



SCHOOL OF MEDICINE HEALTH PROFESSIONS PROGRAMS

Nuclear Medicine Technology Questionnaire

Instructions

1. Utilize this as a fillable form to improve legibility.
 2. If submitting a hard copy, all documents should be single sided, unfolded, unstapled, and legible in blue or black ink.
 3. Include the underlined portion of the question followed by your response
 4. Complete and return this questionnaire along with your application to the HPP Office.
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1. Briefly describe your reasons for pursuing a career in Nuclear Medicine Technology. Include all work or volunteer experience and information that you feel has influenced your decision to study Nuclear Medicine Technology.

Legal Name: _____ Indiana University ID: _____

(Please list as it appears on a government issued ID)



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2. Have you ever observed in a nuclear medicine department and/or interviewed a nuclear medicine technologist? What did you learn about the field?

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3. Briefly describe those activities for which you were a participant (society & club memberships, community service, hobbies, etc.) during your high school and undergraduate work. Include honors received and/or offices held.

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4. Describe yourself as a student. Include your strengths, areas of concern if any, and any extenuating circumstances (illness, class or work load, etc) that may have detrimentally affected your past academic performance.

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