

70 Middle Street, Lewiston, Maine 04240 (207)795-2428

<u>Application for Admission February 2011</u> *Please print.*

Applicant Information

Appricant Enrollmation								
First Name	Middle Initi		al	Last Name			Previous Names Used	
Street		City		State	State Zip Code			
Home Phone		Cell Phone				Are you a US citizen?		
E-Mail Address				Social Security Number (optional)				
How was your attention called	l to th	ne CMMC	Schoo	ol of	Nuclear Medicine T	echnology?		

Emergency Contact Information

Name	Relationship
Address	Phone

Essay

On a separate sheet of paper, please explain why you have chosen this program. Include any experience (jobs, volunteer work, or observation) that has influenced your choice. Please mention any special skills, talents or special recognition you may have received in or out of school. If you have been out of school for some time, please indicate how you have been occupied.

<u>Application Procedure</u>

To complete the application folder please return the following directly to the school before August 31.

- Completed application form with \$40 application fee and essay
- 3 letters of recommendation
- Official High School Transcript
- Official Transcripts from an accredited post secondary health education program
- Official College Transcripts as applicable

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School and Location	Dates Attended	Degree/Graduation Date				
Radiography/Health Education						
College						
Other						

Employment (list most recent employer first)

Employer and Address Dates Position Held Reason for						
	Position Held	Reason for				
Employed		Leaving				
		Dates Position Held				

Recommendations

Three letters of recommendation are required. If the applicant is a recent graduate, one letter must be from the director of the program attended. If the applicant is presently employed in healthcare, one letter must be from his/her current supervisor. The second letter must be from a physician with whom the applicant has worked, and the third letter may be a personal reference. Please have recommendation forms returned directly to the school.

Applicants must undergo a physical examination and document immunization prior to entering the program.

A criminal background check will be required.

Deliberate falsehoods and/or omissions will be grounds for dismissal.

Date	Signature of Applicant

Any student who is eligible for course accommodations due to a disability is encouraged to provide appropriate documentation to the program director.

Students who have been convicted of a misdemeanor or felony may not be eligible for certification upon graduation. Please contact the ARRT (www.arrt.org) for more information.