

CLINICAL INTERNSHIP APPLICATION

FOR USE AT: Froedtert
St. Luke's
Gundersen
UW Health
UM - Fairview
Marshfield

UW – La Crosse Nuclear Medicine Technology

Please type responses. Hand-written applications will not be accepted.

PERSONAL INFORMATION

| | | | |
|-----------------------------------|-------|--------------|-----------|
| Name (Last, First, Middle) | | Today's Date | |
| Local Address | | | Apt/Suite |
| City | State | Zip | |
| School Email | | Phone | |
| Personal Email | | | |
| Permanent Address (if applicable) | | | Apt/Suite |
| City | State | Zip | |

EMERGENCY CONTACT

| | | |
|--------------------|--------------|-------|
| Name (Last, First) | Relationship | Phone |
|--------------------|--------------|-------|

REFERENCES

The three individuals submitting recommendations on your behalf should be a college instructor, a supervisor, and a professional reference of your choice. Personal and high school references should not be used.

| Name (Last, First) | Title | Institution |
|-----------------------|-------|-------------|
| | | |
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ACADEMIC HISTORY

High School:

Location

Graduated Year

Please list, beginning with most recent, all colleges, universities, and technical schools attended.

| Institution | Location (City, State) | Attendance Dates | | Degree / Certificate & Date |
|-------------|---------------------------|------------------|--------------|-----------------------------------|
| | | From: MM/YY | To: MM/YY | |
| | | | | |
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EMPLOYMENT HISTORY

Please list, beginning with most recent, all work experience.

| Company | Position | Employed | |
|---------|----------|----------------|--------------|
| | | From: MM/YY | To: MM/YY |
| | | | |
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VOLUNTEER EXPERIENCE

Please list, beginning with most recent, any volunteer experience.

| Organization | Position / Description | Participated | |
|--------------|------------------------|----------------|--------------|
| | | From: MM/YY | To: MM/YY |
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EXTRACURRICULAR ACTIVITIES

Please list the name of any professional, social, and/or civic organizations which you are, or have been a member of, as well as a position / description (scholastic honors, clubs, activities, athletics, etc.)

| Organization | Position / Description | Participated | |
|--------------|------------------------|----------------|--------------|
| | | From: MM/YY | To: MM/YY |
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OTHER INFORMATION

Is there any other information you want us to be aware of?

PERSONAL STATEMENT

Please utilize the space below to write three paragraphs indicating why you are attracted to the profession of Nuclear Medicine Technology.

I declare that the above statements are correct to the best of my knowledge, and if accepted, I will comply with the regulations of the clinical affiliate and UWL NMT program.