Jacksonville, Florida
Magnetic Resonance Imaging (MRI) Program

APPLICATION

OCTOBER ADMISSION

The deadline for application submission is August 1st, 2026

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 MRI 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.