

**UW Health University Hospital School of
Radiologic Technology
APPLICATION FOR PROFESSIONAL TRAINING**

Type or print in ink

1. Legal Name

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Last Name

Suffix (i.e., Jr.)

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First Name

Middle Name

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Maiden Name (if applicable)

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Other Names that may appear on your student record (if applicable)

2. University Student ID #

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3. Date of Birth MM-DD-YYYY

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4. University E-Mail

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5. Current Mailing Address

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Number and Street Address

Apartment Number

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City

State

Zip Code

6. Home Address (If different from above)

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Number and Street Address

Apartment Number

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City

State

Zip Code

7. Phone Number

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1. EDUCATION: List the high school you graduated from and all post-secondary education institutions you have attended in the table below. Please list in chronological order.

	Name of School	Location	Dates Attended	Year Graduated
High School				
Junior/Technical College (if applicable)				
Other Post-Secondary Institution				
Other Post-Secondary Institution				
Other Post-Secondary Institution				
Other Post-Secondary Institution				
Other Post-Secondary Institution				

2. EMPLOYMENT HISTORY:

Employer	Position Held	Dates Employed

3. PREVIOUS HEALTH CARE EXPERIENCE:

Institution	Capacity	Dates of Experience

4. REFERENCES: Please list 3 references: (teachers, TA's, employers; do not include friends or relatives).

Name	Address (Include City, State and Zip Code)

1. **Course Progress Report:** Please indicate where and when the following post-secondary prerequisite coursework was completed, or if course is still in-progress. Place an "IP" in the grade box for courses that are still in progress. *Note: this information must match your official transcripts.*

Health Care Courses:

UWM Course	Requirement met by Taking a course at another institution List Course number and title	Date Completed (Month/Year) If in-progress, please list anticipated completion date.	Institution	Grade
EXAMPLE: Communication Skills	COMMUN 103 Public Speaking	12/2008	Doe Technical College	AB
EXAMPLE: Communication Skills	COMMUN 103 Public Speaking	Course is in-progress Anticipated completion date is 12/19/2008	J. Doe University	IP
CL SCI 205 Intro to Diagnostic Medicine				
HCA 224 Intro to Microcomputers				
HCA 102 Health Care Delivery				
HCA 250 Allied Health Info. Methods				
HCA 251 Health Care Documentation				
NURSING 101 (SS/CD) Cult. Diversity HlthCare				
HCA 222 Language of Medicine (Medical Terminology)				

Science Courses:

Course	Requirement met by Taking a course at another institution	Date Completed (Month/Year) If in-progress, please list anticipated completion date.	Institution	Grade
CHEM 102 General Chemistry				
BIO SCI 202 Anatomy & Physiology I				
CHEM 104 Gen Chem & Qualitative Anal.				
BIO SCI 203 Anatomy & Physiology II				
Physics 110 Physics for the Health Prof				
CL SCI 301-303 Human Pathophysiology				
HMS 270 Statistics in Health				
CL SCI 304,305 Human Pathophysiology				

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

NAME: _____
Last First

ADDRESS: _____
Street City State Zip

PHONE _____

I acknowledge that the information I have supplied in this application is correct and understand that any falsification of information on this form may be cause for rejection as an applicant. I understand that this application is not legally binding on me in any way, that I am not obligated to enroll in the clinical program to which I may be assigned, and that after enrollment as a student, I have the right to withdraw voluntarily from the program for personal reasons.

I also understand that, if accepted, and enrolled as a student, I shall be subject to dismissal from the program for poor scholastic and/or technical performance, criminal acts or proven charges of unprofessional conduct.

I further understand that acceptance by the clinical affiliate site will require me to obey all regulations affecting personnel within the hospital.

I have read the Technical Standards (essential non-academic requirements) and understand them. Any questions that I have concerning these Technical Standards and how they apply to me have been answered to my satisfaction. It is my belief that I can satisfy each of the Technical Standards based on my existing skills and abilities, or through the use of corrective devices.

Signature of Applicant Date

Attach a copy of your current CPR card **OR** write a statement as to how you will complete CPR training prior to the start date of the professional curriculum.

Attach a copy of your current CNA card if you have one.

Attach a copy of your job shadowing letter OR if you are planning to job shadow, attach a statement as to where you plan to job shadow (include dates/institution etc.).

Please attach a one page autobiographical statement.