UCHealth Memorial Hospital School of Radiologic Technology – CT/MRI Programs

Individuals wishing to enroll in the CT or 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 Hospital School of Radiologic Technology graduate. Unofficial transcripts for your radiology degree is acceptable until official acceptance into the program. Previous UCHealth Memorial Hospital 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) – three (3) references!

**ONLY A COMPLETED APPLICATION WILL BE CONSIDERED.** Applications are due by **July 15th** for **September start dates** and **November 15th** for **January start dates**. The school will notify the applicant if they have been selected or not for an interview by **July 30th** or **November 30th**. 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 Hospital School of Radiologic Technology – CT/MRI
1400 E. Boulder St. Colorado Springs, CO 80909

**Physical Address:**

UCHealth Memorial Hospital School of Radiologic Technology – CT/MRI
2420 E. Pikes Peak Ave. Colorado Springs, CO 80909

**Or fax your completed application to: 719-365-5374**
APPLICATION

UCH Health Memorial Hospital School of Radiologic Technology - CT/MRI Programs

1400 E. Boulder St. Colorado Springs, CO 80909

UCH Health 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. #: ________________________________

Street Address: ________________________________ City: ________________________________

State: ________________________________ Zip: ________________________________ Phone #: ________________________________

* Preferred Email Address: ________________________________

Emergency Contact:

Name: ________________________________ Phone #: ________________________________

• Are you a citizen of the United States? Yes No
• Have you ever been convicted of a misdemeanor and/or a felony? Yes No
  If yes, please explain on another piece of paper.
• Which program is this application for? CT MRI
• I am requesting to start Spring / Fall (CT Only – Circle one) ____________ (Year)
• How did you learn about us? ________________________________
• If currently working, who is your employer? ________________________________

I give permission to UCH Health Memorial Hospital School of Radiologic Technology to check any and all of my references. Furthermore, I release UCH Health 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: ________________________________
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 UCH Health 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 ______ INITIATIVE ______
DEPENDABILITY ______ RELIABILITY ______
MATURITY ______ INTELLECTUAL ABILITY ______
PERSEVERANCE ______ ATTENDANCE/PUNCTUALITY ______
ABILITY TO FOLLOW INSTRUCTIONS ______

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): _______________________________________________________________________________________
Email Address: _______________________________________________________________________________________
Phone #: _______________________________________________________________________________________
Company/Institution: _____________________________________________________________________________ Position/Title: ________________________

Revised 8/14, 5/18, 9/18
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UCHealth Memorial Hospital School of Radiologic Technology - CT/MRI Programs

1400 E. Boulder St. Colorado Springs, CO 80909 Fax: 719-365-5374

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______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature: ___________________________ Date: ______________________
Name (Please Print): _________________________________________________
Email Address: _______________________________________________________
Phone #: ___________________________________________________________________
Company/Institution: __________________________________ Position/Title: _______________

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