

NUCLEAR MEDICINE TECHNOLOGY PROGRAM ADMISSION APPLICATION



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

PERSONAL INFORMATION

| | | | |
|-----------------------------------|-------|----------------------------|-----------|
| Name (Last, First, Middle) | | Student ID (if applicable) | |
| 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) | Relationship | Institution |
|-----------------------|--------------|-------------|
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OBSERVATION HOURS

☐ By checking this box, I am confirming that I have completed the NMT observation modules in Canvas.

Please list, beginning with most recent, all completed and future scheduled observation hours. A minimum of 8 hours is required.

| Hospital / Clinic | Location (City, State) | Date(s) MM/DD/YY | Hour(s) |
|--------------------------|-----------------------------------|-----------------------------|----------------|
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ACADEMIC HISTORY

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

| Institution | Location (City, State) | Attendance Dates | | Degree / Certificate & Date | Credits Earned |
|--------------------|-----------------------------------|-----------------------------|----------------------|--|---------------------------|
| | | From: MM/YY | To: MM/YY | | |
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| NMT Study Buddy Badges | Awarded (Semester & Year) |
|-------------------------------|--|
| Gold | |
| Silver | |

EMPLOYMENT HISTORY

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

| Company | Position | Employed | | Avg. Hours / Week | |
|---------|----------|----------------|--------------|-------------------------------------|-------------------------------------|
| | | From: MM/YY | To: MM/YY | During School (if applicable) | During Summer (if applicable) |
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VOLUNTEER EXPERIENCE

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

| Organization / Event | 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 (reasons for gaps in academic years, can use this space if there were not enough rows for categories above)?

PRE-PROFESSIONAL COURSEWORK

Required to be completed before starting the program in the Fall.

| Course | Semester & Yr Taken OR Semester & Yr Planned | Grade | Credits | Institution |
|----------------------|---|-------|---------|-------------|
| BIO 105 | | | | |
| BIO 312 | | | | |
| BIO 313 | | | | |
| CHM 103 | | | | |
| CHM 104 | | | | |
| CHM 300 | | | | |
| CHM 302 | | | | |
| PHY 103 & 104 | | | | |
| Or PHY 134 | | | | |
| MTH 150 or higher | | | | |
| STAT 145 | | | | |
| PSY or SOC | | | | |

PROFESSIONAL COURSEWORK

NOT required to be completed before starting the program in the Fall.

| Course | Semester & Yr Taken OR Semester & Yr Planned | Grade | Credits | Institution |
|---------|---|-------|---------|-------------|
| NMT 201 | | | | |
| NMT 314 | | | | |
| NMT 344 | | | | |
| NMT 360 | | | | |
| NMT 391 | | | | |
| NMT 398 | | | | |
| NMT 417 | | | | |

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|----------------|--|--|--|--|
| HP 250 | | | | |
| HP 310 | | | | |
| CHM 325 | | | | |
| CHM 461 | | | | |
| BIO 333 | | | | |

| GENERAL EDUCATION COURSEWORK | | | | | |
|---|---------------|---|--------------|----------------|--------------------|
| GE's requirements are not required to be fully completed before admission into the program, but most of them should be completed in order to complete them all before starting the NMT internship. GE's and pre-professional courses can overlap. | | | | | |
| Requirement | Course | Semester & Yr Taken OR Semester & Yr Planned | Grade | Credits | Institution |
| GE:00 FYS | | | | | |
| GE:01 ENG Writing | | | | | |
| GE:01 CST | | | | | |
| GE:02 MTH/STAT/Language | | | | | |
| GE:02 MTH/STAT/Language | | | | | |
| GE:03 Minority Cultures/ Multiracial Women's Studies | | | | | |
| GE:04 HIS/Multicultural Studies | | | | | |
| GE:04 HIS/Multicultural Studies | | | | | |
| GE:05 Science | | | | | |
| GE:06 Self & Society | | | | | |
| GE:07 Humanistic Studies | | | | | |
| GE:08 Aesthetics | | | | | |
| GE:08 Aesthetics | | | | | |
| GE:09 Health & Well-Being | | | | | |

Is there any other information you want us to be aware of regarding coursework (transfer equivalence exceptions, waived courses)?

