

APPLICATION PROCEDURES

UCHealth 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):

1. High School/GED
	* 1. Name and address
		2. Graduation Date
		3. GPA
2. College/Trade School
	* 1. Name and address
		2. Graduation Date
		3. Degrees awarded
		4. GPA
3. **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?
4. 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, 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, or mailed) 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, or mailed). 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, and employer and character references. Please wait until you have collected all parts of the application before submitting/mailing it to the school.

**All completed applications received prior to October 1st for the UCHealth School of Radiologic Technology – University of Colorado Hospital program (Aurora, CO) and March 1st for the UCHealth School of Radiologic Technology – Memorial Hospital program 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 or October 1st) for that enrollment year.**

**Mailing Address:**

UCHealth School of Radiologic Technology – Memorial Hospital

1400 E. Boulder St.

Colorado Springs, CO 80909

(719) 365-5869

**Physical Address:**

UCHealth @ Memorial Hospital Administration Center

2420 E. Pikes Peak Ave.

Colorado Springs, CO 80909

**\*Until October 1, 2021 – Please submit all completed application materials for both the University of Colorado Hospital (Aurora, CO) and Memorial Hospital programs to the above address.**

**Directions in the Memorial Administrative Center (southern region)**: 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 Massagee) 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 (Sara Padilla and L. Scott Smith).

**School Contacts:**

**Fax #: 719.365.5374**

* **Program Director:**
	+ **L. Scott Smith, M.Ed, RT(R)**
	+ **Phone: 719.365.8291**
	+ **E-mail:** **lyle.smith@UCHealth.org**
* **Clinical Coordinator:**
	+ **Danielle Massagee, BS, RT(R)**
	+ **Phone: 719.365.1038**
	+ **E-mail:** **Danielle.Green@UCHealth.org**
* **Instructor:**
	+ **Elaine R. Ivan, MA, RT(R)(M)**
	+ **Phone: 719.365.8292**
	+ **E-mail:** **elaine.ivan@UCHealth.org**
* **Instructor:**
	+ **Joseph Dailey, BS, RT(R)**
	+ **Phone: 719.365.1160**
	+ **E-mail:** **Joseph.Dailey@UCHealth.org**

APPLICATION FORM

UCHealth School of Radiologic Technology

1400 E. Boulder St., Colorado Springs, CO 80909

UCHealth 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.

**Please select the program you are applying for**: *(Print or Type Only)*

\_\_\_\_\_\_\_ Radiology Program – Memorial Hospital

\_\_\_\_\_\_\_\_Radiology Program – University of Colorado Hospital (Aurora, CO)

 \_\_\_\_\_\_\_ CT Program – Must be a current radiographer in good standing

 \_\_\_\_\_\_\_ MRI Program – Must be a current radiographer in good standing

**Student Information:** Last four of Social Security#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mr., Mrs., Miss (*circle one*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Street Address, City, State, Zip Code Phone #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name (if applicable) E-mail address

**Nearest Relative:**

Mr., Mrs., Miss (*circle one*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Street Address, City, State, Zip Code Phone #

1. Will you be at least 18 years of age prior to the start of Radiology class? \_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO
2. Are you a citizen of the United States? \_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO
3. Have you ever been convicted of a misdemeanor and/or a felony? \_\_\_\_\_\_\_ YES \_\_\_\_\_\_\_\_ NO

*If you answered yes to questions #3, please explain the circumstances of your police record on another piece of paper.*

1. I would request to enter the class beginning \_\_\_\_\_\_\_\_\_(Month) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Year).
2. How did you learn about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission to UCHealth School of Radiologic Technology to check any and all of my references. Furthermore, I release UCHealth 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:\_ \_\_\_\_\_/ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Printed name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Revised 06/16/21**

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**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 \_\_\_\_\_ Introduction to Radiology \_\_\_\_\_\_

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**EMPLOYER REFERENCE FORM**
**UCHealth School of Radiologic Technology**

\_\_\_\_\_\_\_ Radiology Program – Memorial Hospital

\_\_\_\_\_\_\_\_Radiology Program – University of Colorado Hospital (Aurora, CO)

 \_\_\_\_\_\_\_ CT Program

\_\_\_\_\_\_\_ MRI 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1400 E. Boulder St. Colorado Springs, CO 80909 (719) 365-5869



**EMPLOYER REFERENCE FORM**
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\_\_\_\_\_\_\_ Radiology Program – Memorial Hospital

\_\_\_\_\_\_\_\_Radiology Program – University of Colorado Hospital (Aurora, CO)

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**Applicant’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMPLOYER REFERENCE FORM**
**UCHealth School of Radiologic Technology**

\_\_\_\_\_\_\_ Radiology Program – Memorial Hospital

\_\_\_\_\_\_\_\_Radiology Program – University of Colorado Hospital (Aurora, CO)

 \_\_\_\_\_\_\_ CT Program

\_\_\_\_\_\_\_ MRI Program

**Applicant’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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RELIABILITY ..................... \_\_\_\_\_

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Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name *(Please Print)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company/Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1400 E. Boulder St. Colorado Springs, CO 80909 (719) 365-5869