

**UF Health JACKSONVILLE MEDICAL CENTER
VASCULAR INTERVENTIONAL CERTIFICATION PROGRAM
APPLICATION FOR ADMISSION JANUARY 2023**

DEADLINE FOR SUBMISSION IS NOVEMBER 1, 2022

ARRT Number: _____ Florida License Number: _____ Date: ____/____/____	Date Received: Official Use Only
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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** () _____

NOTE: Each applicant must satisfy the following requirements to be considered for admission to the Computed Tomography Program (ALL ITEMS MUST BE CHECKED).

<input type="checkbox"/> I have provided all the information requested on this application. <input type="checkbox"/> I am submitting the official college transcript that reflects my RT training. <input type="checkbox"/> I am submitting a copy of my current ARRT, BLS, and FL license. <input type="checkbox"/> I have included the \$20 app. Fee and 500 word autobiography. <input type="checkbox"/> I am submitting a current resume and proof of COVID vaccination/ exemption	RETURN THE COMPLETED APPLICATION TO: UF Health Jacksonville Medical Center School of Radiologic Technology 655 West 8th Street Mailbox C-90
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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!