uchealth

UCHealth School of Radiologic Technology – CT Program

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

Individuals wishing to enroll in CT 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 for your radiology degree are acceptable until official acceptance into the program. 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 directly to instructor or school. 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 CT flyer for current dates and times and application submission deadlines. It is the responsibility of each candidate to ensure that their application is complete. Submit your completed application by email or mail to:

Email: CT School Instructor Eric Pasqualetto at Eric.Pasqualetto@uchealth.org

Mailing Address: UCHealth Memorial School of Radiologic Technology – CT Program, 1400 E. Boulder St. Colorado Springs, CO 80909

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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)   *Accelerated program, when offered, is only for Colorado Springs residents at this time*

What year and semester are you applying for? _____

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_____

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EMPLOYER REFERENCE FORM

Applicants Name (Print) _____   Date _____

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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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_____

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Email Address: _____Phone #: _____

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