

**Radiography Program  
Application**

Directives

- 1.) Please e-mail the completed application to the program director, Stacey O'Brien, at [sobrie28@jhmi.edu](mailto:sobrie28@jhmi.edu).
- 2.) Mail the application fee of **\$40.00** in the form of **check or money order** made out to **The Johns Hopkins Hospital to the address listed in the top-left corner of this document. Cash payment will not be accepted.** *Applications will not be reviewed until the application fee has been received.*
- 3.) **Digitally release all post high school transcripts** directly to the Johns Hopkins Schools of Medical Imaging to the program director, Stacey O'Brien, at [sobrie28@jhmi.edu](mailto:sobrie28@jhmi.edu).
- 4.) Completed recommendation forms must be **e-mailed directly from the referrer** to the program director, Stacey O'Brien at [sobrie28@jhmi.edu](mailto:sobrie28@jhmi.edu).

Personal Data

**Name:** \_\_\_\_\_  
Last First Middle

**Preferred Name:** \_\_\_\_\_ **Pronouns:** \_\_\_\_\_

**Current Address:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

**Permanent Address:**

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Street Address

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City

State

Zip Code

**E-Mail Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

*To be eligible to apply to this program, applicants must be 18 years or older.*

Will you be 18 years of age on or prior to the start of the program?  YES  NO

*To be eligible to apply to this program, applicants must be a United States citizen or have permanent residence.*

Are you a United States citizen?  YES  NO

If NO, do you have a Permanent Resident Card?  YES  NO

Education Data

*To be eligible to apply to this program, applicants must be either a currently enrolled university affiliate student or have earned, at minimum, an associate degree by the program start date.*

Are you a currently enrolled university affiliate student?  YES  NO

If YES, please indicate the university affiliate in which you are currently enrolled:

- |   |  |
|---|--|
| <input type="checkbox"/> Anne Arundel Community College | <input type="checkbox"/> Immaculata University             |
| <input type="checkbox"/> Bloomsburg University          | <input type="checkbox"/> Millersville University           |
| <input type="checkbox"/> Carroll Community College      | <input type="checkbox"/> Montgomery College                |
| <input type="checkbox"/> College of Southern Maryland   | <input type="checkbox"/> Notre Dame of Maryland University |
| <input type="checkbox"/> Harford Community College      | <input type="checkbox"/> York College of Pennsylvania      |

Degree College/University: \_\_\_\_\_

Date degree received/expected (month/year): \_\_\_\_\_

With the most recent first, please list any colleges/universities/professional schools attended in the table below:

College/University/Professional School	Location	Years Attended (From / To)	Graduate	Degree/Diploma/Certification Awarded
		/	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		/	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		/	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		/	<input type="checkbox"/> YES <input type="checkbox"/> NO	
		/	<input type="checkbox"/> YES <input type="checkbox"/> NO	

If any academic transcripts are under a different name, please provide that name here:

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List any held professional certifications and/or licenses in the table below (e.g. CNA, CNMT, EMT, RN, RT, etc.)

Professional Certification/License	Number	Effective Date

Place a checkmark below to indicate prerequisite courses completed and indicate the semester enrolled/planned to enroll. All prerequisite coursework must be completed prior to the start of the program.

Course	Complete	Enrolled Semester
Human Anatomy & Physiology I (4 credits, with laboratory)	<input type="checkbox"/>	
Human Anatomy & Physiology II (4 credits, with laboratory)	<input type="checkbox"/>	
College Algebra	<input type="checkbox"/>	
English Composition	<input type="checkbox"/>	
<b>At least one of the following:</b>		
Public Speaking	<input type="checkbox"/>	
Interpersonal Communication	<input type="checkbox"/>	

Employment Data

With the most recent first, list all employers for the last five years in the table below.

Employer	Employer Address	Position Title	Time Employed (From / To)
			/
			/
			/
			/
			/

Describe any volunteer work completed:

## Recommendation Forms

All applicants are required to submit **two recommendation forms**. **All recommendation forms must be sent directly from the referrer by e-mail** to [sobrie28@jhmi.edu](mailto:sobrie28@jhmi.edu). *Only the provided recommendation form will be accepted.*

The Johns Hopkins Schools of Medical Imaging requires that applicants provide recommendation forms from one professor of a prerequisite science course (Anatomy & Physiology is preferred), and one Reference Form from a current employer. *If unable to provide recommendation forms as required, e-mail the program director, Stacey O'Brien.*

## Attestation

I hereby certify that the statements set forth in the above application are true and complete to the best of my knowledge. I understand that, if accepted, falsified statements on this application will be considered sufficient cause for dismissal from the program.

I also understand that admission into the program implies my agreement to adhere to all hospital and program policies and regulations.

If selected for the program, I agree to submit to a background check and pre-employment physical, to include a drug screening, administered by the occupational health department of The Johns Hopkins Hospital prior to beginning classes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If applicable, indicate all other programs at the Johns Hopkins Schools of Medical Imaging that you are applying to below:

- Diagnostic Medical Sonography
- Nuclear Medicine Technology Program

How did you hear about the Johns Hopkins Schools of Medical Imaging?

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*The Johns Hopkins Schools of Medical Imaging does not discriminate on the basis of: race, color, ancestry or national origin, immigration status, ethnicity, age, disability, religion, sex, gender, pregnancy, military status, veteran status, marital status, sexual orientation, gender identity or expression, genetic information, and other legally protected characteristics.*