PERSONAL STATEMENT

In under 650 words, please explain how you became interested in pursuing a career in NMT. In your explanation please include: 1) the reasons you chose NMT, 2) why NMT is a good career for you, 3) your professional goals.

A candidate for the UWL Nuclear Medicine Technology (NMT) Program should be able to speak, to hear and to observe patients to elicit information, and to perceive nonverbal communications. A candidate must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but also in reading and writing. The candidate must be able to communicate effectively and efficiently in oral and written form with all members of the healthcare team. A candidate should be able to execute motor movements reasonably required to provide general care and emergency treatment of patients. This includes the ability to turn and maneuver the patient and to administer radiopharmaceuticals or other intravenous medications. The candidate must be able to operate imaging equipment including computers. Such actions require coordination of both gross and fine muscular movements, equilibrium, and functional use of the senses of touch and vision. A candidate must possess the intellectual skills, (a minimum GPA of 2.50, and a grade of 'C' or higher in all NMT courses), emotional health, and stability required for the full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibility's attendant to the care of patients. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that are assessed during the admissions and educational processes.

I understand that upon successful completion of the NMT program, I will be eligible to take a national certification examination in the profession. Two certification examinations are available in Nuclear Medicine Technology; one offered by American Registry of Radiologic Technologists (ARRT) and the other by Nuclear Medicine Technology Certification Board (NMTCB). I agree to take the at least the NMTCB examination and to provide my examination scores to the UWL NMT Director.

Eligibility for the ARRT examination requires that the candidate be of "good moral character". Conviction of a misdemeanor or felony may indicate a lack of good moral character for ARRT purposes. ARRT pre-application review procedures allow individuals who are not yet enrolled in an educational program to determine if a conviction would interfere with their later certification exam eligibility. The NMTCB is dedicated to the promotion of safe, competent medical care for all individuals. To that end, the NMTCB processes and evaluates applications for NMTCB certification, administers certification exams and monitors adherence to legal and ethical standards, including but not limited to the Code of Ethics of the Society of Nuclear Medicine Technologist Section.

Internships are determined by the clinical sites mutually agreeing on the placement, and not just by the university. I agree to apply to all the internship sites in which I am eligible. Furthermore, I agree to accept an internship at any of the sites if offered. I understand, however, that I will be able to rank the internship sites that UWL is affiliated with, and my ranking will be considered when placed assigned to an internship site.

State laws require that hospitals and clinics have background disclosure forms and criminal background checks on all employees and students (interns) that work with patients. I understand that if I am assigned a clinical internship site that does require the vaccination and are not vaccinated, I would have to follow the clinical sites protocols and will not be able to be reassigned to a different site. If any of this is a concern for you, please contact the NMT Program Director at UWL, for further information.

I acknowledge that the information I have supplied in this application form is truthful and, to the best of my knowledge, correct and I understand that any falsification of the information on this form may be considered as just cause for my rejection as an applicant to the NMT program. I authorize the UWL NMT Selection Committee to review a current copy of my academic records as part of this application. I further authorize the UWL NMT Selection Committee and the Program Directors of any of the Nuclear Medicine Technology Hospital affiliates to verify my employment, observation, and academic history. I also authorize the institutions of higher education that I have attended to supply any information regarding my association with them that the Selection Committee or the Program Directors of the affiliate hospitals desire. I further release members of the Selection Committee and the Program Directors of the affiliate hospitals from any liability associated with their review and associated investigations of my application materials. Finally, I will accept the Selection Committee's decisions.

Please include with your application a check made to "UWL" for the application fee of \$50.

Applicant's Signature

Date