

CLINICAL INTERNSHIP APPLICATION

UW – La Crosse Nuclear Medicine Technology

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

Please select the sites with whom you would like your application shared:

Froedtert	Sanford - South Dakota
Gundersen	St. Luke's
Marshfield	UM - Fairview
Sanford - North Dakota	UW Health

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
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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

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	

EMPLOYMENT HISTORY

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

Company	Position	Employed	
		From: MM/YY	To: MM/YY

VOLUNTEER EXPERIENCE

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

Organization	Position / Description	Participated	
		From: MM/YY	To: MM/YY

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

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.

Applicants Signature

Date