



UCHealth Memorial School of Radiologic Technology – MRI Program Individuals wishing to enroll in 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) references!*

**ONLY A COMPLETED APPLICATION WILL BE CONSIDERED. Applications are due by December 5<sup>th</sup> for January start dates. The school will notify the applicant if they have been selected or not for an interview by December 12<sup>th</sup>.** 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. Located on the second floor of the MAC building.

**Or fax your completed application to: 719-365-5374. Attention: MRI School – Carlos Ruibal**  
**Or email your completed application or reference forms to: [carlos.ruibal@uchealth.org](mailto:carlos.ruibal@uchealth.org)**

# APPLICATION

## UCHealth Memorial Hospital School of Radiologic Technology - MRI Program

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?
- Have you ever been convicted of a misdemeanor and/or a felony?

*If yes, please explain on another piece of paper.*

- Which program is this application for?
- I am requesting to start January \_\_\_\_\_ (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: \_\_\_\_\_

Revised 8/14, 5/18, 9/18, 8/19, 9/22

## 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

\_\_\_\_ DEPENDABILITY

\_\_\_\_ MATURITY

\_\_\_\_ PERSEVERANCE

\_\_\_\_ ABILITY TO FOLLOW INSTRUCTIONS

\_\_\_\_ INITIATIVE

\_\_\_\_ RELIABILITY

\_\_\_\_ INTELLECTUAL ABILITY

\_\_\_\_ ATTENDANCE/PUNCTUALITY

Considering this candidate's general qualifications for admission into our program, please rate him/her as: Very desirable, Desirable, Fairly desirable or 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: \_\_\_\_\_

Revised 8/14, 5/18, 9/18, 8/19, 9/22

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Company/Institution: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Revised 8/14, 5/18, 9/18, 8/19, 9/22