

APPLICATION

RADIOLOGIC SCIENCES PROGRAMS

Print Name ↓ Last First Middle Initial ↓ Maiden/Other ↓

Present Address ↓ No. & Street City, State, Zip Code ↓ Social Security Number ↓

— —

Home Phone ↓ Cell/Daytime Phone ↓ Bilingual ↓ Ethnicity ↓

() () yes no
 if yes, please indicate language

Previous Address ↓ (if different) No. & Street, City, State, Zip Code E-Mail Address ↓

Male Are you under 18 years of age? Have you previously applied?

Female Yes No Yes No
 If Yes, When _____

Check one:

Nuclear Medicine Imaging
 (Application deadline (January 31))

Computed Tomography
 (Application deadline June 1)

Magnetic Resonance Imaging
 (Application deadline June 1)

Note: Applicants applying for the Computed Tomography or Magnetic Resonance Imaging emphases must have completed a baccalaureate degree or be enrolled in the B.S. in Radiologic Sciences. They must also be certified by ARRT in either Radiography or Nuclear Medicine.

Applicants are encouraged to submit a photo with their application.

Are you a United States citizen?

Yes No

If foreign, indicate country _____

VisaType _____

Check all that apply:

Radiographer

Medical Technologist

Registered Nurse

Current Radiography or Nuclear
 Medicine Student

Registration# _____

List any other Certifications:

Notify in Emergency ↓ Name

Address ↓ No. & Street

City, State, Zip Code ↓

Phone Number(s)

Were you ever convicted of a felony? If yes, explain, giving dates:

Yes No

OVER

EDUCATION

High School: _____
 City/State _____ Graduation Date _____

List all colleges and university ever attended in any status.

Name of Institution	City and State	From Month/Year	To Month/Year	Degree Received	Credit Hours

List all courses you are now taking:

Name of Institution	Course Number and Title	Credits

EMPLOYMENT

From/To	Employer-Name & Address	Position/Title

Please attach a one-page letter describing observations done in nuclear medicine. If applying for computed tomography or magnetic resonance imaging, please attach a one-page letter stating your reasons and goals for obtaining this additional certification.

I hereby affirm that all statements and answers made on this application are true and complete to the best of my knowledge.

Date _____ Signed _____

Send completed application to: **Radiologic Sciences Programs
 MSC 09 5260
 1 University of New Mexico
 Albuquerque, New Mexico 87131-0001**

IMPORTANT – Applications for Nuclear Medicine must include 3 completed reference forms. Applications for Computed Tomography or Magnetic Resonance Imaging should include three letters of recommendation. All forms can be obtained at our office or downloaded from our Web site: <http://hsc.unm.edu/som/radiology/RadSciences.shtml> . All application information **including all official transcripts** should be sent to our office.

To comply with the ADA and the Rehabilitation Act of 1973, UNM provides this publication in alternative formats. If you have special needs and require an auxiliary aid or service please contact Radiologic Sciences Programs at 505-272-5254.