



## Advanced Imaging Technologist Training Program

### Application for MRI/CT/Mammography Certificate programs

PRINT OR TYPE ALL INFORMATION BELOW

1. Date: \_\_\_\_\_

2. Legal Name: \_\_\_\_\_

Last

First

Middle

3. Home Address: \_\_\_\_\_

Number and Street name

City

State

Zip Code

4. Secondary address (School, etc.) \_\_\_\_\_

5. Home telephone number: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

6. E-mail Address: \_\_\_\_\_

7. Have you previously applied for admission to this school? \_\_\_\_yes \_\_\_\_no

8. Are you current UPMC Employee? \_\_\_\_no \_\_\_\_yes \_\_\_\_\_ Facility?

9. Which of the one of the following programs are you applying to:

**Magnetic Resonance Imaging**      **6-month tract**       **11-month tract**

**Computed Tomography**      **6-month tract**       **11-month tract**

Mammography

4-month tract

8-month tract

9. Post-Secondary Education: List all formal education beyond High-school.

**\*Please submit transcripts from each school.**

From	To	Name of College/Institute	City and State of College/Institute

10. Have you ever plead guilty to or been convicted of any misdemeanor or felony? (Anything less than complete and total disclosure of all convictions will be considered as having provided false or misleading information.) \_\_\_\_\_yes \_\_\_\_\_no

If yes, please describe in full:

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11. Please List top three Clinical site preferences in order of first choice:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*Clinical site listing is for program reference there is no guarantee of placement. The program's objective is to place applicants into one the top three choices based on availability .*

## **12. Requirements for Application:**

- Proof of Criminal Background check Clearances are required:
  - ACT 33(Child abuse), ACT 34(PA Criminal History) and ACT 73(FBI).
- Up to date health records including flu vaccination.
- CPR Healthcare provider certification (AHA)
- Application fee \$ 50.00 payable to UPMC Advanced Imaging Technologist Training Program
- Three letters of professional reference, if employed one from management.
- Proof of ARRT card

*A current staff member may not be eligible to apply for the program if they have received corrective action at the Written Warning level or above in the last six (6) months pending management review.*

I certify that the information given by me to all the questions on this application is, to the best of my knowledge and belief, true and correct. I have not knowingly withheld any pertinent facts or information. I understand that any omissions or misrepresentation of data on this application may result in refusal of admission to UPMC Imaging Services Advanced Imaging Technologist Program . If such false statements are discovered subsequent to my admission, I may be subject to immediate dismissal from the UPMC Imaging Services: Advanced Imaging Technologist Program.

Signature \_\_\_\_\_

Date\_\_\_\_\_

All application materials and fees are to be submitted to:

UPMC Northwest School of Radiography  
Attn: Advanced Imaging Technologist Program  
Amanda C. Baker MHA R.T(R)(CT)  
*Radiology Tech Program Director*  
100 Fairfield Drive  
Seneca, PA 16346  
1-814-677-1433  
[bakerac@upmc.edu](mailto:bakerac@upmc.edu)

