

Nashville General Hospital, Post-Primary Medical Imaging Preceptorship Program

Application for Admission

PLEASE CIRCLE: MRI CT

Directions: Please print the following information.

Full Name: _____
Last First Middle

Home Address: _____
Street City State Zip Code

Telephone/Cell/Pager: _____ Social Security #: _____

Provide the name of a relative or friend living nearest this hospital to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Provide information below regarding the JRCERT-accredited school from which you graduated:

Name of School: _____

Address: _____

Indicate Degree/Certificate and Date obtained: _____

CURRENT ARRT CERTIFICATION CARD MUST BE ATTACHED TO THIS APPLICATION

Write a paragraph indicating which specialty rotation you are applying for and include the reason(s) why you are interested in this specialty area (goals, etc.). Also, indicate what shift/hours you prefer. (You may use the back of this page, if necessary).

NON-DISCRIMINATORY POLICY: The Preceptorship Program at Nashville General Hospital does not discriminate on the basis of race, sex, color, religion, age, origin, marital status, employment administration, program operations and activities. **RECORDS:** The Preceptorship Program at Nashville General Hospital subscribes to the Family Educational Rights & Privacy Act, "Buckley Amendment" as it relates to student records. **ADMISSION REQUIREMENTS:** (1) Completed application form, (2) Application fee of \$50 (Cashiers check or money order), (3) Official radiography education transcript from an accredited JRCERT program, (4) Current ARRT certification card, (5) Current CPR card

Applicant's Signature: _____ Date: _____

Mail All Admission Requirements To: Nashville General Hospital
Department of Health Sciences Education
1818 Albion Street
Nashville, TN 37208

