



# Application for Admission to the School of:

- Radiologic Technology \$35.00
- Histotechnology \$35.00
- Medical Laboratory Science \$35.00
- Paramedic \$35.00
- Surgical Technology (must also apply to UPJ) \$35.00 payable to MMC
- EMT-Basic \$35.00

**Please note the non-refundable application fee for the program you are applying for. Application fees are payable at the time of application submission. Please remit payment in the form of a check or money order. Cash payments will not be accepted.**

(Please type or print)

Name \_\_\_\_\_

\_\_\_\_\_

Last	First	Middle	Previous
Permanent Address _____		Home Telephone _____	
Street & Number		Area code	
City _____	State _____	Zip _____	Social Security Number _____

If we cannot reach you at the above phone, where may we contact you: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Person to Notify In Case of Emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Military Status: Veteran ( ) Yes ( ) No Reserve

U.S. Citizen ( ) Yes ( ) No

How did you learn about the Allied Health Programs offered at Conemaugh's Memorial Medical Center? \_\_\_\_\_

What factors contributed to your decision to apply to Conemaugh? You may check more than one:

- Family/friends
- Alumni
- Tour of facility
- Career Fair
- Advertisement
- Guidance Counselor
- Meeting with admissions representative
- Other

Have you ever been convicted\*\* of any felony or misdemeanor, and/or do you currently have any criminal charges pending and unresolved in any court? ( ) YES ( ) NO If yes, describe in full on additional sheet of paper.

Have you ever been convicted\*\* of any crime associated with alcohol or drugs in any court? ( ) YES ( ) NO If yes, describe in full on additional sheet of paper.

Have you ever been convicted\*\* of any crime associated with sexual misconduct in any court? ( ) YES ( ) NO If yes, describe in full on additional sheet of paper.

Have you ever been convicted\*\* of a summary offense? ( ) YES ( ) NO If yes, describe in full on additional sheet of paper.

\*\*Conviction includes judgment found guilty by a judge or jury, pleaded guilty or nolo contendere, received probation without verdict, disposition in lieu of trial or ARD.

NOTE: This question does not apply to convictions which have been expunged, sealed, pardoned, or otherwise exonerated or eradicated. (a conviction recording will not necessarily be a bar to entrance. A conviction which is not substantially related to the functions or qualifications of the school you are applying to may be taken into consideration.)

I certify that all the answers I have given are complete and accurate to the best of my knowledge. If admitted, I agree to observe the rules and regulations of the Allied Health Schools and the sponsoring institution.

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

The educational programs are committed to equal opportunity and do not discriminate against qualified persons on the basis of race, color, religion, creed, sex, national origin, ancestry, age, disability, veteran status or any other status legally protected by federal, state or local law.

Have you ever been accepted or attended another school or educational program? ( ) Yes ( ) No  
 Have you previously applied for admission to this School? ( ) Yes ( ) No  
 Are you prepared to meet the expenses of the program in this School? ( ) Yes ( ) No  
 Will you be requesting available financial assistance? ( ) Yes ( ) No

**Educational Experience –LIST ALL SCHOOLS ATTENDED**

Secondary Education	Address	From	To	Diploma Received

Post secondary Education	Address	From	To	Credential Earned (Diploma, Certificate, Degree, # of Credits)

If program not completed, state reason: \_\_\_\_\_

Have you ever taken college entrance examinations? ( ) Yes ( ) No

Which one(s)? \_\_\_\_\_ Date(s) \_\_\_\_\_

Have you ever been employed by Conemaugh Health System? ( ) Yes ( ) No

**\*\*An official transcript from ALL SCHOOLS LISTED must be sent to the Program to which you are applying in order to complete the application process. It is the responsibility of the applicant to notify the school(s) and see that the transcripts are sent by the school(s) to the correct Program.**

Employment: List all work experiences, both full-time and part-time, since high school, beginning with the most recent.

Employer	Address	Position	From	To

List names and addresses of three persons, **not relatives**, from whom you have requested references. **(See program booklet for reference requirements).**

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

**On a separate sheet of paper, please hand write a brief essay describing your reasons for choosing this career field and attach it to this Application for Admission.**

**Applicant's Statement**

The information I have supplied on this application is true and complete to the best of my knowledge. If accepted, I agree to abide by the rules of the Hospital and the School. I understand that this application will be considered complete only if all sections are filled in.

**I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form relating to my application of admission may result in my denial of admission, or if admitted, my immediate dismissal.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Mail completed application to:** Program Director, School of \_\_\_\_\_  
(fill in choice)

Conemaugh Memorial Medical Center  
1086 Franklin Street  
Johnstown, Pennsylvania 15905-4398