

Have you had experience in a health care specialty? (circle one) Yes or No.	
*If answer is yes, complete the following:	
A. Name of Employer:	
B. Address (Include Number and Street, City, State, Zip Code):	
C. Telephone:	Dates:
D. Supervisor:	
Summarize your responsibilities:	
Attach additional sheet(s) if necessary.	

Have you volunteered your services in a health care facility? (circle one) Yes or No.	
*If answer is yes, complete the following:	
A. Name of health facility:	
B. Address (Include Number and Street, City, State, Zip Code):	
C. Telephone:	Dates:
D. Person to contact for verification:	
Summarize your responsibilities:	
Attach additional sheet(s) if necessary.	

Employment Experience

Please list previous employment experience other than health care.

A. Name of Employer:

B. Address:

C. Telephone:

Dates:

D. Supervisor:

Summarize your responsibilities:

1.

2.

3.

Attach additional sheet(s) if necessary.

General Health Questions

How do you rate your own general health? (Circle one) Excellent Good Fair Poor

Have you had any health problems in the past 5 years? (circle one) Yes or No. If answer is yes, please explain.

In the past 6 months? (circle one) Yes or No. If answer is yes, please explain:

Attach additional sheet(s) if necessary.

Check Sheet For Prerequisite Courses

All prerequisite courses must be successfully completed before or by the end of the spring semester.

Print Neatly or Type Only:

Last Name: _____

First Name: _____

Student ID #: _____

Course	Instructor	Final Grade	Year	Semester	In Progress
English 28 or English 101					Yes
Math 115 or Higher					Yes
Human Anatomy 1					Yes
Human Physiology 1					Yes
Radiologic Technology 100					Yes
Radiologic Technology 101					Yes
Radiologic Technology 102 (Must complete at LACC)					Yes

It is responsibility of each applicant to provide OFFICIAL TRANSCRIPTS of all previous college work with this application. I hereby certify that all statements in this application and check sheet are complete and true.

Signature _____

Date _____

Complete Application and submit official transcripts to:

**Program Director- John Radtke
Radiologic Technology Program
Los Angeles City College
855 North Vermont Avenue
Los Angeles, CA 90029**

**APPLICATIONS WILL ONLY BE ACCEPTED BETWEEN
FEBRUARY 1 AND MARCH 31.
(NO EXCEPTIONS)**