



University of Tennessee
 Medical Center at Knoxville

School of Nuclear Medicine Technology

1924 Alcoa Hwy, Knoxville, Tennessee 37920

Application for Admission

Name _____
Last First Middle

Application for class year 20_____ Social Security _____-_____-_____

Home Address _____

Telephone # _____ E-mail _____

Mailing Address _____
 (if different than above) _____

Person to notify in case of emergency _____ Relationship _____

Emergency Telephone # _____

Education:

	Name of School	Dates of Attendance	Degree
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Employment:

	Name of Business	Dates of Employment	Supervisor
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Professional memberships:

1. _____
2. _____
3. _____

(page 2)

Non Technical Skills Requirement: To participate in the clinical education portion of the Nuclear Medicine Technology Program, the applicant must possess additional *non-academic* skills which are consistent with the duties of the entry-level technologist in a professional position. The applicant should have the ability to:

- Lift and carry thirty pounds of weight.
- Lift and transfer patients to and from wheelchairs, stretchers, beds and imaging tables.
- Position patients for exams.
- Move and/or adjust the necessary hospital equipment for patient care and patient imaging by manipulating dials, switches, push buttons, and keyboards.
- Respond appropriately to sounds such as the patient's voice and movements, at a normal conversational volume.
- Demonstrate visual acuity necessary to differentiate subtle shades of grey/color used in nuclear imaging.
- Respond appropriately to equipment signals such as sound and light.
- Stand and perform for prolonged periods without breaks in a typical shift of 8 hours.
- Communicate orally and in writing with patients, doctors and other personnel clearly and effectively
- Follow verbal and written directions.

I agree that I have the above skills.

Initial

Considerations and Commitment Statement: The Nuclear Medicine Technology Program also requires an applicant to consider the following commitments prior to entering the program;

- Classroom and clinical activities require approximately 40 hours per week (excluding study time)
- Clinical rotations and/or classes that meet off campus are within a 30 mile radius of Knoxville
- Realize that some rotations may begin as early as 6:00am
- Understand that UTMC and the NMT program cannot guarantee job placement post graduation
- Employment during the clinical/didactic phase is not encouraged.

I have read and understand the considerations and commitment involved in entering the NMT program.

Initial

Application narrative: On a separate sheet of paper, attached to the application, please describe

1. Your reasons for selecting the field of Nuclear Medicine Technology
2. Your reasons for selecting the UTMC School of Nuclear Medicine Technology
3. Any clinical, patient care, or health care work or volunteer experiences
4. Your activities, hobbies, and interests

(page 3)

Release of Information Statement:

I hereby authorize any of my schools, employers, doctors, character references, and hospitals
(list any exceptions and reason) _____

to release information contained in my record for purposes of processing my application.

Also, I waive any action against them or the University of Tennessee Medical Center should this information result in rejection of my application. The information given here is true and correct to the best of my knowledge. Falsification or withholding of information may result in dismissal or refusal to admit me to the School of Nuclear Medicine Technology. Unsigned applications will not be processed.

Signature

Date

The Completed Application: Mail and/or deliver the following materials to the School of Nuclear Medicine Technology. All materials must be received by the **April 15 deadline**.

- ✓ Completed and signed application form
- ✓ The application narrative
- ✓ A current resume
- ✓ Transcripts of all college academic credits
(Institutions may send transcripts directly to the school, Atten: Program Director)
- ✓ The three (3) personal reference forms (or letters of recommendation) completed by teachers or other professionals who have been personally acquainted with you for more than 12 months.

Please address all correspondence to:

Program Director
School of Nuclear Medicine Technology
Nuclear Medicine Department
University of Tennessee Medical Center
1924 Alcoa Highway
Knoxville, Tennessee 37920

The University of Tennessee Medical Center does not discriminate on the basis of age, color, handicap, national origin, race, religion, sex or veteran status in the education programs and activities which it operates, pursuant to the requirement of Title IX of the Education Amendments of 1972, PUB. L. 92-318, and Section 504 of the Rehabilitation Act of 1973, PUB. L. 93-112. This policy extends to employment, admission, retention and treatment by the University. Inquiries concerning Title IX or the Rehabilitation Act or charges of violation should be directed to the Director of Personnel Services, 1924 Alcoa Highway, Knoxville, TN 37920. Telephone 865-305-9520



School of Nuclear Medicine Technology

1924 Alcoa Hwy, Knoxville, Tennessee 37920

Applicant's Name _____
Last
First
Middle

The above named applicant has chosen you as a reference in support of an application for admission to The University of Tennessee Medical Center School of Nuclear Medicine Technology. In considering applicants, the Admissions Committee depends very much on the evaluations supplied by references. Since the number of applicants exceeds the number of class positions, the committee is anxious to select those individuals whose accomplishments, personal attributes, and abilities indicate that they have the greatest potential for professional training and practice. Therefore, we ask you to provide a thoughtful and completely frank appraisal of the applicant. Please return this form promptly in order to assist the applicant and the school in the selection process. Your comments will be considered confidential.

In what capacity have you been associated with the applicant? _____

How long have you known the applicant? _____

How well do you know the applicant?

___Very well ___Fairly well ___Only slightly ___Not at all

Indicate below with a check (✓) your opinion of this applicant's position on the factors listed

Factor	Outstanding (Top 5%)	Excellent (Next 10%)	Very Good (Next 20%)	Good (40%)	Fair (20%)	Poor (Bottom 5%)	No Basis For Comment
PROFESSIONAL MOTIVATION Genuineness and depth of commitment							
MATURITY: Personal development, Ability to cope with life situations							
EMOTIONAL STABILITY Performance under pressure, Mood stability, Consistency in ability to relate to others							
INTERPERSONAL RELATIONS Ability to get along with others, Rapport, Cooperation, Attitude toward supervision							
EMPATHY: Sensitivity to needs of others, Consideration, Tact							
JUDGEMENT: Ability to analyzes a problem, Common sense, Decisiveness							
RESOURCEFULNESS: Originality, Skillful management of available resources							
RELIABILITY: Dependability, Sense of responsibility, Promptness, Conscientiousness							
COMMUNICATION SKILLS Clarity of expression, Articulatensess							
PERSEVERANCE Stamina, Endurance							
SELF CONFIDENCE: Assuredness, Capacity to achieve with arareness of own strengths and weaknesses							

Do you endorse the applicant as a suitable candidate in Nuclear Medicine professional training?

Endorse with enthusiasm _____

Endorse _____

Do not endorse _____ Explain _____

Name (Print)

Signature

Date

Position

Address

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