

**UNC HOSPITALS SCHOOL OF NUCLEAR MEDICINE
TECHNOLOGY AND MOLECULAR IMAGING
APPLICATION**

Please complete in neat **print** or **type**. If you have questions, please call the number listed below. Return completed application by the March 1st deadline to:

Wes Kaczmarek R.T. (R)(N)(CT)
Radiology Administration-Nuclear Medicine
101 Manning Drive
UNC Hospitals
Chapel Hill, N.C. 27514
(984) 974-8800 Fax: (984) 974-8596
wesley.kaczmarek@unchealth.unc.edu

NAME:	SSN:
CURRENT ADDRESS:	
DATE OF BIRTH:	
PHONE:	EMAIL:
PERMANENT ADDRESS (If different than above):	
PHONE:	

EDUCATIONAL BACKGROUND: (ATTACH ADDITIONAL PAGES IF NEEDED)

RADIOLOGIC SCIENCE	
PROGRAM NAME:	
PROGRAM ADDRESS:	
DATES ATTENDED:	DATE COMPLETED:
CERTIFICATION:	
ORGANIZATION:	YEAR:
BOARD CERTIFICATIONS:	

NMADF

DATE

/INITIALS: _____

ADDITIONAL EDUCATIONAL EXPERIENCES:

COLLEGE/UNIVERSITY:
LOCATION:
DATES ATTENDED:
DEGREE:

PROFESSIONAL EXPERIENCES: (Resume is acceptable)

Describe professional experiences beginning with your most recent position. Information to be included is past positions & titles, dates, responsibilities and places worked. Any additional information that you might wish to include which could enhance your chances of admission into the Nuclear Medicine Technology program is welcomed. (If need be, attach additional sheets or use the back of this one)

NMADF

DATE /INITIALS: _____

ACADEMIC AND PROFESSIONAL HONORS

Describe any academic achievements or professional recognition awards you have received.

Describe any clinical training or coursework you have done that you would like considered by the admissions Committee.

Add any additional information you wish to be considered by the admissions committee when evaluating your application.

Have you ever been convicted of a crime? _____

If yes, please describe?

To the best of my knowledge, my responses to the requested information are forthright, honest and true. I understand that this information will be used solely as a means of evaluating me for entrance into the Nuclear Medicine Technology Program.

APPLICANT NAME:(Please print): _____

APPLICANT SIGNATURE: _____

DATE: _____

APPLICANT DEMOGRAPHIC SHEET

This information is for statistical purposes only and will not be used in any admissions decisions.

Male: _____ **Female:** _____

Ethnic Group: American Indian or Alaskan Native: _____

Asian or Pacific Islander: _____

Black (Not of Hispanic Origin): _____

Hispanic: _____

White: _____

Other _____

Marital Status: Single: _____

Married: _____

Separated: _____

Divorced: _____

Legal Residence: County: _____

State: _____

Citizenship: _____

Veteran: Yes: _____ No: _____

Are you aware that you presently have any physical or learning disabilities?

Yes: _____ No: _____