

**UF Health Jacksonville  
MAGNETIC RESONANCE IMAGING PROGRAM  
APPLICATION FOR ADMISSION MARCH 2023**

**DEADLINE FOR SUBMISSION IS FEBRUARY 3, 2023**

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:**  
 ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ \_\_\_\_\_  
 (Home) (Work) (Email Address)

**Person to be notified in Case of an Emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

**NOTE: Each applicant must satisfy the following requirements to be considered for admission to the Magnetic Resonance Imaging 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 the 500 word autobiographical essay. <input type="checkbox"/> I am submitting a current resume and proof of COVID vaccination/exemption	<b>RETURN THE COMPLETED APPLICATION TO:</b> UF Health Jacksonville School of Radiologic Technology 580 West 8 <sup>th</sup> Street Mailbox T-58 Jacksonville, FL 32209
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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!**