EDUCATIONAL PROGRAMS IN MEDICAL IMAGING TECHNOLOGIES
PROGRAM OF COMPUTED TOMOGRAPHY
UNIVERSITY OF VIRGINIA HEALTH SYSTEM
DEPARTMENT OF RADIOLOGY, P.O. BOX 8003777
CHARLOTTESVILLE, VIRGINIA 22908
Telephone: (434)-982-1563 FAX: (434)-982-0626
E-Mail: gds7x@virginia.edu
Website: http://www.healthsystem.virginia.edu/internet/radiology/

APPLICATION FOR STUDENT APPOINTMENT (Please type or print)

Name in Full: _____ S.S.#_____
Last First Middle

Present Address: _____
Street and No.

_____
City and State with Zip Code

Permanent Address: _____
Street and No.

_____
City and State with Zip Code

Home Phone: _____ Business Phone: _____
Area Code and No. Area Code and No.

In case of emergency notify: _____ Relationship: _____

Address: _____
Street and No. City and State with Zip Code Phone/ Area Code and No.

A. EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED		GRADUATED YES OR NO	CERTIFICATE, DEGREE DIPLOMA RECEIVED DATE
		From	To		
High School					
College					
Program of Radiography					
Other					

If course was not completed, state reason _____
_____
Date of A.R.R.T. Examination (Completed-Anticipated) _____
What formal class work and clinical experience have you had in the program area for which you are applying? _____
_____
_____
How were you informed about the program for which you are applying? _____
_____

Briefly state why you have chosen to specialize in this field of Radiology? _____
_____
_____

Experience or skills not previously mentioned which you feel may be significant. _____
_____
_____

B. EMPLOYMENT

List last employer first. Give dates employed.

Name and Address Previous Employers	Type of Business	Employed		Position Held	Reason for Leaving
		From	To		

C. REFERENCES

List four references: The program director of the Radiography Program in which you trained, the instructor of the science courses for the radiography program or the director of the college courses you may have had, a radiologist, and your present supervisor or clinical instructor. Send letters of references to address below.

NAME AND TITLE	ADDRESS (STREET AND NO., CITY, STATE & ZIP CODE
1.	
2.	
3.	
4.	

Suggested date for personal interview (Monday-Friday): _____
(August-October) or (February-April)

Tuition is $1000.00 per six-month session. Additional fees are required for textbooks and uniforms.

1. Have you ever applied to this program before? Yes or No
2. Have you ever been convicted of a felony or misdemeanor? Yes or No (If yes, please explain)

The above information is complete and correct to the best of my knowledge. False statements will be grounds for dismissal. All information will be kept strictly confidential; permission is granted to check with previous educators/employers.

Date: _____ Applicant's Signature: _____

Return the completed application form along with your high school, radiography program and college transcripts and registry verification to:

University of Virginia Health System
Educational Programs in Medical Imaging Technologies
Educational Director
Department of Radiology, Box 800170
Charlottesville, Virginia 22908
Attn: Gina S. Christopher, R.T. (R)(T)(CT)

Equal Employment Opportunity and Affirmative Action Statement (April 8, 2008)

The University of Virginia is committed to equal employment opportunity and affirmative action. To fulfill this commitment, the University administers its programs, procedures and practices without regard to age, color, disability, marital status, national or ethnic origin, political affiliation, race, religion, sex (including pregnancy), sexual orientation or veteran status, and operates both affirmative action and equal opportunity programs, consistent with resolutions of the Board of Visitors and with federal and state requirements, including the Governor's Executive Order on Equal Opportunity.

The University's policies on "Preventing and Addressing Discrimination and Harassment" and "Preventing and Addressing Retaliation" implement this statement. The Office of Equal Opportunity Programs has complaint procedures available to address alleged violations of these policies.

Additional Information

The ADA Coordinator and the Section 504 Coordinator is Brad Holland, Office of Equal Opportunity Programs, Washington Hall, East Range, P.O. Box 400219, University of Virginia, Charlottesville, VA 22904-4219, (434) 924-7819. The Title IX Coordinator is Darlene Scott-Scurry, Director, Office of Equal Opportunity Programs, Washington Hall, East Range, P.O. Box 400219, University of Virginia, Charlottesville, VA 22904-4219, (434) 924-3200. Revised and approved February, 2009.

DISCLAIMER CLAUSE

The provisions of this brochure/application are not to be regarded as an irrevocable contract between the student and the University of Virginia Health System. The University of Virginia Health system reserves the right to change any provision or requirement at any time within the student's term of enrollment. Any changes will be made known to the student through periodic updates.