

BRISAH

Board of Rhode Island Schools of Allied Health

CLINICAL AFFILIATES:

Rhode Island Hospital School of Medical Technology
Our Lady of Fatima Hospital School of Medical Technology

APPLICATION

NAME: _____ AGE: _____

CURRENT MAILING ADDRESS: _____ HOME TEL.#: _____

CELL PHONE #: _____

CITY: _____ STATE: _____ ZIP: _____ EMAIL: _____

☐ Dormitory

☐ Residence

☐ Home

COLLEGE/UNIVERSITY: _____ YEAR OF GRADUATION: _____

ADDRESS: _____ MAJOR: _____

CITY: _____ STATE: _____ ZIP: _____

College Faculty Advisor: _____

Program Coordinator: _____

Name/Address/Telephone of Parents, Guardian, or nearest relative:

_____ Telephone No. _____

Employment (Part-time or summer): Include place, number of hours per week, and brief description of duties:

Are you involved in any activities related to the field of Clinical Laboratory Science (Medical Technology)? If so, please describe:

Are you involved in any student activities, sports, clubs, class offices? If so, describe your responsibilities. Indicate the number of hours per week required for this activity. _____

Are you aware of any reasons (physical, psychological, etc.) that would prevent you from completing the Clinical Internship program? If so, please explain: _____

Have you read, understood, and signed the "Technical Standards" required for all students enrolled in the Clinical Internship program (attached)? (Please submit this document with your application.) Yes No

_____ Document included with Application

List the names of three individuals who will be submitting references. One of these references must be from someone who can attest to your academic capabilities; the remaining two can be from an employer or a personal reference:

_____	_____	_____
(name)	(name)	(name)
_____	_____	_____
(title)	(title)	(title)

**WITH THIS APPLICATION,
BE SURE TO INCLUDE AN OFFICIAL TRANSCRIPT OF YOUR COLLEGE/UNIVERSITY RECORD TO DATE.**

BRISAH and each member institution are Affirmative Action Equal Opportunity employers and support the concept of equal opportunity based on merit. Minorities, females, and handicapped individuals are encouraged to apply.

I hereby certify that the information given in response to the above questions is true and accurate to the best of my knowledge.

_____	_____
(Signature)	(Date)

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