RADIOLOGIC TECHNOLOGY PROGRAM APPLICATION

Healthcare Employment Verification Form

This form is used to document employment in a patient care setting to support your application to the Radiologic Technology Program. Applicants should submit a separate form for each employer if employed in more than one healthcare position within the last 5 years. ALL APPLICANTS must complete and submit this form.

TO BE COMPLETED BY APPLICANT

RSC student ID number:

Name of applicant:

- ☐ I **do not have experience** working in direct patient care OR I have **less than one-year** experience OR my experience was more than 5 years ago
- ☐ I have **one or more years' experience** working in direct patient care and hereby grant permission for the below named employer to provide the requested information in support of my application to the Rose State College Radiologic Technology Program.

Applicant Signature

Date

TO BE COMPLETED BY EMPLOYER ----------

I understand that the above-named applicant is applying to Rose State College's Radiologic
Technology program and am verifying this applicant's employment in good standing.

Place of Employment:

Position/Title: Hours/wk:

Dates of Employment: From to

Position Description (you may also attach a copy of position description from employer):

Name of Employer/Supervisor:

Signature of Employer/Supervisor: Date: