

UW-LA CROSSE SCHOOL OF NUCLEAR MEDICINE TECHNOLOGY Clinical Intern Application

PLEASE TYPE -OR- PRINT IN INK

Today's Date: _____

FOR USE AT: FROEDTERT ST. JOSEPH'S ST. LUKE'S UW HOSPITALS & CLINICS

Name: _____
Last First Middle/Maiden

Birthdate: _____ STUDENT ID #: _____

Present/Current Address: _____
Number and Street City/State/Zip

Permanent Address: _____
Number and Street City/State/Zip

Present/Current Phone: () Permanent Phone: ()

Email Address: _____

In Case of Emergency, Please Notify:

Name Relationship Phone ()

Education

High School: _____
Location Year Graduated

Junior colleges, other colleges/universities attended:

College/University	Location	Dates (Month/Year)	Degree
		from: to:	
		from: to:	
		from: to:	
		from: to:	

References

List the names and professions of the three persons who have been asked to submit letters of recommendation.

Reference Number 1

Name/Title	Profession
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Reference Number 2

Name/Title	Profession
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Reference Number 3

Name/Title	Profession
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Extracurricular Activities

List the names of any professional, social, and/or civic organizations which you are, or have been a member of, office held, scholastic honors, activities, athletics, etc.

Employment History

List previous work experience (within the past three years) most recent to least recent:

Company	Position Held	Dates Employed (Month/Year)	
		from:	to:
		from:	to:
		from:	to:

Essay

Write a brief one or two paragraph essay indicating why you are attracted to the profession of Nuclear Medicine Technology.

Final Statement

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 hospital and the School of Nuclear Medicine Technology.

Applicant's Signature

Date

Other Information

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