

Vanderbilt University Medical Center

Programs in Allied Health, Nashville, TN

APPLICATION for ADMISSION Nuclear Medicine Technology Program

PERSONAL INFORMATION:

Full Name: _____
(Last) (First) (Middle)

Social Security #: _____

Present Address: _____
(Street, Apartment #, etc.)

(City) (State) (Zip)

Telephone #'s: (Home) _____ (Work) _____ (Cell) _____

Permanent Address: _____
(Street, Apartment #, etc.)

(City) (State) (Zip)

E-Mail Address: _____

Current Status/Position: _____
(Title) (Department)

(Name of Institution) (Address)

OPTIONAL INFORMATION:

Attach photograph with name written on the back.

Date of Birth: _____ Birth Place: _____ Citizenship: _____

Sex: _____ Height: _____ Weight: _____ Marital Status: _____

Spouse's Name: _____ Spouse's Address: _____

OPTIONAL INFORMATION (continued):

State Physical Disability, if any: _____

What Special Equipment, etc. is Required to Accommodate Your Needs: _____

List Illnesses You Have Had During the Past Two Years, Indicating any Hospitalization as a Result Thereof: _____

EDUCATIONAL BACKGROUND:

Please request that all universities and professional schools attended send an official transcript.

<u>College</u>	<u>Dates Attended</u>	<u>Degree Earned</u>
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Professional Training Completed: (Include Dates) _____

Academic Honors: (College and Professional Training) _____

Post-Graduate Training, Other Than Above: (Fellowships, Courses in Basic Science, Summer Research, etc. Include Location, Type of Activity and Dates)

MEMBERSHIPS in SCIENTIFIC and/or PROFESSIONAL ORGANIZATIONS:

PROFESSIONAL or EMPLOYMENT EXPERIENCE:

(Include job, employer, address and dates)

<u>Position Held</u>	<u>Employer/Supervisor</u>	<u>Address & Telephone</u>	<u>Dates</u>
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LICENSE(S) or CERTIFICATION(S) CURRENTLY HELD:

(Include State or Territory, Certificate Number and Date)

RECOMMENDATIONS:

Please submit three letters of recommendation from professionals who are acquainted with your academic and/or professional experience and personal character. Indicate below their names and addresses. Upon completion of their letter, please have these individuals return the letter of recommendation to the address listed on Page 5 of this Application for Admission.

1. _____
2. _____
3. _____

VERIFICATION OF PREREQUISITES:

If you have not completed a bachelor's degree and are a student at Austin Peay, Belmont, or MTSU, please have your program advisor complete the Verification of Prerequisites Form that is attached on Page 6 of this Application for Admission.

MILITARY EXPERIENCE:

Active Duty in Armed Forces: (Include Rank, Branch of Service and Dates)

Reserve or National Guard Status: _____

Present Draft Status: (Include Classification and Location of Local Board)

COMMENTS: (Indicate any special experience or qualifications not covered in this form).

DESCRIBE YOUR GOALS CONCERNING THIS PROGRAM:

If I am accepted as a student in the Vanderbilt University Medical Center, Programs in Allied Health, Nuclear Medicine Technology Program, I agree to abide by the rules and regulations.

Signature of Applicant:

Date:

NON-DISCRIMINATION POLICY STATEMENT:

In compliance with federal law, including the provisions of Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act of 1990, Vanderbilt University does not discriminate on the basis of race, sex, religion, color, national or ethnic origin, age, disability, or military service in its administration of educational policies, programs or activities; its admissions policies; scholarship and loan programs; athletic or other University-administered programs; or employment. In addition, the University does not discriminate on the basis of sexual orientation consistent with University nondiscrimination policy.

Inquiries or complaints should be directed to the Opportunity Development Officer, Baker Building, VU Station B #351809, 2301 Vanderbilt Place, Nashville, TN 37235-1809. Telephone (615) 322-4705 (v/tdd); Fax (615) 343-4969.

PLEASE ADDRESS ALL CORRESPONDENCE AS FOLLOWS:

**Attention: James A. Patton, Ph.D.
Program Director, Nuclear Medicine Technology
Vanderbilt University Medical Center
Department of Radiology & Radiological Sciences
Room CCC-1124 MCN
1161 21st Avenue, South
Nashville, TN 37232-2675**

Vanderbilt Program in Nuclear Medicine Technology

Verification of Completion of Prerequisites for Admission

One of the requirements for accreditation of our program by the Joint Review Committee in Nuclear Medicine Technology is that students will have met all of the requirements for the bachelor's degree when they have completed our program. For students who apply to our program without having completed their bachelor's degree, we would like to have a statement from their program advisor indicating that they have met the prerequisites for admission and will receive their degree upon completion of the program.

Based on this need, please complete the following statement.

I have reviewed the transcript for _____ who has applied for admission to the Vanderbilt Program in Nuclear Medicine Technology and certify that the necessary prerequisites have been completed and our institution will award the student a bachelor's degree upon completion of the program.

Program Advisor

Date

Institution

Please document any deficiencies that may exist or other comments.
