MERCYONE NORTH IOWA MEDICAL CENTER IMAGING SERVICES INTERNSHIP APPLICATION

| Please select the cli | nical interns | ship applying for: | MRI _ | СТ | Mammo | O VI |
|---------------------------------------|---------------------|----------------------------|----------------------|-------------------|----------------------------------|--------------------------|
| NAME: | | | | | | |
| NAME: | First | | Middle | Last | | |
| PRESENT ADDRESS: | Address | | City | State | 1/7in | |
| PHONE: () Email: | | | | | • | |
| | | | | | | |
| PERMANENT ADDRESS: _ If different) | Address | S City Stat | | e/Zip | | |
| Are you a U.S. citizen? | | | | | | |
| The you a o.s. chizen? | | | | | | |
| <u> </u> | | EDUCA | ATION: | | | |
| SCHOOL | NAME/ADDRESS | | | | GRADUATION DATE | Certificate OR DEGREE |
| Radiography | | | | | | |
| Program | | | | | | |
| College –if | | | | | | |
| different from above | | | | | | |
| | | | | | | |
| High School | | | | | | |
| | | | | | | |
| DATE became ARRT regist | tered or eligible: | | | | | |
| F applying for VI/CI, CT or N | Mammo: DATE II | OPH Permit to Practice is | sued: | _ | | |
| Date you would be available | to start the intern | ship: | | | | |
| Reminder – will need to show | w proof of ASRT r | modality specific online c | ourse enrollment u | pon start of inte | ernship. | |
| | | | | | | |
| | | | | | | |
| E | MPLOYMENT (Li | st in chronological order | starting with the mo | ost recent) | <u> </u> | |
| EMPLOYER NAME/ADDRESS | | TYPE OF BUSINESS | EMPLOYMENT DATES | POSITION HE | POSITION HELD REASON FOR LEAVING | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| Please explain why you would like to learn this particular modality: | |
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| Do you have relatives working for MercyOne? | |
| Do you have pending criminal charges? | |
| Have you ever been convicted of a criminal offense? | |
| f yes, indicate the date and nature: | |
| Do you have a record of founded child or dependent adult abuse? | |
| Have you ever been employed by MercyOne? | |
| Have you even been excluded form patient care? | |
| | |
| The above answers are true and complete to the best of my knowledge. School. | If I am selected, I agree to abide by the rules of the |
| Signature of Applicant | Date |
| The following is accepted at any time, contact us for next available start of the following is accepted application | |

- 2. Official transcripts (high school, radiography program and any colleges attended)
- 3. Two recommendation forms

Please send all correspondence to:

MercyOne North Iowa Medical Center Imaging Services Internship C/O Amy Edwards 1000 4th Street SW Mason City, IA 50401

Or by email to: edwardsa@mercyhealth.com

Interns are accepted without discrimination in regard to age, creed, ethnic origin, marital status, race, sex, social, economic status, or disability. We support all federal and state legislation regarding the absence of discrimination.

As radiographers we provide care to our patients without discrimination in regard to all of the items listed above.