



Radiography Questionnaire

Instructions

- 1. Utilize this as a fillable form to improve legibility.
2. If submitting a hard copy, all documents should be single sided, unfolded, unstapled, and legible in blue or black ink.
3. Include the underlined portion of the question followed by your response
4. Complete and return this questionnaire along with your application to the HPP Office.
5. If you run out of room with any of your responses, please send a separate attachment (Word document or PDF) with the rest of your response.

Provide a chronological history of all your non-healthcare work (paid or volunteer) experiences since graduation from high school. A sample format for this response is given below.

Table with 3 columns: Job Location, Job Title, Dates. Sample row: i.e. McDonalds, Shift Manager, April 2004-June 2007.

List any healthcare-related work or volunteer experiences you have had. Healthcare experience bonus is given for work experience and for volunteer experience of 100 hours or more. A sample format for this response is given below.

Table with 5 columns: Job Location, Job Title, Hours Worked, Dates, Supervisor\*. Sample row: i.e. St. Francis Hospital, Medical Assistant, 32 hrs/week, Jan 2008-present, Cathy Smith, RN (000)555-5555.

Legal Name: \_\_\_\_\_ Indiana University ID: \_\_\_\_\_

(Please list as it appears on a government issued ID)



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\*Include contact information

Describe your duties and significant activities for each of the healthcare-related work or volunteer experiences listed in the previous table.

\*If you run out of room, please send a separate attachment (Word document or PDF) with the rest of your response.

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