

Allied Health Department**Admission Application**

Please print or type when completing this form and return to: South Suburban College
Dept. of Allied Health, MRI Program, 15800 S. State Street, South Holland, IL 60473

Last Name _____ Maiden _____ First _____ MI _____

Social Security Number _____ Daytime Phone (____) _____

Address _____

City _____ State _____ Zip _____

Professional Certification

Complete the table below, and submit a copy of the certificate with this application.

<u>Name of Organization</u>	<u>Date Issued</u>	<u>Valid Thru</u>	<u>Identification #</u>	<u>Category</u>
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_____	_____	_____	_____	_____
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Academic Background

<u>School/College/University</u>	<u>Dates Attended</u>	<u>Diploma/Degree & Year</u>
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_____	_____	_____
_____	_____	_____

Radiology Experience

What type of jobs have you held: (list the most recent one first)

<u>Position/Title</u>	<u>Date of Employment</u>	<u>Employer</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently employed? Please circle one. Yes No

If yes, how many per week? _____