

University of California Nuclear Medicine
Technology Program Application



Dear Applicant:

Thank you for your interest in the San Diego Nuclear Medicine Technology Program. Enclosed please find the program application, subject requirements and criteria. Please fill out and return the application along with a current resume by the last Friday in January by 5: 00 p.m. to:

UCSD Medical Center
Nuclear Medicine Technology Program
200 West Arbor Drive
San Diego, CA 92 103-8758

Interviews will take place during March, final notification of acceptance will be provided by the beginning of April.

The program will start in the first week July. The course length is 12 months and tuition cost is \$12,000.00 for the 2008/2009 year. Tuition cost may change on an annual basis.

What are the Admission Criteria?

All applicants for the UCSD Nuclear Medicine Technology Program must meet one of the following:

- a. Be a graduate of an accredited radiologic technology program
- b. Be currently certified by ARRT as a radiologic technologist
- c. Be licensed as a registered nurse
- d. Have an accredited baccalaureate or associate degree with health care experience.

Required prerequisite courses:

1. Freshman English
2. Human Anatomy and Physiology (full scope)
3. Pre-calculus Algebra
4. General Physics (highly recommended)
5. General Chemistry (highly recommended)
6. Biology (highly recommended)

If you have any questions, please do not hesitate to call our office at (619) 543-1986.

Sincerely,
Jeremy Flowers
Program Director

STUDENT APPLICATION FORM

_____, _____, _____
Last Name, First Name Social Security Number

Home Address

_____, _____, _____
City State Zip

_____, _____, _____
Phone Number Email Address Date of Application

College(s): Official transcripts are required from ALL schools attended excluding high school. If your education was obtained outside of The United States or Canada we require that transcripts be evaluated by an agency such as World Education Services. If English is not your primary language please enclose your TOFEL results.

Colleges and Vocational Schools Attended

NAME: _____

ADDRESS: _____

MAJOR: _____ GPA: _____

YEAR GRADUATED: _____ DEGREE RECEIVED: _____

NAME: _____

ADDRESS: _____

MAJOR: _____ GPA: _____

YEAR GRADUATED: _____ DEGREE RECEIVED: _____

NAME: _____

ADDRESS: _____

MAJOR: _____ GPA: _____

YEAR GRADUATED: _____ DEGREE RECEIVED: _____

Employment History

(You may include summer or volunteer experience related to Nuclear Medicine or health care in addition to regular employment) Begin with most recent and list last five years.

NAME OF EMPLOYER: _____

ADDRESS: _____

PHONE: _____

DATES OF EMPLOYMENT: _____

POSITION(S) HELD: _____

NAME OF EMPLOYER: _____

ADDRESS: _____

PHONE: _____

DATES OF EMPLOYMENT: _____

POSITION(S) HELD: _____

NAME OF EMPLOYER: _____

ADDRESS: _____

PHONE: _____

DATES OF EMPLOYMENT: _____

POSITION(S) HELD: _____

NAME OF EMPLOYER: _____

ADDRESS: _____

PHONE: _____

DATES OF EMPLOYMENT: _____

POSITION(S) HELD: _____

Membership in Professional Societies: _____

Volunteer Activities: _____

Special Skills (languages, computer experience, etc.): _____

Previous occupational exposure to radiation (explain) _____

Other information about yourself (optional) _____

Resume

Please include a resume or CV with your completed application

Letters or Recommendation

Three letters or recommendation are required by January 31", include at least one professional, and one academic reference. List three individuals we may contact in addition to your letters of recommendation:

Name: _____

ADDRESS: _____

CITY: STATE: ZIP: _____

PHONE: _____

Name: _____

ADDRESS: _____

CITY: STATE: ZIP: _____

PHONE: _____

Name: _____

ADDRESS: _____

CITY: STATE: ZIP: _____

PHONE: _____

Important

The UCSD medical Center requires all employees, volunteers, and students:

- (1) be tested for tuberculosis and
 - (2) provide medical evidence of having measles (rubella) vaccination.
- In addition the Hepatitis B vaccine series is highly recommended.

Upon acceptance the students will be responsible for the following:

Submit evidence of a TB skin test within the last year:

Submit evidence of immunity to measles (vaccination or serology):

Signature of potential student

Date

Please mail your complete application, resume, transcripts, and letters of recommendation to:

University of California
Nuclear Medicine Technology Training Program
Attn: Jeremy Flowers
Program Director
200 W. Arbor Drive
San Diego, Ca 92103

Phone: 619.543.1986