



APPLICATION PROCEDURES

UCHealth-MHS School of Radiologic Technology

Individuals wishing to enroll in the School of Radiologic Technology must follow the steps:

Step #1: Complete an application form.

Step #2: Provide information regarding previous schooling. This should include the following (you may use the following format):

- A. High School/GED
 - i. Name and address
 - ii. Graduation Date
 - iii. GPA
- B. College/Trade School
 - i. Name and address
 - ii. Graduation Date
 - iii. Degrees awarded
 - iv. GPA
- C. **Any patient care related experience you may have**, please be specific about when, what type, etc. For example: are you currently working or volunteering in the healthcare field or have you in the past? Are you responsible for taking care of a sick friend or relative?
- D. Copy of your current CPR/BLS card if applicable.

Step #3: Request transcripts for all high school (only if high school is within the last 15 years) and ALL college courses taken. Transcripts should be sent directly to the radiology school (copies or hand carried transcripts will not be accepted). Please include your maiden name if applicable. Receipt of the transcripts is the responsibility of the applicant, applications are not considered complete without transcripts. All transcripts must have a 2.5 or better GPA. Note: Electronic transcripts are acceptable. Please see the list of personnel to fax, mail, or email below.

Step #4: Provide three (3) written character references (any professional format is acceptable). These should be sent directly to the radiology school (or e-mailed, mailed,

or faxed to staff) by the person providing the reference. Please have the reference attest to your character and why you would be successful in the field of healthcare.

Step #5: Provide employment references from your last three (3) places of employment. These **must be filled out on the form provided** in the application packet. These are to be kept confidential and should be sent directly to the radiology school by the person providing the reference (again, these can be e-mailed, mailed, or faxed). We need a minimum of one employer reference, but would prefer three (3). If you have only had one employer, you may use references from 3 different managers of that business. If you are self-employed, please have the reference completed by someone you serve. If you have not been in the workplace for many years, you may use an individual of an organization where you volunteer, i.e.: church, school, scouts.

Step #6: Include a one page essay (a minimum of 150 words, double spaced) as to why you wish to become a radiologic technologist, how you became interested in the field, what you wish to do once you have completed your training, and the qualities you feel you possess which will make you successful in this program/career. Also, include a detailed description of any healthcare experience you currently or may have had in the past.

The application must be turned in all at once as a complete application with the exception of transcripts. Please wait until you have collected all parts of the application before submitting/ mailing it to the school. All completed applications received prior to March 1st will be considered for the next class, unless otherwise noted. It is the responsibility of each candidate to ensure their application is complete. **Only a completed application will be considered.** **The school will notify the applicant by letter if they have been selected or not for an interview.**

We no longer keep applications for individuals that want to be considered for future years nor previous applications that were denied. You must resubmit your application in its entirety, when you want to be considered prior to the deadline (March 1st) for that enrollment year.

Mailing Address:

UCHealth-MHS School of Radiologic Technology

1400 E. Boulder St.

Colorado Springs, CO 80909

(719) 365-6819

Physical Address:

UCHealth @ Memorial Hospital Administration Center

2420 E. Pikes Peak Ave.

Colorado Springs, CO 80909

Directions in the building: Enter Southwest Doors. Go halfway down the hallway, look for a staircase on the right. Classroom is on the second floor directly to the right of the stairs. School Official offices are directly across the hallway (Joe Dailey and Danielle Green) from the classroom as well as at the end of the hallway (on the right at the top of the stairs), turn right at the corner and the third door on the left—next door to the gym (Megan McCreight and Elaine Ivan).

School Contacts

Fax #: 719.365.5374

- **Program Director:**
 - Elaine Ivan, MA, RT(R)(M)
 - Phone: 719.365.8291
 - E-mail: Elaine.Ivan@UCHealth.org
- **Clinical Coordinator:**
 - Danielle Green, BS, RT(R)
 - Phone: 719.365.1038
 - E-mail: Danielle.Green@UCHealth.org
- **Instructor:**
 - Megan McCreight, MS, RT(R)
 - Phone: 719.365.8292
 - E-mail: Megan.McCreight@UCHealth.org
- **Instructor:**
 - Joseph Dailey RT(R)
 - Phone: 719.365.1160
 - E-mail: Joseph.Dailey@UCHealth.org



APPLICATION LIST

To ensure that we have received a completed application from you, we would like to know exactly what we should be expecting from you. For example, if you do not have three (3) past employers please indicate that on this form. If any item on this form is not applicable, please include a brief explanation of why with your application.

Please return this form as soon as possible.

Applicant's Name: _____

Maiden Name: _____

To Be Expected		Received (School Use Only)
_____	Application Form	_____
_____	High School Transcripts	_____
_____	College Transcripts	_____
_____	Employer Reference Sheet	_____
_____	Employer Reference Sheet	_____
_____	Employer Reference Sheet	_____
_____	Character Reference	_____
_____	Character Reference	_____
_____	Character Reference	_____
_____	R.T. Statement Letter	_____

Prerequisites Completed

College Algebra _____

Anatomy/Physiology I _____

English Composition _____

Anatomy/Physiology II _____

Psychology _____



EMPLOYER REFERENCE FORM

Memorial Hospital School of Radiologic Technology

Please select the program the applicant is applying for: (Print or Type Only)

_____ Radiology Program _____ CT Program _____ MRI Program _____ IR Program

Applicant's Name: _____

Reference's Name: _____

As Radiologic Technologists and health care professionals, the candidates applying to the Memorial Hospital School of Radiologic Technology must possess certain qualities that will allow them to handle all the responsibilities that the profession demands. Your reference will assist us in selecting the best possible candidates for our program. This reference will be held in the strictest of confidence, and the candidate will not view or be informed of any portion of your reply.

Please evaluate the above candidate using the following scale:

5 = Excellent, 4 = Very good, 3 = Good, 2 = Fair, 1 = Poor, 0 = Unknown.

QUALITY OF WORK	_____	INITIATIVE	_____
DEPENDABILITY	_____	INTELLECTUAL ABILITY.....	_____
MATURITY	_____	ABILITY TO FOLLOW INSTRUCTIONS	_____
PERSEVERANCE	_____	ATTENDANCE/PUNCTUALITY	_____
RELIABILITY	_____		

Considering this candidate's general qualifications for admission into our program, please rate him/her as:

____ Very desirable ____ Desirable ____ Fairly desirable ____ Undesirable

How well do you know this candidate and what contact have you had with him/her?

Please use other side for more comments

Signature _____ Date _____

Name (Please Print) _____

Address _____

Company/Institution _____

Position/Title _____

Mail this form to: 1400 E. Boulder St. Colorado Springs, CO 80909 or contact us at (719) 365-6819



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Signature _____ Date _____

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Address _____

Company/Institution _____

Position/Title _____

Mail this form to: 1400 E. Boulder St. Colorado Springs, CO 80909 or contact us at (719) 365-5869