



Jacksonville, Florida
Magnetic Resonance Imaging (MRI) Program

APPLICATION

OCTOBER ADMISSION

The deadline for application submission is January 1st, 2025

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.