UCHealth School of Radiologic Technology – MRI Program

Classroom: 2420 E. Pikes Peak Ave. Colorado Springs, CO 80909. (2nd floor of the MAC building)

Individuals wishing to enroll in MRI program must:

1. Complete an application form (attached)
2. Provide a copy of your current resume
3. Provide information regarding previous radiology schooling, if not a previous UCHealth School of Radiologic Technology graduate. Unofficial transcripts from your previous schooling are acceptable. Previous UCHealth School of Radiologic Technology graduates will already have this on file.
4. Provide documentation from ARRT proving active licensure (either a copy of your current card or printed from the website)
5. Copy of a current CPR card
6. Copy of state-issued ID or driver's license
7. Have **two (2) references** fill out the attached form and send it directly to the MRI instructor. 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(s) filling out the reference form. Please have the person(s) filling out the reference email the form directly to the instructor. 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. *Please do not send more than two (2) references!*
8. Applicants must be a **UCHealth employee**. ONLY A COMPLETED APPLICATION WILL BE CONSIDERED.

Review this document carefully. Please see MRI flyer for current dates and times and application submission deadlines. It is the responsibility of candidates to ensure that their application is complete. Submit your completed application by email or mail to:

Email: MRI School Instructor Carlos Ruibal at **Carlos.Ruibal@uchealth.org**

Mailing Address: UCHealth Memorial School of Radiologic Technology – **MRI Program, 1400 E. Boulder St., Colorado Springs, CO 80904**

Revised: 1/26

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APPLICATION

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.

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

Address:_____City:_____State:

_____ Zip: _____ Phone #:_____ Date of Birth:

_____ Preferred Email Address: _____ Emergency Contact

Name: _____ Phone #: _____

Are you a citizen of the United States? (Y / N)

Have you ever been convicted of a misdemeanor and/or a felony? (Y / N) If yes, please explain on

another sheet of paper and send with application

Which program is this application for? (Traditional / Accelerated)

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 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: 1/26

UCHealth School of Radiologic Technology - MRI Program

EMPLOYER REFERENCE FORM

Applicants Name (Print) _____ Date _____

As Radiologic Technologists and health care professionals, the candidates applying to the UCHealth Memorial Hospital School of Radiologic Technology CT 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 _____Initiative

_____Reliability _____Ability to follow instructions _____Intellectual Ability

_____Attendance/Punctuality

How well do you know this candidate and what contact have you had with him/her? Please use other side for more comments:

_____

_____

_____

_____

Reference name (Print):_____

Signature: _____ Date: _____

Email Address: _____Phone #: _____

Company/Institution: _____Position/Title: _____

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_____

_____

_____

_____

Reference name (Print):_____

Signature: _____ Date: _____

Email Address: _____Phone #: _____

Company/Institution: _____Position/Title: _____

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