

**Atlanta Society of Radiologic Technologists, Inc.**

**Student Intern Application**

The purpose of the AtlSRT, Inc. Student Intern Program is to foster student knowledge of the purpose and goals of the AtlSRT, Inc. and to increase student and graduate involvement in the professional organization.

**STUDENT QUALIFICATIONS**:

• Enrolled and in good standing in an Atlanta-area medical imaging or therapy program and currently enrolled in courses

• Minimum of 12 months remaining to graduation/completion

• Minimum cumulative GPA of 2.5 on 4.0 scale

• Program Director approval

• AtlSRT student member at time of application

• Not currently a technologist member of AtlSRT, Inc.

• Completion of application with personal statement

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Phone # ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Radiologic Sciences Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICANT STATEMENT: Must be submitted at the same time as application**.

Please provide a brief narrative that explains the role of professional organizations in the technologist’s career and why you want to serve as an AtlSRT, Inc. Student Intern. The essay may be electronically submitted to the AtlSRT board via email.

**APPLICANT CERTIFICATION:**

I certify the above information is accurate to the best of my knowledge. In addition, I understand that in the event I withdraw from school or fail to enroll as a full-time student during the school year for which this internship has been awarded to me, I will be relieved of all duties and responsibilities as an AtlSRT, Inc. Student Intern.

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**PROGRAM DIRECTOR:**

I verify this applicant is a current student in good standing with the Radiologic Sciences Program listed above and has a GPA of 2.5 or greater on a 4.0 scale:

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Program Director Signature Date

**\*\*Only sign if you feel the student is capable of undertaking this additional responsibility and still remain in good standing in your program\*\***