



**SCHOOL OF NUCLEAR
MEDICINE TECHNOLOGY**
at Beth Israel Deaconess Medical Center
Application for Admission

Legal Full Name: _____
Last First Middle

Mailing Address: _____

Contact Number: () _____

Email Address: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

For Research & Recruiting Purposes, please state where you heard about our program:

Education

Send official transcripts directly to the program. Please list formal post-secondary schooling (college & technical training—vocational, military, business, etc....) starting with most recent. Attach more pages if necessary.

Years Attended	College	Location	Degree (Major/Minor)

Employment

List employment. Attach more pages if necessary.

Dates of Employment	Employer	Position	Contact Name & Telephone

Academic Prerequisites

Check each prerequisite course you have COMPLETED or ENROLLED IN along with the letter grades earned (must be "C" or above)

Check if Completed	Prerequisite Courses	Official Name of Course	College	Grade
	Anatomy & Physiology			
	Algebra (or higher)			
	Chemistry			
	Physics			
	Statistics			

Application Submission Process:

1. Essay from observation in a Nuclear Medicine department (*see admissions section of the website for more details*).
2. Two letters of reference (we prefer one from current/previous instructor/professor and one from current/previous employer/volunteer coordinator.
Note: If you are sending the reference letters in with your application, they must be sealed in an envelope, signed by the reference across the seal.
3. Official Transcripts from ALL college/university educational institutions attended
4. Application Fee: \$100.00 (Non-refundable) Check or money order payable to:
Beth Israel Deaconess Medical Center.
5. Submit application and documents to:

Beth Israel Deaconess Medical Center
School of Nuclear Medicine Technology
330 Brookline Avenue
Boston, MA 02215

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance, I understand that false or misleading information in my application or interview may result in my release. I authorize BIDMC to verify information related to my application and I hereby release BIDMC from all liability from any damage arising therefrom. I understand that this application will be considered on the basis of the information I have furnished.

Signature

Date



**Beth Israel Deaconess
Medical Center**



A teaching hospital
of Harvard
Medical School