

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 #: \_\_\_\_\_

Email Address: \_\_\_\_\_

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 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).

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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 (Cashier's check or money order), (3) Official radiography education transcript from an accredited 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