



**GENERAL**

1. Have you ever been accepted or attended any other Radiologic Technology School or Program? If so, why did you not complete the course?
  
2. Are you prepared to meet the financial obligations necessary for the training program?
  
3. Why did you choose this program?
  
4. Why did you choose this profession/career? What are your career goals?

APPLICANT'S STATEMENT

The above information is true and complete to the best of my knowledge. If accepted to the RMH School of Radiologic Technology, I agree to abide by the rules of the school. I understand any conduct or performance detrimental to the school or infringement of its rules will subject me to dismissal.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

Send Applications, Recommendations,  
Official Transcripts, and \$25.00 Application  
Fee to:

School of Radiologic Technology  
Rockingham Memorial Hospital  
2010 Health Campus Drive  
Harrisonburg, VA 22801

**Please have official transcripts from high school and all post secondary educational institutions you have attended sent to the above address.**

**Rockingham Memorial Hospital School of Radiologic Technology considers all applicants without regard to race, religion, age, sex, national origin or disability.**