

STUDENT NAME		EMAIL ADDRESS		
Course# and Course Title	Number of credits times point value for your grade A=4 B=3 C=2			Name of College/University Where Course Was Taken
	Credits	3 cr. X 3 pts. (B) = Points Per Course	Letter Grade	
HSC 1531 Medical Terminology	3			
ENC1101 Composition I	3			
PSY1012 General Psychology OR DEP 2004 Hum Growth and Develop	3			
CGS 1060 Introduction Info Systems	3			
PHY 1020C Physics for Liberal Arts	3			
HUM 2210 or 2230 Humanities I or II	3			
MAC 1105 College Algebra	3			
BSC2085 Anatomy & Physiology I	3			
BSC2085L Anatomy & Physiology Lab	1			
BSC2086 Anatomy & Physiology II	3			
BSC2086L Anatomy & Physiology II Lab	1			
Current Basic X-ray Machine Operator License (BMO) <i>Attach copy of current certification/license*</i>	IF, YES Insert 10 ➡			<b>RETURN THE COMPLETED APPLICATION TO:</b>  <b>UF Health Jacksonville</b> <b>School of Radiologic Technology</b> <b>655 West 8<sup>th</sup> Street Mailbox C-90</b> <b>Jacksonville, FL 32209</b>
<b>YOUR TOTAL POINTS</b> ➡				

**ALL STUDENTS ACCEPTED MUST AGREE TO A CRIMINAL BACKGROUND CHECK AND DRUG TESTING!**

Student Signature

Date

**NOTE: Falsification on any part of this form will be grounds for denial of admission!**

**UF HEALTH JACKSONVILLE  
SCHOOL OF RADIOLOGIC TECHNOLOGY PROGRAM  
APPLICATION FOR THE JANUARY 2023 ADMISSION**

**DEADLINE FOR SUBMISSION IS OCTOBER 31, 2022**

<b>Date:</b> ____/____/____	<b>Date Received:</b>  <b>Official Use Only</b>
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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 ( ) \_\_\_\_\_  
Have you ever been convicted of a crime (other than minor traffic violation)? \_\_\_\_ Yes \_\_\_\_ No

**NOTE:** For further information regarding eligibility of candidates with felony convictions should contact the American Registry of Radiologic Technologists 1255 Northland Drive, St. Paul, MN 55120-1155 Telephone (651) 687-0048

**EACH CANDIDATE MUST SATISFY THE FOLLOWING REQUIREMENTS TO BE CONSIDERED FOR ADMISSION TO THE RADIOLOGIC TECHNOLOGY PROGRAM (PLEASE CHECK ALL THAT APPLY).**

- I have completed the program application to School of Radiologic Technology.
- I am submitting my official college transcripts that reflect the required pre-requisite course grades.
- I am submitting my high school diploma. I am submitting proof of COVID vaccination/ exemption.
- I will have or will complete the pre-requisite courses by the 12/ 31/ 2022 deadline with grades of "C" or better.
- I have included the \$20 application fee, (3) letters of reference, and the 500 word autobiographical essay

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED! FILL IN EVERY BOX AND WRITE ON EVERY  
LINE!**

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