



**Jacksonville, Florida
Computed Tomography (CT) Program**

APPLICATION

MARCH ADMISSION

The deadline for application submission is January 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).

<input type="checkbox"/> I have provided all the information requested on this application.	RETURN THE COMPLETED APPLICATION TO: UF Health Jacksonville School of Radiologic Technology 580 West 8th Street Mailbox T-58 Jacksonville, FL 32209
<input type="checkbox"/> I am submitting the official college transcript that reflects my R.T. (R) training.	
<input type="checkbox"/> I am submitting a copy of my current ARRT (R), BLS, and FL DOH license.	
<input type="checkbox"/> I have included the \$20 app. fee, and the 500 word autobiographical essay.	

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.