

UW-LA CROSSE SCHOOL OF NUCLEAR MEDICINE TECHNOLOGY

Clinical Internship Application

PLEASE TYPE -OR- PRINT IN INK

Today's Date: _____

FOR USE AT: Froedtert

St. Luke's

UW-L

Gundersen
UM-Fairview
UWHC

Local Mailing Address (La Crosse Address for UW-L Students)

Name

Last

First

Middle (Maiden)

Address

City

State

Zip

Email

Cell or Local Phone

Permanent Mailing Address (If different from above)

Address

Number & Street

City

State

Zip

In case of emergency, please contact:

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 _____

Reference Number 2

Name/Title _____ Profession _____

Reference Number 3

Name/Title _____ Profession _____

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?