THE UNIVERSITY OF NEW MEXICO • HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

APPLICATION

THE UNIVERSITY OF NEW MEXICO • HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE

RADIOLOGIC SCIENCES PROGRAMS

Print Name↓ Last First Middle Initial Maiden/Other

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

Home Phone ↓ ( )
Cell/Daytime Phone ↓ ( )
Social Security Number ↓ __ __

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

____ Male
____ Female

Are you under 18 years of age?
_____ Yes ____ No

Have you previously applied?
____ 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.

Check all that apply:

_____ Radiographer

_____ Medical Technologist

_____ Registered Nurse

_____ Current Radiography or Nuclear Medicine Student

_____ Registration#_____

Are you a United States citizen?
___Yes ___ No

If foreign, indicate country
_____

VisaType_____

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

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.

(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 - Application 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://radiology.unm.edu/radsciences . All application information **including all official transcripts** should be sent to our office.