance abuse - e.g. manufacture, use, distribution, positive results on drug screen
- (c) cheating/dishonesty
- (d) harassment
- (e) domestic violence
- (f) discrimination
- (g) breach of patient confidentiality

Students are advised that their conduct while students both on and off campus could result in dismissal from the program.

Have you ever pled guilty or "no contest" (nolo contendere) to, or been convicted of, violating any law, with the exception of minor traffic violations?

☐ Yes ☐ No

If yes, attach a description and explanation of your prior conviction history, including date of conviction, court, and details of each violation. **NOTE:** Disclosure of a criminal record does not automatically disqualify you from admission consideration.

Signature of Applicant

Date



ST. MARY'S
CENTER FOR EDUCATION

DRUG AND ALCOHOL TESTING

St. Mary's/Mountwest Community & Technical College School of Medical Imaging has adopted and enforces a drug and alcohol policy for all participants in its clinical program.

The school may require students to submit to a drug test during clinical training upon reasonable suspicion or cause. In addition, the school may impose random drug testing for students undergoing treatment and/or rehabilitation for substance abuse who are participating in safety sensitive training, including but not limited to clinical training, externships and internships.

This policy also prohibits the use, possession, transportation, sale or distribution of alcohol or other non-medically prescribed controlled substances in the school or during school sponsored functions or activities. It further prohibits students from attending class or other school sponsored functions or activities while under the influence of alcohol or other non-medically prescribed controlled substances. The terms "school" and "school sponsored functions" broadly include the school premises, classes, parking lots and all situations where a student is representing the school in their capacity as a student.

The school expects excellence in the performance of all its students. If you believe a prescription drug prescribed by your physician may affect your performance, you should consult the director of the school. The school reserves the right to review a student's drug or controlled substance use occurring outside the school or school sponsored functions to the extent that such use affects the student's class or clinical performance or adversely impacts the school in any way. If the school initiates such a review, the results may include disciplinary action, up to and including expulsion.

Please contact the director of the school if you have any questions concerning this policy.

Signature of Applicant

Date

Name _____

Reapplicant (5 Points)

Total _____

College GPA (min 2.5)

Total _____

2.50-2.74	10 points	3.50-3.74	30 points
2.75-2.99	15 points	3.75-3.99	35 points
3.00-3.24	20 points	4.00	40 points
3.25-3.49	25 points		

College Coursework A = 4 points B = 3 points C = 2 points Below C = 0 points
 Course Grade (x CR) Enrolled (3-4 point)

Total _____

AH 151 Medical Terminology

Math 120 (applications in algebra)

BIO 260 with Lab(human anatomy)

SCI 110 (introductory physics)

BIO 265 with Lab (human physiology)

Statistics

Extra credit

CHM 203 (chemistry)

PHY 203 (gen physics)

ACT Scores : Math ____ = ____ **Natural** Science ____ = ____ Reading ____ = ____ Composite ____ = ____

Total _____

TEA's Scores : Math ____ = ____ Science ____ = ____ Reading ____ = ____ Composite ____ = ____

ACT

TEA's

18 or less 0 points

57 or Less

19-22 2 points

58-77 -Proficient

22-25 4 points

78-91 -Advanced

Above 26 6 points

92 or Above - Exemplary

High School GPA/GED Composite

Total _____

High School

Points

GED

Below 2.5

0 points

Below 54

2.5-3.0

1 point

55-58

3.1-3.99

2 points

59-61

4.0 or Above

3 points

62 or Above

Total Points _____