Radiologic Sciences Program
Application Instructions

DEADLINES:

CT and MRI:  First Friday of every April.

Nuclear Medicine:  First Friday of every April (and Summer/Fall semesters as necessary – students should seek advisement with the program to determine their application date)

BSRS Medical Imaging:  Every semester. Please review the website for application to the program before each semester and seek program advisement.

Applicants that apply for the BSRS, CT, or MRI programs must be certified by ARRT, NMTCB, DMS in Radiography, Radiation Therapy, Nuclear Medicine, Sonography, or Magnetic Resonance Imaging OR are currently in a Radiologic Technology AAS or AS degree program at an outside institution.

All applicants must sign a release of information form giving the Radiologic Sciences Program permission to contact present or past employers for a reference check.

Copies of certifications and a passport photo must be included with your application.

All forms can be downloaded from our website:  http://radiology.unm.edu/radsci-programs/index.html

Send completed applications and all official transcripts:  Radiologic Sciences Program

MSC 09 5260
1 University of New Mexico
Albuquerque, NM  87131-0001

Completed applications may also be dropped off at the Radiologic Sciences Program office, Health Sciences and Services Building, Room 217.

*****Below information is for applicants applying to Nuclear Medicine, CT, or MRI Programs ONLY***********

Attach a one-page letter describing observations, goals and reasons you are applying to the Nuclear Medicine, CT, or MRI program.  Note:  20-40 observation hours are required as part of the application process.  Students should seek advisement at least six months prior to applying to any of the above programs.

Applications for Nuclear Medicine, CT, or MRI programs must include 3 completed reference forms and reference letters.  The reference forms are available on the Radiologic Sciences website:  http://radiology.unm.edu/radsci-programs/index.html
# APPLICATION FOR RADIOLOGIC SCIENCES PROGRAM

## APPLICANT INFORMATION

Name:  
Date of birth:  
UNM ID#:  
Phone:  
Email Address:  
Current address:  
City:  
State:  
ZIP Code:  

- ☐ Male  
- ☐ Female  
Bilingual:  
- ☐ Yes  
- ☐ No  
(If yes, indicate language)

Have you previously applied?  
- ☐ Yes  
- ☐ No  
Date of previous application and program:  

Are you a United States Citizen?  
- ☐ Yes  
- ☐ No  
If no, indicate country and Visa type:  

Have you ever been convicted of a felony?  
- ☐ Yes  
- ☐ No  
If yes, explain and give dates:  

## PROGRAM YOU ARE APPLYING FOR

- ☐ Nuclear Medicine BSRS  
- ☐ Computed Tomography  
  - ☐ I plan to also pursue the BSRS degree  
- ☐ Magnetic Resonance Imaging  
  - ☐ I plan to also pursue the BSRS degree  
- ☐ BSRS Medical Imaging  

Semester you plan on starting:  
- ☐ Fall  
- ☐ Spring  
- ☐ Summer  

How did you hear about us?  
- ☐ Career/Recruitment Fair  
- ☐ Former Rad Sciences Student  
- ☐ Employer  
- ☐ Previous program or school  
- ☐ Other  
  _______________________________________

## PLEASE INDICATE ALL NATIONAL CERTIFICATIONS AND PROGRAM

- ☐ Radiography Tech  
  Program:  
- ☐ Nuclear Medicine Tech  
  Program:  
- ☐ Sonography Tech  
  Program:  
- ☐ Radiation Therapy  
  Program:  
- ☐ Currently a Radiography/Sonography/Nuc Med Student  
  Program:  

## PERSON TO NOTIFY IN CASE OF AN EMERGENCY

Name:  
Relation:  
Cell Phone:  
Home Phone:  
Email:  
Address:  
City/State:  
ZIP Code:  

Copy of Certificate must be included with application
## APPLICATION FOR RADIOLOGIC SCIENCES PROGRAM

### EDUCATION

<table>
<thead>
<tr>
<th>High School</th>
<th>City/State/Zip</th>
<th>Graduation Date</th>
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List all colleges/universities attended

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<thead>
<tr>
<th>Name of Institution</th>
<th>City and State</th>
<th>From Month/Year</th>
<th>To Month/Year</th>
<th>Degree Received</th>
<th>Credit Hours</th>
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List all courses you are presently taking

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Course Number and Title</th>
<th>Credits</th>
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### EMPLOYMENT HISTORY

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<tr>
<th>From/To</th>
<th>Employer Name, Address, &amp; Phone</th>
<th>Position/Title/Supervisor Name</th>
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Healthcare experience other than employment (include volunteer work in a Radiology/Nucs/CT/MRI Dept.):

If not currently employed in healthcare, please explain:

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APPLICANTS ARE REQUIRED TO SUBMIT A PASSPORT PHOTO WITH THEIR APPLICATION

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

Signature ______________________________________   Date _____________________________

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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 Program at 505-272-5254. This application is subject to change without notice.