



Jacksonville, Florida
Computed Tomography (CT) Program

APPLICATION

OCTOBER ADMISSION

The deadline for application submission is August 1st, 2024

ARRT # _____ Florida DOH License #: _____
Date: ____/____/____

Date Received:
Official Use Only

Name:
_____(Last) _____(First) _____(Middle) _____(Other Name Used)

Permanent Mailing Address: (Street Address) _____
_____(City) _____(County) _____(State) _____(Zip)

Phone/Email Contact Information:
_____(Cell) _____(Work) _____(Email Address)

Person to be notified in Case of an Emergency:
Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Cellphone () _____ Work Telephone () _____

EACH CANDIDATE MUST SATISFY THE FOLLOWING REQUIREMENTS TO BE CONSIDERED FOR ADMISSION TO THE CT PROGRAM (PLEASE CHECK ALL THAT APPLY).

- I have provided all the information requested on this application.
I am submitting the official college transcript that reflects my R.T. (R) training.
I am submitting a copy of my current ARRT (R), BLS, and FL DOH license.
I have included the \$20 app. fee, resume, and the 500 word autobiographical essay.
RETURN THE COMPLETED APPLICATION TO:
UF Health Jacksonville School of Radiologic Technology
580 West 8th Street Mailbox T-58
Jacksonville, FL 32209
or email: shaun.harrell@jax.ufl.edu

NOTE: All students accepted into the program will be required to comply with the UF Health - Jacksonville Medical Center pre-employment requirements including; pre-employment orientation, health screening, criminal background checks, and drug screening.

Applicant Signature _____ Date _____

Incomplete applications will not be considered.