



SCHOOL OF

# Nuclear Medicine Technology

WYOMING VALLEY  
HEALTH CARE SYSTEM

School of Nuclear Medicine Technology  
575 North River Street • Wilkes-Barre, PA. 18764-0001  
570-552-2087

## APPLICATION FOR ADMISSION

NAME \_\_\_\_\_  
*last first middle maiden name*

ADDRESS \_\_\_\_\_  
*street city state zip code*

TELEPHONE \_\_\_\_\_ SS # \_\_\_\_\_ DOB \_\_\_\_\_

*Acceptance for this Program is subject to establishing identity and authorization to study in the US.*

Are you a U.S. Citizen or Alien who has the legal right to remain and be educated in the USA?  Yes  No  
(you will be required to provide documentation proving eligibility)

Have you ever been convicted of a crime, excluding those convictions which have been annulled, expunged or sealed by the Court?  Yes  No (conviction will not necessarily disqualify an applicant from enrollment)

## EDUCATION

SCHOOL (INCLUDING HIGH SCHOOL)	ADDRESS	YEAR ATTENDED	DEGREE/DIPLOMA

## EMPLOYMENT (LIST MOST RECENT EMPLOYER FIRST)

NAME AND ADDRESS	DATES-FROM/TO	REASON FOR LEAVING

**PROFESSIONAL  
LICENSES/CERTIFICATIONS**

Classification or Title \_\_\_\_\_ Renewal Date \_\_\_\_\_

Classification or Title \_\_\_\_\_ Renewal Date \_\_\_\_\_

**LETTERS OF REFERENCE**

THREE (3) LETTERS OF REFERENCE IN SEALED ENVELOPES MUST ACCOMPANY THIS APPLICATION. NO RELATIVES, PLEASE.

**REFERENCE**

**POSITION/ASSOCIATION**

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Please provide an essay that indicates your reasons for pursuing a career in Nuclear Medicine Technology, and attach it to this application.

**Submit official college or post-secondary school transcripts within 2 weeks of this application.**

**APPLICATION FEE**

The \$10.00 application fee must accompany this form. Make checks payable to WVHCS-Hospital.

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**STATEMENT OF VERACITY**

**The facts set forth in my application for enrollment are true and complete.**

I hereby authorize investigation of all statements contained in this application for enrollment and/or any other document completed by me in connection with my enrollment; I permit a detailed employment check including but not limited to a check with previous employers, criminal background check service, criminal background investigation, Criminal History Check, Child Protective Agencies Check, etc. and/or Division of Motor Vehicles Record Check. I release Wyoming Valley Health Care System from any and all liability from such investigation. I understand that any false statement, misrepresentation or omission of facts from this application may cause for immediate dismissal. I further agree to undergo a pre-placement physical examination and any additional physical examinations that may be required in connection to my continued enrollment. Also, I hereby give my consent to such physicians to report their findings to the School.

I hereby attest that I am not currently nor do I anticipate designation as an Excluded Individual as determined by the HHS/OIG and/or GSA. Additionally, I will disclose such designation immediately to WVHCS should I have or attain status as an Excluded Individual as determined by the HHS/OIG and/or GSA.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please send your completed application, education transcripts, letters of reference, application fee and essay to:

**WILKES-BARRE GENERAL HOSPITAL  
SCHOOL OF NUCLEAR MEDICINE TECHNOLOGY**

ATTN. MARY BETH MARTIN, CNMT, NCT  
WILKES-BARRE GENERAL HOSPITAL • 575 NORTH RIVER STREET • WILKES-BARRE, PA 18764-0001