

**Please select the clinical internship applying for:    ☐ MRI    ☐ CT    ☐ Mammo    ☐ VI/CI**

Are you a U.S. citizen? \_\_\_\_\_

SCHOOL	NAME/ADDRESS	GRADUATION DATE	Certificate OR DEGREE
<b>Radiography Program</b>			
<b>College</b> –if different from above			
<b>High School</b>			

Reminder – will need to show proof of ASRT modality specific online course enrollment upon start of internship.

EMPLOYER NAME/ADDRESS	TYPE OF BUSINESS	EMPLOYMENT DATES	POSITION HELD	REASON FOR LEAVING

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? \_\_\_\_\_

If 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. If I am selected, I agree to abide by the rules of the School.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

The following is accepted at any time, contact us for next available start dates:

1. Completed 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 4<sup>th</sup> Street SW  
Mason City, IA 50401

Or by email to: [edwardsa@mercyhealth.com](mailto: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.