



**UW- La Crosse Radiologic Technology Program  
Application for Professional Training**

Please select all the clinical internship programs you would like to apply to. (Students are encouraged to apply to all programs.) The UWL Program director will forward your application to the site.

- ☐ UW Hospital School of Radiologic Technology- Madison, WI
- ☐ Froedtert School of Radiologic Technology- Milwaukee, WI
- ☐ Ascension St. Joseph School of Radiologic Technology- Milwaukee, WI
- ☐ Children's Wisconsin School of Radiologic Technology- Milwaukee, WI (pending)

Legal Name, ID	
<b>Last Name</b>	
<b>First Name</b>	
<b>Maiden Name (if applicable)</b>	
<b>Other names which may appear on your student record (if applicable)</b>	
<b>UWL Student ID # (WINGS ID)</b>	
<b>UWL Email Address</b>	
<b>Date of Birth (MM-DD-YYYY)</b>	
Current Mailing Address	
<b>Number (apartment number) and Street Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip code</b>	
<b>Primary Phone Number</b>	

### Employment History

Please list any non-healthcare related jobs you have held in high school and beyond as well as the name of the institution and dates you or are employed.

Employer	Position(s) Held	Dates Employed

### Health Care Work Experience

Please list any patient care or health care work experiences (volunteer or paid) you have had in high school and beyond as well as the name of the institution and dates you or are employed.

Employer	Position(s) Held	Dates of Experience

### References

Please list 3 people as references: Examples include but are not limited to: (teachers, TAs, employers; please do not include relatives or friends).

Each reference should also complete the Radiologic Technology reference form. Forms can be found on the program website under Admissions.

Name	Address (include city, state and zip code)	Your relationship to the reference (E.g. teacher, coach, etc.)

### Emergency Contact

In case of an emergency, please contact:

Name (Last, First)	Address (Number, St, City, State, Zip)	Phone

### Education

Please list the high school you graduated from as well as all post high school educational institutions you have earned credit from. Please list in chronological order.

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

### Course Progress Report

Please report where and when you have completed the following post-secondary pre-requisite course work. If course is still in-progress, place and IP in the grade box (this also applies to courses you will be taking in the spring or summer prior to starting the professional program.)

UWL Course	Course name and number if taken at another institution	Semester completed (e.g. Fall 2025)	School	Grade earned or IP if in-progress of will be taking in spring/summer.
<b>BIO 105</b> General Biology				
<b>BIO 312</b> A&P I				
<b>BIO 313</b> A&P II				
<b>CHEM 103</b> Gen Chem I				

<b>CT 100 or CS 120</b> Computer Science				
<b>CST 110</b> Speech				
<b>ENG 110</b> College Writing				
<b>Math 150</b> College Algebra				
<b>PHY 103 or 134</b> Physics				
<b>PSY 100 or SOC 110 or 120</b> Social Science				
<b>GE 03/Gen Ed 1005</b> Minority/Multicultural				
<b>GE 07/ Gen Ed 1010</b> Humanistic Studies				
<b>HP 250</b> Medical Terminology				

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.

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Signature of Applicant

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Date

**Please include the following attachments to your application:**

1. Attach a copy of your current CPR card or write a statement describing how you will complete your CPR training prior to the start of the clinical internship (fall).  
Note: CPR certifications must be BLS or ACLS. Only required for UW Health

Written Statement if needed:

2. Attach a copy of your current CNA certification if you have it.
3. Attach the completed Verification of Job Shadow Observation Experience form (can be found on program website under admissions). If you are planning to complete job shadowing, please write a statement explaining where (institution name) and when (dates) you plan to job shadow. Note: Four hours of job shadowing are required.

Written Statement if needed.

4. Attach the one-page autobiographical statement, following the directions posted on the website, which are as follows:
  - Write an autobiographical statement of 200 words or less describing why this field interests you. Include your qualifications for becoming a radiologic technologist.
    - The essay must be typed, double-spaced, and signed and dated by the applicant to verify authenticity.