

**THE CHARLES J. TEGTMEYER, MD PROGRAM OF ANGIOGRAPHY
AND INTERVENTIONAL RADIOLOGY / RADIOLOGY**

UNIVERSITY OF VIRGINIA HEALTH SYSTEM
DEPARTMENT OF RADIOLOGY, BOX 800377
CHARLOTTESVILLE, VIRGINIA 22908

APPLICATION FOR STUDENT APPOINTMENT (Please type or print)

Name in full: _____ S.S. # _____
Last First Middle

Present Address: _____
Street and number

City, State, and Zip Code

Permanent Address: _____
(if different than above) Street and number

City, State, and Zip Code

Home phone: _____ Business phone: _____
(please include area code) (please include area code)

email address: _____

In case of emergency notify _____ relationship: _____

Contact info: _____
Street and number City, State, and Zip Code Phone including area code

A. Education

SCHOOL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED		GRADUATED YES OR NO	CERTIFICATE, DEGREE, DIPLOMA RECEIVED AND DATE
		From	To		
High School					
College					
Radiologic Technology					
Other					

High School, Radiologic Technology Program, and any College transcripts must be sent to the address on the bottom of page 2.

If course was not completed, state reason _____

Date of ARRT Examination (Completed – Anticipated) _____
If completed, please send registry verification to address at bottom of page 2.

What formal class work and practical experience have you had in the program for which you are applying?

How were you informed about the program for which you are applying? _____

Briefly state why you have chosen to specialize in this field _____

Experience or skills not previously mentioned which you feel may be significant _____

B. Employment

Last employer first. Please give dates employed.

Name and address of employer	Type of business	Employed		Position held	Reason for leaving
		From	To		

C. References

List *four* references. Good choices would be the Chief Technologist or supervisor where you trained, the Program Director of your Radiology Program, instructors of science courses you may have had in college, job supervisors, or Radiologists. ***Please have reference letters sent to the address below.***

NAME AND TITLE	ADDRESS (Street and number, City, State, and Zip Code)

Requested date for personal interview (Monday – Friday; January – May) _____

The above information is complete and correct to the best of my knowledge. False statements will be grounds for dismissal. Permission is granted to check with previous educators/employers.

Applicant's signature _____ Date _____

Please send all required materials to:

Stephen B. Haug RTR (CV)
Program Director
The Charles J. Tegtmeier, MD Program of Angiography and Interventional Radiology/Cardiology
University of Virginia Health System
Box 800377
Charlottesville, Virginia 22908

Or electronic copies may be sent to:

sbh7u@hscmail.mcc.virginia.edu