

# Aurora St. Luke's Medical Center

2900 West Oklahoma Avenue  
Milwaukee, WI 53215  
414-649-6418



## Clinical Application for Admission to Nuclear Medicine Internship

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Birthdate: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

What College/University are you currently attending? \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

Are you certified, licensed or registered in a medical service field?  
\_\_ Yes \_\_ No. If yes, indicate type: \_\_\_\_\_

Have you ever been suspended, dismissed, or expelled from an  
education program that you attended? \_\_ Yes \_\_ No



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Name

Profession



### **Extracurricular Activities:**

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### **Essay:**

Briefly describe in one page why you are interested in the profession of Nuclear Medicine Technology and what your career goals are.

### **Transcripts:**

Please send me a copy of all post high school educational transcripts by mail or email. Official transcripts will be requested if selected for internship.

If you have any questions please call at 414-649-6418 or email at [kerry.michell@aurora.org](mailto:kerry.michell@aurora.org).