

Jacksonville, Florida Magnetic Resonance Imaging (MRI) Program

APPLICATION

OCTOBER ADMISSION

The deadline for application submission is August 1st, 2024

ARRT # Florida DOH License #:			
Date:/			Official Use Only
Name:			
(Last)	(First)	(Middle) (C	Other Name Used)
Permanent Mailing Address: (Street Address)			
(City)	(County)	(State)	(Zip)
Phone/Email Contact Ir	oformation:		
. Hone, Email Contact ii			
(Cel	<u> </u>	(Work)	(Email Address)
Person to be notified in	Case of an Emergency:		
Name Relationship			
		City State	
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. RETURN THE COMPLETED APPLIC			RETURN THE COMPLETED APPLICATION TO:
UF Health Jacksonville School of Radiolo I am submitting the official college transcript that reflects my R.T. (R) training. I am Technology			
submitting a copy of my current ARRT (R), BLS, and FL DOH license. 580 West 8th Street Mailbox T-58			
Jacksonville, FL 32209			
I have included the \$20 app. fee, resume, 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	cant Signature Date		
Incomplete applications will not be considered.			