



### *UNM Radiologic Sciences Program*

### *SERS Program*

The University of New Mexico (UNM) Radiologic Sciences Program is now offering a new curriculum called the 'Structural Educational Requirement Student' (SERS) program.

Beginning January 2018. All technologists pursuing ARRT post-primary certification in CT and or MRI will need to complete 16 credit hours in four specific content categories. UNM's instructional content fulfills the following content areas to meet the ARRT requirements:

- Patient Care
- Safety
- Image Production
- Procedures

UNM Radiologic Sciences Program is offering the structured education in two consecutive semesters. The course work is offered on-line, within the timeframe of the two UNM academic semester.

Working technologists will need to complete the clinical rotations on their own. Students are required to set up an agreement with a hospital, or clinical setting of their choice prior to being accepted into the program. SERS students will need to complete 125 competencies as required by post-primary certification as outlined by the ARRT.

A qualified candidate needs to:

- Maintain current Medical Imaging certification/ and or a Current NMTCB certification.
- Be available to complete online course work and clinical competencies during (2) consecutive UNM semesters.
- Have reliable internet accessibility while participating in the SERS program.
- Apply to UNM (2) month before start of SERS program and be accepted.
- Completed SERS Application due (1) month before semester start.
- Provide written verification stating the SERS student has pre-approved clinical site availability.
- Complete (125) ARRT competencies on own time.
- Student has to remain in good standing with ARRT licensure to remain in program.

Applications accepted yearly. **For more information about the UNM SERS program, please visit:**  
**<http://radiology.unm.edu/radsciprograms>**

***Or call: 505-272-5254***

## APPLICATION FOR RADIOLOGIC SCIENCES PROGRAM

### APPLICANT INFORMATION

Name:		
Date of birth:	UNM ID#:	Phone:
Email Address:		
Current address:		
City:	State:	ZIP Code:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Bilingual: <input type="checkbox"/> Yes <input type="checkbox"/> No    (If yes, indicate language)	
Have you previously applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of previous application and program:	
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, indicate country and Visa type:	
Have you ever been convicted of a felony? If yes, explain and give dates: <input type="checkbox"/> Yes <input type="checkbox"/> No		

### PROGRAM YOU ARE APPLYING FOR

<input type="checkbox"/> SERS
<input type="checkbox"/> BSRS Medical Imaging
Semester you plan on starting: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
How did you hear about us? <input type="checkbox"/> Career/Recruitment Fair <input type="checkbox"/> Former Rad Sciences Student <input type="checkbox"/> Employer <input type="checkbox"/> Previous program or school <input type="checkbox"/> Other _____

### PLEASE INDICATE ALL NATIONAL CERTIFICATIONS AND PROGRAM

Copy of Certificate must be included with application

<input type="checkbox"/> Radiography Tech	Program:
<input type="checkbox"/> Nuclear Medicine Tech	Program:
<input type="checkbox"/> Sonography Tech	Program:
<input type="checkbox"/> Radiation Therapy	Program:
<input type="checkbox"/> 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:

### EDUCATION

High School	City/State/Zip	Graduation Date



## APPLICATION FOR RADIOLOGIC SCIENCES PROGRAM

### List all colleges/universities attended

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

### List all courses you are presently taking

Name of Institution	Course Number and Title	Credits

### EMPLOYMENT HISTORY

From/To	Employer Name, Address, & Phone	Position/Title/Supervisor Name

**Healthcare experience other than employment (include volunteer work in a Radiology/Nucs/CT/MRI Dept.):**

**If not currently employed in healthcare, please explain:**

**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 \_\_\_\_\_

**CLINICAL SITE VERIFICATION FORM**

Please sign and date the document confirming the technologist has been approved to perform clinical rotations at the facility listed below.

The technologist is responsible for the following:

- Setting up and maintaining a clinical site to perform clinical competencies.
- Carrying medical malpractice insurance for the duration of the clinical rotation.
- Completing 125 clinical competencies as described by the ARRT
- Maintain good standing with ARRT licensure.
- Setting up clinical schedules with the department and maintaining communication about clinical schedule
- Complete clinical compliance requirements as defined by department.

Duration of clinical rotation \_\_\_\_\_

Facility \_\_\_\_\_

Supervisor (print) \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

**\*\*UNM is not responsible for technologist's clinical experience.\*\***