



UCHealth Memorial School of Radiologic Technology – CT/MRI Programs

Individuals wishing to enroll in the CT or MRI program must:

1. Complete an application form.
2. Provide a copy of your current resume.
3. Provide information regarding previous radiology schooling if not a previous UCHealth Memorial School of Radiologic Technology graduate. Unofficial transcripts for your radiology degree is acceptable until official acceptance into the program. Previous UCHealth Memorial School of Radiologic Technology graduates will already have this on-file with the school.
4. Provide documentation for ARRT proving active licensure (either a copy of your current card or printed from the website).
5. Copy of current CPR card.
6. Copy of state issued ID or driver's license.
7. Provide two (2) written character references on the provided form. One (1) reference form should be from a current or past supervisor. These are to be kept confidential and should be sent directly to the school by the person providing the reference or in a sealed envelope and submitted with the completed student's application packet. If you are self-employed or have not been in the workplace for many years, please have the reference completed by someone you serve or an organization where you volunteer, ex. school, church, scouts. *Please do not send more than two (2) – three (3) references!*

ONLY A COMPLETED APPLICATION WILL BE CONSIDERED. Applications are due by June 15th for September start dates and October 15th for January start dates. The school will notify the applicant if they have been selected or not for an interview by June 30th or October 30th. All applications received after the deadline will be held for the next enrolling class. It is the responsibility of each candidate to ensure that their application is complete. Mail your completed application to:

Mailing Address:

UCHealth Memorial School of Radiologic Technology – CT/MRI
1400 E. Boulder St. Colorado Springs, CO 80909

Physical Address:

UCHealth Memorial School of Radiologic Technology – CT/MRI
2420 E. Pikes Peak Ave. Colorado Springs, CO 80909

Or fax your completed application to: 719-365-5374

Or email your completed application or reference forms to: Megan.McCreight@UCHealth.org



APPLICATION

UCHealth Memorial Hospital School of Radiologic Technology - CT/MRI Programs

1400 E. Boulder St. Colorado Springs, CO 80909

UCHealth Memorial Hospital School of Radiologic Technology is committed to the recruitment and selection of the most competent persons who have qualifications commensurate with the responsibilities of each position. We are committed morally and legally to the support of all laws concerning non-discrimination, equal employment opportunity and individual freedom of choice for all individuals regardless of race, sex, color, religion, national origin, ancestry, physical or mental disability, marital status or age.

Student Information:

Name: _____ Last four of S.S. #: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Preferred Email Address: _____

Emergency Contact:

Name: _____ Phone #: _____

• Are you a citizen of the United States? Yes No

• Have you ever been convicted of a misdemeanor and/or a felony? Yes No

If yes, please explain on another piece of paper.

• **Which program is this application for?** CT MRI

• I am requesting to start Spring / Fall (*CT Only – Circle one*) _____ (Year)

• How did you learn about us? _____

• If currently working, who is your employer? _____

I give permission to UCHealth Memorial Hospital School of Radiologic Technology to check any and all of my references. Furthermore, I release UCHealth Memorial Hospital School of Radiologic Technology, and my previous employers, from any liability thereof. The above information is true and complete to the best of my knowledge. Any false information may be considered cause for termination from this school.

Signature of Applicant _____ Date: _____



EMPLOYER REFERENCE FORM

UCHealth Memorial Hospital School of Radiologic Technology - CT/MRI Programs

1400 E. Boulder St. Colorado Springs, CO 80909 Fax: 719-365-5374

Is this reference form for the CT or MRI program? _____

Applicant's Name: _____

Reference's (your) Name: _____

As Radiologic Technologists and health care professionals, the candidates applying to the UCHealth Memorial Hospital School of Radiologic Technology CT/MRI Program, 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 programs. 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	_____	RELIABILITY	_____
MATURITY	_____	INTELLECTUAL ABILITY	_____
PERSEVERANCE	_____	ATTENDANCE/PUNCTUALITY	_____
ABILITY TO FOLLOW INSTRUCTIONS	_____		

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): _____

Email Address: _____

Phone #: _____

Company/Institution: _____ Position/Title: _____



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