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

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).

- ☐ **I have provided all the information requested on this application.**
- ☐ **I am submitting the official college transcript that reflects my RT training.**
- ☐ **I am submitting a copy of my current ARRT, BLS, and FL license.**
- ☐ **I have included the $20 app. Fee and 500 word autobiography.**
- ☐ **I am submitting a current resume and proof of COVID vaccination/ exemptio**

RETURN THE COMPLETED APPLICATION TO:
UF Health Jacksonville Medical Center
School of Radiologic Technology
655 West 8th Street
Mailbox C-90

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!