

APPLICATION FOR ADMISSION TO  
UPMC NORTHWEST  
RADIOLOGIC TECHNOLOGY PROGRAM

NON-DISCRIMINATION CLAUSE

Applicants to the UPMC Northwest Radiologic Technology Program are selected in accordance with federal and states laws without regard race, color, religion, limited English proficiency, ancestry, national origin, age, gender, genetics, sexual orientation, gender identity, gender expression, marital, familial, disability status or status as a covered veteran or any other legally protected status. Disabilities that are not related to bona fide occupational qualifications will not be considered as deterrents to selection of persons.

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SPECIAL NOTE

**A non-refundable \$50.00 (Fifty) application fee must accompany this application. (Do not Send cash)**

**Submit all fees to the UPMC Northwest Radiology Program through the provided link below**

Submit your application fee to the hyperlink below or scan the QR code  
<http://www.upmc.com/pay/RadTech>



This application, transcripts and reference letters must be received by the Program no later than **January 31** or your application will become void.



9. Post-secondary Education. List all formal education beyond high-school.

Please submit transcripts from each school you attended.

From	To	Name of School	City and State of School

12. Employment: List all work experiences, full-time or part-time beginning with the most recent.

From	To	Title of Position Held	Employer's Name

13. Have you ever pleaded guilty to or been convicted of any misdemeanor or felony?  
(Anything less than complete and total disclosure of any and all convictions will be considered as having provided false or misleading information.) \_\_\_\_yes \_\_\_\_no

If yes, please describe in full:

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14. In the space below, state as clearly as possible (additional pages may be attached):
- A. Why have you selected the profession of Radiologic technology as a career choice.
  - B. Why do you feel that you would make a competent and successful Radiology Technology Student.

**I hereby certify that the foregoing statements are true and correct to the best of my knowledge and hereby grant the radiologic technology Program permission to verify such answers and investigate all references. If accepted, I hereby agree to abide by the rules and regulations of The Radiologic Technology Program.**

**Signature of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_**

This application, transcripts and reference letters must be received by the program no later than January 31 or your application will become void.

Mail all information to: UPMC Northwest  
Amanda C. Baker MHA RT(R), (CT)  
Radiologic Technology Program Coordinator  
100 Fairfield Drive  
Seneca, PA 16346