



# RADIOLOGY TECHNOLOGY APPLICATION FOR ADMISSION

ADMISSIONS AND RECORDS • 1500 COLLEGE PARKWAY • ELKO • NV • 89801 • 775.753.2102 • FAX 775.753.2311

LAST NAME

## ALL QUESTIONS MUST BE ANSWERED

LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

SOCIAL SECURITY NUMBER \*(response optional) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY TELEPHONE \_\_\_\_\_ EVENING TELEPHONE \_\_\_\_\_ EMERGENCY TELEPHONE \_\_\_\_\_

## EMERGENCY CONTACT

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## RESIDENCE STATUS

**ARE YOU A U.S. CITIZEN?** Yes  No  If no, please answer the following:

Permanent Resident	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F1 Visa (F)	<input type="checkbox"/>	<input type="checkbox"/>
Citizen of (Country): _____ (resident documentation will be required)		

Only aliens with permanent resident cards and Nevada High School graduates will be given resident status in Nevada.

**NEVADA RESIDENCY?** NV Physical residency began: \_\_\_\_\_ Guardian's physical residency began: \_\_\_\_\_  
Month Day Year Month Day Year

PROVIDE YOUR LAST ADDRESS (IF DIFFERENT FROM ABOVE) FOR THE PAST TWELVE (12) MONTHS:  
\_\_\_\_\_

If you have relocated to Nevada in the past twelve (12) months for employment purposes, you must provide a letter from your employer written on company letterhead to include: full-time or part-time status and date of hire.

Did anyone other than your spouse claim you as a tax exemption this year or last? Yes  No

Did anyone other than your spouse provide at least half of your assistance this year or last? Yes  No

## OPTIONAL RESPONSE

Gender:  Male  Female

Ethnicity:  Asian or Pacific Islander (AS)  Hispanic (HI)  
 Black (Not Hispanic) (BL)  American Indian or Alaskan Native (AM)  
 White (Not Hispanic) (WH)

**\*Furnishing this information is voluntary. If you do not wish your Social Security Number used, you will be assigned a 9-digit "N" Number. For an explanation of your rights and the uses to which the Social Security Number will be put, please see the GBC Catalog.**

I certify the information provided on this application is accurate and complete. I agree to abide by all the rules and regulations of Great Basin College. I understand a felony conviction may prevent me from obtaining a registry in radiology technology.

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED ON THE REVERSE SIDE**

## EDUCATION

Official Transcript(s) must be received by the Admissions and Records Office and a copy must be received by the Radiology Technology Program Instructor.

NAME OF SCHOOL	LOCATION OF SCHOOL	FROM MONTH/YEAR	TO MONTH/YEAR	DID YOU RECEIVE A DIPLOMA? DEGREE CERTIFICATE	WHAT WAS YOUR MAJOR/MINOR?
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
	ISSUED BY	DATE		TYPE	LICENSE NO.
PROFESSIONAL LICENSE					
CERTIFICATION					

## HEALTH RELATED WORK EXPERIENCE AND/OR VOLUNTEER EXPERIENCE

NAME OF EMPLOYER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATES OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_ NATURE OF JOB \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

NAME OF EMPLOYER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATES OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_ NATURE OF JOB \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

## REQUEST FOR REFERENCES

Three references are required from employers, counselors or teachers. **Do not list personal friends or relatives.** The student must have all letters of reference sent directly to the program instructor. Please provide complete mailing address and telephone number on all three names listed below.

	REFERENCE NAME	OCCUPATION	ADDRESS	TELEPHONE NUMBER
1				
2				
3				

