



APPLICATION PROCEDURES

UCHealth School of Radiologic Technology

(Colorado Springs Campus) Deadline **March 1st** for the UCHealth School of Radiologic Technology – Memorial Hospital program (Colorado Springs, CO)

(Denver Campus) Deadline **October 1st** for the UCHealth School of Radiologic Technology – University of Colorado Hospital program (Aurora, CO)

No application will be accepted after the deadline if no application contact form has been submitted prior to the application deadline for each location.

If you choose to email or mail in your application paperwork, use the admissions email or mailing address for what campus you would like to apply to (Find email and mailing address below)

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

Step #1 (Required): Please ensure that all required prerequisite classes are either completed or in progress before submitting an application form.

Step #2 (Required): Please Provide information regarding all previous schooling on application check list. This should include the following:

- A. (Within 2 years) High School/GED (Electronically email transcript or mailed in)
- B. All College/Trade School (Electronically email transcripts or mailed in)

Step #3 (Required): Request transcripts from high school (only if high school is within the last 2 years) and all college transcripts. Transcripts should be sent directly to the radiology school by email or mail. Please include your maiden name if applicable. Receipt of the transcripts is the responsibility of the applicant; applications are not considered complete without transcripts. Note: Electronic transcripts are acceptable by email.

Step #4 (Required): Please Provide employment references from your last three (3) places of employment. **These must be filled out on the form provided in the application**

packet, please do not change format of the form. 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 two (2) employer references, but would prefer three (3). If you have only had one employer, you may use references from 3 different managers/supervisors 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. (Make sure your references put your first and last name on anything submitted)

Step #5 (Required): RT statement letter: 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.

Step #6 (Not Required): You may provide two (2) written character references if you choose to, but not required (any professional format is acceptable). These should be sent directly to the radiology school (emailed, 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. (Make sure your references put your first and last name on anything submitted)

Submit your application form, check list, and RT statement letter together we will collect references and transcripts as they come in.

Only a completed application will be considered. The school will notify each applicant by email if they have a completed application. Each applicant will be notified if they have been selected or not for an interview by email or phone call after the application deadline by the middle of the deadline month (March for Colorado Springs Campus and October for Denver Campus).

We will keep completed applications on file for (1) one year. The applicant will need to notify the school if they choose to reapply, the applicant will need to resubmit a new application form, any updated transcripts, and anything else they would like to add to their application on file.

It is the responsibility of each candidate to ensure their application is complete.

Admissions Email

(Colorado Springs Campus): admissionsradschool@uchealth.org

(Denver/Aurora Campus): admissionsradschoolanschultz@uchealth.org

Address:

(Colorado Springs Campus) UCHealth School of Radiologic Technology – Memorial Hospital

Attention: UCHealth Radiology School

2420 E. Pikes Peak Ave.

Colorado Springs, CO 80909

(Denver/Aurora Campus) UCHealth School of Radiologic Technology – University of Colorado

Attention: UCHealth Radiology School

1635 Aurora Court, 1st Floor Mailstop F-726

Aurora, Colorado 80045

Phone Numbers:

(Colorado Springs Campus): 719.365.6819

(Denver/ Aurora Campus): 720.848.9214

Program Faculty

- **Program Director:**
 - L. Scott Smith, M.Ed, RT(R)
 - Phone: 719.365.8291
 - E-mail: lyle.smith@UCHealth.org
- **Clinical Coordinator (Colorado Springs):**
 - Danielle Massagee, BS, RT(R)
 - Phone: 719.365.1038
 - E-mail: Danielle.Massagee@uchealth.org
- **Clinical Coordinator (Denver/Aurora):**
 - Leah Harris, BA, RT(R)
 - Phone: 720.848.8155
 - E-mail: Leah.Harris@uchealth.org
- **Instructor:**
 - Kaleb Lukert, BS, RT(R)
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 - E-mail: Kaleb.Lukert@uchealth.org
- **Instructor:**
 - Joseph Dailey, BA, RT(R)
 - Phone: 719.365.1160
 - E-mail: Joseph.Dailey@uchealth.org
- **Instructor:**
 - Aimee Roos, RT(R)
 - Phone: 720.848.9490
 - Email: Aimee.Roos@uchealth.org
- **Administrative Assistant (Colorado Springs):**
 - Sara Padilla
 - Phone: 719.365.7276

- Email: sara.padilla@uchealth.org
- Administrative Assistant (Denver/Aurora):
 - Faralee Smith
 - Phone: 720.848.9214
 - Email: faralee.smith@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)

_____ UCHealth Radiology Program – Colorado Springs

_____ UCHealth Radiology Program – University of Colorado Hospital (Aurora, CO)

Student Information:

Last four of Social Security #

Mr., Mrs., Miss (*circle one*) _____

Street Address, City, State, Zip Code () -
Phone #

Maiden Name (if applicable) E-mail address

Nearest Relative:

Mr., Mrs., Miss (*circle one*) _____

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.

4. I would request to enter the class beginning _____ (Month) _____ (Year).
5. How did you learn about us? _____
6. Are you a UCH Employee? _____

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 11/2



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

Application Form

High School Transcripts

College Transcripts

Employer Reference Sheet

Employer Reference Sheet

Employer Reference Sheet

R.T. Statement Letter

Received (School Use Only)

Required Prerequisites Classes: Please check mark in each box either *Completed* – or - *In Progress* for each course

College Math and English need to be taken within 10 years and Human Anatomy/Physiology I and II taken within 7 years of applying with us.

<u>Required Prerequisite</u>	<u>Completed</u>	<u>In Progress</u>
Anatomy/Physiology I		
Anatomy/Physiology II		
Career Math/College Algebra		
English Composition		
Psychology		
Introduction to Radiology		
Medical Terminology		



EMPLOYER REFERENCE FORM

UCHealth School of Radiologic Technology

_____ UCHealth Radiology Program – Colorado Springs

_____ UCHealth Radiology Program – University of Colorado Hospital (Aurora, CO)

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 _____



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