Application for Admission: Research Medical Center's School of Nuclear Medicine Technology

Name in Full				
Last		First	Middle	(Maiden)
Home Address				
	eet	City	State	Zip
Phone #	one #		Security #	
E-mail address				
Name of Nearest Relative		Phone #		
Address				
Street		City	State	Zip
EDUCATION				
Educational Institution	n Location	Years attende	ed Year of graduation	Degree/Certificate
<u>High School</u>	Location		Years attended	Year of graduation

Job Shadow/Observation in Nuclear Medicine Location and Date

Please submit the following to Research Medical Center's School of Nuclear Medicine Technology

- An application fee of \$40 and the completed application
- Personal statement / Essay addressing: "Why do you want to be a Nuclear Medicine Technologist and why at this program?"
- Official transcripts of all college and professional training you have attended since High School.
 - These must be mailed directly to Research Medical Center by the School. Attn: Dylan Shimerda, Program Director Research Medical Center, School of Nuclear Medicine Technology 2316 E. Meyer Blvd. Kansas City, MO 64132 Official transcripts can be emailed from the School directly to Dylan.Shimerda@researchcollege.edu
- Two professional references are required (academic or work related) on the appropriate forms
- A copy of current certification in Radiology Technology, Medical Technology or other as applicable
- Current Resume'
- See Program Information for additional requirements

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