REFER-A-FRIEND IN 2010

When you refer a friend to a LLU Rad Tech Program...YOU earn a REFERRAL BONUS!

Certificates - $100 Bonus
- CT
- MRI
- Dosimetry
- Nuclear Medicine
- Radiation Therapy
- Imaging Informatics Online
- Cardiac Electrophysiology Online

Bachelor’s - $200 Bonus
- BS in Healthcare Administration Online

Master’s - $300 Bonus
- MS in Radiation Science Online
- MS in Radiology Assistant Online

Procedure:

Step 1: The Person Who Wants to Refer-a-Friend Must Submit a Referral Application
Step 2: Submit Application to: radsci@llu.edu or fax to 909-558-7965
Step 3: Program Candidate Contacts the Program Director at radsci@llu.edu or www.llu.edu/allied-health/sahp/radtech/
Step 4: Candidate is Accepted and Starts in 2010
Step 5: Bonus to referee will be paid by November 2010

Request a Referral Application at radsci@llu.edu OR www.llu.edu/allied-health/sahp/radtech/

For more information: 909-558-4931
Application Deadlines for Some Programs Extended to June 1, 2010
for Program Start Dates in the Summer or Fall of 2010

(All LLU and LLUMC Employees, Students, Alumni, and Employees of Clinical Affiliates are Eligible.
This promotion is only for Radiation Technology Programs and not offered for other Allied Health Profession programs at this time)
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APPLICATION FORM

REFEREE INFORMATION

☐ Yes, I want to refer-a-friend to one of the LLU Rad Tech Programs that starts in 2010

Name _____________________________________________________________________________________

Organization _________________________________________, City/State ____________________________

☐ LLU Student  ☐ LLU/LLUMC Employee  ☐ LLU Alumni  ☐ LLU Clinical Affiliate  ☐ _______________

Address ________________________________City _________________ State _____ Zip _______________

Phone ____________________________________________________________________________________

Email _____________________________________________________________________________________

Referral Date ______________________________________________________________________________

How did you find out about this Refer-A-Friend Program? _________________________________________

REFER-A-FRIEND

Below is the contact information for the friend that I want to refer:

Name _____________________________________________________________________________________

Address ________________________________City _________________ State _____ Zip _______________

Phone ____________________________________________________________________________________

Email _____________________________________________________________________________________

(The Program Director will contact this individual within one week of receiving this form; it is also recommended that this individual also make an effort to contact the Program Director at radsci@llu.edu or 909-558-4931.)

Program Referral (Select All That Apply)                          ☐ Nuclear Medicine

☐ CT                          ☐ Imaging Informatics                          ☐ BS in Healthcare Admin

☐ MRI                          ☐ Cardiac Electrophysiology                          ☐ MS in Radiology Assistant

☐ Dosimetry                          ☐ Radiation Therapy                          ☐ MS in Radiation Sciences

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