**APPLICATION FORM**

**Dosimetry Trainee Position at University of Maryland**

**INSTRUCTIONS:** Please type or print filled application package and send via postal mail to the program address below. Please note that no application material will be accepted via email or other electronic submission. Application materials should include:

* This application form in full
* Transcripts, certificate of completion and highest degree diploma
* Statement of interest
* Reference forms and letters of recommendations

**Applications must be received by December 1 in full for the following academic year. Mail applications to:**

Dosimetry Program Admissions

Department of Radiation Oncology

University of Maryland Medical Center

22 S. Greene Street, Baltimore, MD 21201

|  |  |  |  |
| --- | --- | --- | --- |
| **First Name:** |  | | |
| **Last Name:** |  | | |
| **Address:** |  | | |
|  | **City:** | **State:** | **Zip:** |
| **Phone #1:** |  | **Phone #2:** |  |
| **Email:** |  | | |

***Please answer following questions:***

Are you a United States citizen or Lawful Permanent Resident?

If answered “No”, do you have a permit / visa to attend school and work in the United States?

Further explanations (if any):

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Signature:** |  | **Date:** |  |

**Applicant Name:**

**Educational Background**

Official transcripts for all educational levels must be forwarded to our program address by the application deadline. All foreign degrees must be accompanied by proper/certified English translations.

|  |  |
| --- | --- |
| **High School** | |
| **High School:** |  |
| **City / State:** |  |
| **Date of Attendance:** | through |
| **University Level Education** | |
| **Degree Received:** |  |
| **College / University:** |  |
| **City / State:** |  |
| **Dates of Attendance:** | through |
| **Degree Received:** |  |
| **College / University:** |  |
| **City / State:** |  |
| **Dates of Attendance:** | through |
| **Certificate Programs** | |
| **Certificate Name:** |  |
| **Institution Name:** |  |
| **City / State:** |  |
| **Dates of Attendance:** | through |
| **Certificate Name:** |  |
| **Institution Name:** |  |
| **City / State:** |  |
| **Dates of Attendance:** | through |

**Applicant Name:**

**Employment History**

List employment history for the past five years starting with the most recent employer. Please indicate if the work was provided voluntary/pro-bono.

|  |  |  |
| --- | --- | --- |
| **Position Name:** |  | |
| **Dates of Employment:** | through | |
| **Employer Name:** |  | |
| **City / State:** |  | |
| **Supervisor Name:** |  | **Phone No:** |
| **Description of Job Duties and Responsibilities:** |  | |
| **Position Name:** |  | |
| **Dates of Employment:** | through | |
| **Employer Name:** |  | |
| **City / State:** |  | |
| **Supervisor Name:** |  | **Phone No:** |
| **Description of Job Duties and Responsibilities:** |  | |
| **Position Name:** |  | |
| **Dates of Employment:** | through | |
| **Employer Name:** |  | |
| **City / State:** |  | |
| **Supervisor Name:** |  | **Phone No:** |
| **Description of Job Duties and Responsibilities:** |  | |
| **Position Name:** |  | |
| **Dates of Employment:** | through | |
| **Employer Name:** |  | |
| **City / State:** |  | |
| **Supervisor Name:** |  | **Phone No:** |
| **Description of Job Duties and Responsibilities:** |  | |

**Applicant Name:**

**Statement of Interest**

Your personal statement is an important part of your application and should be typed in a standard letter format and attached with your application package (maximum word count is 500). In your interest letter, please focus on the reasons you wish to become a Dosimetrist and participate in our program. You may consider answering the following questions when writing your statement:

1. How did you become interested in Medical Dosimetry?
2. What steps have you taken to prepare you for a career in Medical Dosimetry?
3. How did you learn about this program?
4. What do you think you will receive from this program?
5. What do you think you will contribute to this program and the profession?
6. What do you think your strong characteristics are? Any weaknesses?
7. Why should we accept you in our program?

**Applicant Name:**

**References**

**INSTRUCTIONS:**

* + List at least two (2) personal references below. We encourage the selection of work supervisors and professors. Co-workers and friends are not acceptable references. Please ensure the references list their relationship to you on the reference form below.
  + Included evaluation forms must be completely filled out in all circumstances; however a recommendation in the traditional letter format may also be submitted (in addition to the reference evaluation forms). No phone calls, emails or other methods will be accepted for applicant recommendations.
  + Follow the directions:
    1. Fill in your name on the individual reference form.
    2. Give the form to person(s) providing reference.
    3. Have your reference fill out the form, print, sign and mail it to the program address provided.
  + Your application will not be complete without two (2) references. If a reference is received and later withdrawn your application will not be considered for the current school year.

|  |  |
| --- | --- |
| **List of References** | |
| **Name:** |  |
| **Profession / Title:** |  |
| **Relationship:** |  |
| **Phone No:** |  |
| **Name:** |  |
| **Profession / Title:** |  |
| **Relationship:** |  |
| **Phone No:** |  |
| **Name:** |  |
| **Profession / Title:** |  |
| **Relationship:** |  |
| **Phone No:** |  |
| **Name:** |  |
| **Profession / Title:** |  |
| **Relationship:** |  |
| **Phone No:** |  |