

University of Utah Health Care
Department of Radiology
Program Application

Please include a non-refundable \$25.00 application fee made to the University of Utah.

Indicate the program(s) you are applying for: You may apply for more than one program.

Nuclear Medicine MRI/CT Mammography
 MRI only CT only Fast-Track CT

Date _____ Dates Available for Interview: _____

Last Name	First Name	Middle	Social Security Number
-----------	------------	--------	------------------------

Address	City	State	Zip
---------	------	-------	-----

Home Phone	Daytime Phone	e-mail address
------------	---------------	----------------

Emergency Contact	Relationship	Phone
-------------------	--------------	-------

Education/Training: Send official transcripts directly to the Program. Please list formal schooling, most recent first (College, Technical)
 Include special training or skills (vocational, military, business, etc.) Attach more pages if necessary.

School	Location	Type of school	Dates (from/to)	Course/Major	Degree/Certification	GPA
_____	_____	_____	/	_____	_____	_____
_____	_____	_____	/	_____	_____	_____
_____	_____	_____	/	_____	_____	_____
_____	_____	_____	/	_____	_____	_____

Date of ARRT/NMTCB Examination (Completed-Anticipated) _____ ARRT or NMTCB Number _____

Employment: Attach more pages if necessary.

Employer	Phone	Position	Dates	Supervisor/Title	Degree/Certification	Reason for Leaving
_____	/	_____	/	_____	_____	_____
_____	/	_____	/	_____	_____	_____
_____	/	_____	/	_____	_____	_____

Special Skills/Certifications:

References (3) *prefer: past instructors; counselors, employers-*

Name	Address	Phone	Title/Occupation
------	---------	-------	------------------

1.

2.

3.

Structured Reference Evaluations

Please have three structured reference evaluations completed and submitted. Directions for submission are included on the form and available on the web-site. (May be the same as references listed above)

Biographical Essay (one page):

Attach a short biographical essay telling the admissions committee your educational and work related background, how and why you are interested in the program of study you are applying for and what your career goals are.

Have you ever been convicted of a felony or misdemeanor? Yes or No (If yes, explain)

Final selection dependent upon a criminal background check and drug testing.

I authorize the University Health Care, department of Radiology, to verify information related to my application. I understand that being accepted by, and continuing in the Department of Radiology programs depends on the truthfulness of my application and successful completion of background and drug tests.

Applicant signature

Date

**University Health Care/University Hospital
Department of Radiology/Education Programs
Attention: Marlene Johnson/Education Director
30 North 1900 East #1A71
Salt Lake City UT 84132-2140
Telephone (801) 585-6753
Fax: (801) 581-2414**

September 2007

