APPLICATION PROCEDURES

UCHealth-MHS 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):

A. **High School/GED**
   i. Name and address
   ii. Graduation Date
   iii. GPA

B. **College/Trade School**
   i. Name and address
   ii. Graduation Date
   iii. Degrees awarded
   iv. GPA

C. **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?

D. 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 fax, 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, mailed,
or faxed to staff) 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, mailed, or faxed). 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. Please wait until you have collected all parts of the application before submitting/mailing it to the school. All completed applications received prior to March 1st 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) for that enrollment year.

**Mailing Address:**

UCHealth-MHS School of Radiologic Technology

1400 E. Boulder St.

Colorado Springs, CO 80909

(719) 365-6819
Physical Address:
UCHealth @ Memorial Hospital Administration Center
2420 E. Pikes Peak Ave.
Colorado Springs, CO 80909

Directions in the building: 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 Green) 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 (Megan McCreight and Elaine Ivan).

School Contacts
Fax #: 719.365.5374

• Program Director:
  • Elaine Ivan, MA, RT(R)(M)
  • Phone: 719.365.8291
  • E-mail: Elaine.Ivan@UCHealth.org

• Clinical Coordinator:
  • Danielle Green, BS, RT(R)
  • Phone: 719.365.1038
  • E-mail: Danielle.Green@UCHealth.org

• Instructor:
  • Megan McCreight, MS, RT(R)
  • Phone: 719.365.8292
  • E-mail: Megan.McCreight@UCHealth.org

• Instructor:
  • Joseph Dailey RT(R)
  • Phone: 719.365.1160
  • E-mail: Joseph.Dailey@UCHealth.org
APPLICATION FORM

UCH-MHS School of Radiologic Technology

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

UCH-MHS 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      _______ CT Program       _______ MRI Program       _______ IR Program

Student Information: 

Last four numbers 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? ____________________________________________

I give permission to UCH-MHS School of Radiologic Technology to check any and all of my references. Furthermore, I release UCH-MHS 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 07/24/2018
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: ______________________________________________________________

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<thead>
<tr>
<th>To Be Expected</th>
<th>Received (School Use Only)</th>
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<tbody>
<tr>
<td>Application Form</td>
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<td>High School Transcripts</td>
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<td>College Transcripts</td>
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**Prerequisites Completed**

- College Algebra____
- English Composition____
- Psychology____
- Anatomy/Physiology I____
- Anatomy/Physiology II____
EMPLOYER REFERENCE FORM
Memorial Hospital School of Radiologic Technology

Please select the program the applicant is applying for: (Print or Type Only)

_____ Radiology Program  _____ CT Program  _____ MRI Program  _____ IR 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............................ _____

MATURETY ......................... _____

ABILITY TO FOLLOW INSTRUCTIONS .... _____

PERSEVERANCE ............. _____

ABILITY TO FOLLOW INSTRUCTIONS .... _____

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 __________________________________________________________________

Mail this form to: 1400 E. Boulder St. Colorado Springs, CO 80909 or contact us at (719) 365-6819
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Memorial Hospital School of Radiologic Technology

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INTELLECTUAL ABILITY................................. _____

MATUREITY ...................... _____

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

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__________________________________________________________________________________________

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Please use other side for more comments

Signature __________________________________________ Date __________

Name (Please Print) ________________________________________________________________

Address __________________________________________________________________________

Company/Institution ________________________________________________________________

Position/Title ________________________________________________________________

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Memorial Hospital School of Radiologic Technology

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QUALITY OF WORK ....... _____  INITIATIVE ............................................ _____
DEPENDABILITY ........... _____  INTELLECTUAL ABILITY............................ _____
MATURITY ..................... _____  ABILITY TO FOLLOW INSTRUCTIONS ...... _____
PERSEVERANCE ............. _____  ATTENDANCE/PUNCTUALITY ................... _____
RELIABILITY .................. _____

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____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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____________________________________________________________________________

Please use other side for more comments

Signature _____________________________ Date __________________

Name (Please Print) __________________________________________________________

Address ___________________________________________________________________

Company/Institution _________________________________________________________

Position/Title __________________________________________________________________

Mail this form to: 1400 E. Boulder St. Colorado Springs, CO 80909 or contact us at (719) 365-5869