BRISAH

Board of Rhode Island Schools of Allied Health

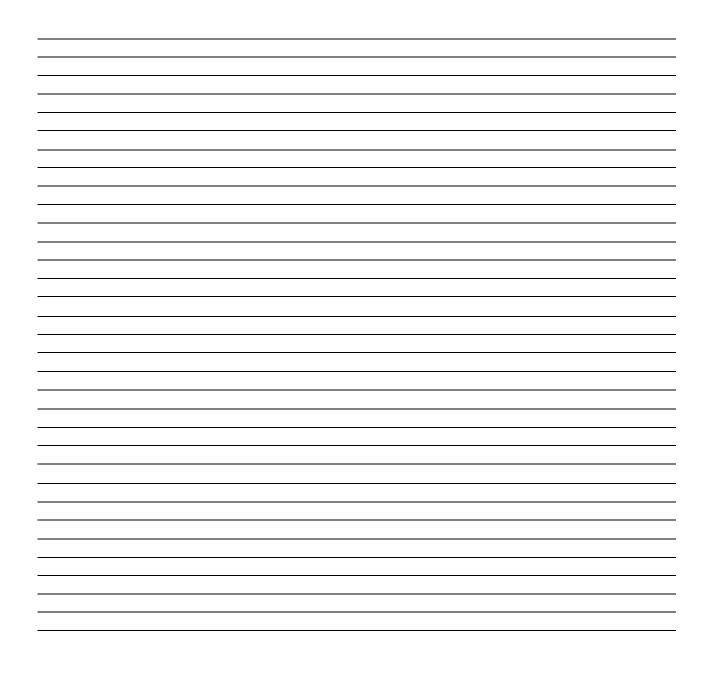
CLINICAL AFFILIATES:

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

A P P L I C A T I O N

NAME:			AGE:
CURRENT MAILING ADDRESS:			HOME TEL.#:
			CELL PHONE #:
CITY:	STATE:	ZIP:	EMAIL:
Dormitory	🗆 Residence	🗆 Home	
COLLEGE/UNIVERSITY:			YEAR OF GRADUATION:
			MAJOR:
			ZIP:
College Faculty Advisor:			
Program Coordinator:			
Name/Address/Telephone of	Parents, Guardian, or neare	st relative:	
			Telephone No.
Employment (Part-time or su	ininier): inclode place, nombe	n of noors per week, un	
Are you involved in any activ	vities related to the field of C	ilinical Laboratory Scien	ce (Medical Technology)? If so, please de scribe:
Are you involved in any stud hours per week required for			ribe your responsibilities. Indicate the number of

In the space below, please provide a brief statement of your career goals in Medical Laboratory Science/ Clinical Laboratory Science



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)