

Request for Healthcare/Patient Contact Experience

Date:

1. Name:

Address:

Phone #'s Home:

Cell:

Student MTC ID # _____

2. Are you currently on the Radiography Qualified Waiting list?
3. Have you had all General Education classes i.e.: Eng101, Eng 102, Math 102, Humanities, Medical Terminology (AHS102), Bio112, Psy201, CPT101 or 170 or higher? YES NO If no, what are you lacking?
4. Do you hold a license/certification in a health field? YES NO If yes, please explain.

Please give your title during your healthcare/patient contact experience and place of employment or volunteering. Be specific in listing your patient care duties:

How long did you work/volunteer in the health care setting(s)? Please give start and ending dates.

5. Please list two (2) work references of immediate supervisors that will attest to a positive attitude, positive work ethic and teamwork skills. Please give names, titles, and phone numbers.

I attest that the above information is true and accurate to the best of my knowledge.

Signed _____

Date _____