



**THE OHIO STATE UNIVERSITY**

WEXNER MEDICAL CENTER

**Nuclear Medicine Educational Program  
The Wexner Medical Center  
at The Ohio State University  
Trainee Application**

**Identification**

**Name:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

**Telephone No.:** (H) \_\_\_\_\_ (C) \_\_\_\_\_

**Email:** \_\_\_\_\_

*Please select preferred method of contact*

**Education**

	Name, Date, and Location	Degree Received	Coursework or Program	Cumulative Average
High School				
Undergraduate College #1				
Undergraduate College #2				
Graduate School				

***Education Continued:***

Please indicate the university in which the course was completed, the title and/or level of the course and the letter grade received for the following courses: Human Anatomy and Physiology, General Chemistry, General Physics, Medical Terminology, Mathematics, Computer Science, and English Composition. Use the spaces provided on the following page to enter the above requested information.

## Education Continued:

Course	University	Course Title/ level	Grade Received
Human Anatomy w/ Lab			
Human Physiology w/ Lab			
General Chemistry w/ Lab			
General Physics			
Mathematics (College Algebra or Upper level course)			
Computer Science			
Medical Terminology			
English Composition			
Oral Communications			
Social Science Course			
Humanities Course			

## Work History

<b>Current Position</b>		<b>Dates</b>	
		<b>From:</b>	<b>To:</b>
<b>Employer</b>		<b>Department (if Applicable)</b>	
<b>Choose one:</b>			
Full time	Part-time	Summer	Temporary
<b>Description of Duties:</b>			
_____			
_____			
_____			
<b>Previous Position</b>		<b>Dates</b>	
		<b>From:</b>	<b>To:</b>
<b>Employer</b>		<b>Department (if applicable)</b>	
<b>Choose One:</b>			
Full time	Part-time	Summer	Temporary
<b>Description of Duties:</b>			
_____			
_____			
_____			

**Personal Data**

1. Are you a citizen or permanent resident of The United States?  
Yes\_\_ No\_\_ If no, what is your visa type and I-94 expiration date?  
\_\_\_\_\_  
\_\_\_\_\_
  
2. Have you ever been dismissed from a position for delinquency or misconduct? Yes\_\_ No\_\_ If yes, give an explanation in the space provided.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Have you ever been convicted of a criminal offense? Yes\_\_ No\_\_  
If yes, give details in the space provided.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
4. List any professional or technical licenses or certificates related to Nuclear Medicine or the health field that you have received and indicate license number and expiration date.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. Indicate all equipment you operate which may be utilized in the Nuclear Medicine Department. This would include all office equipment, computers, word processors, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*With submission of application, be sure to include a copy of your current resume, clinical observation documentation, and photograph and application fee. All official college transcript(s) and 2 letters of recommendation may be sent separately.*

## Certification and Statement of Understanding

I certify that all of the information furnished in the application is true and complete to the best of my knowledge. I understand the Nuclear Medicine Education Program may investigate the information that I have furnished, and I authorize any firm, person, or organization to supply any information about me concerning past employment, military duty, convictions, or personal information to The Wexner Medical Center at The Ohio State University. I realize that any misrepresentation or false information included in the application materials or provided in the interview process can lead to the withdrawal of an acceptance into the program or to dismissal from the education program.

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

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**Submit Application To:**  
Stacey Copley, MS, CNMT, RT(N)  
Program Director  
Nuclear Medicine Education Program  
410 West 10<sup>th</sup> Ave.  
203 Doan Hall  
Columbus, OH 43210