

APPLICATION
BAPTIST HOSPITALS OF SOUTHEAST TEXAS
SCHOOL OF RADIOLOGIC TECHNOLOGY
BEAUMONT, TEXAS 10/ 2025

The application fee for Baptist Hospitals School of Radiologic Technology is \$60.00. Application & the admission process (all transcripts, immunization records, observation hours & applicant orientation) must be completed by July 20th. Failure to provide the requested information will void the application. Application fee can be mailed with application to the address below or may be paid in person. Credit/Debit card payments can be made over the phone. Failure to pay the application fee will void application.

Personal Information

Name _____
First Last

Address _____
Street Apt. No. City State Zip

Phone: _____

E-mail: _____

Are you a U.S. Citizen? _____ Yes _____ No

If No, and you are permitted to work in the U.S., complete the following:

Visa Classification: _____

Alien Registration Number: _____

Passport Number: _____

Expiration Date: _____

Please read the section on "Technical Standards" contained in the catalog, page 10. (bhset.net under Services, School of Radiologic Technology) Do you have any physical limitations that would prevent you from performing any of the duties listed? _____ Yes _____ No

If yes, explain: _____

Education and Skills

Do you have a degree? (Associate, Bachelor or Master) _____ YES _____ NO

Number of total semester credit hours earned _____

Licenses or certifications (if applicable)

License/Certification _____ Lic. /Cert. Number _____

(Non-Professionals) _____ Number _____

Expiration Date _____

How did you find out about the School of Radiologic Technology?

NOTE: Return application with High School and College transcripts. All documents submitted become permanent records of the school and will not be returned.

Mailing address: Baptist Hospitals of Southeast Texas - Radiology School
3030 Fannin Ste A Beaumont, Texas 77701

*******READ CAREFULLY BEFORE SIGNING THIS APPLICATION*******

I hereby certify that all information included on this application is true and correct to the best of my knowledge and belief, and do hereby authorize any and all investigations deemed necessary by this facility to verify the information contained herein and necessary qualifications for the position for which I am applying. I further understand and agree that any false statements or material omissions on this application may result in discontinuance of further consideration of my application or immediate dismissal from the educational program.

Date

Signature of Applicant

Printed Name of Applicant