

The Missouri Society of Radiologic Technologists

Student Internship Program

There will be one (1) student internship available for a second year radiography student who meets the necessary qualifications. The recipient will shadow MSRT Board members during regular meetings of the MSRT Board of Directors and during the MSRT Annual Conference. The recipient will receive all privileges and financial compensation of an MSRT Board member except the ability to vote. Candidates must be sponsored by a current MSRT Board member.

Requirements:

The candidate must:

Be a student member of the MSRT.

Be in good standings with a training program acceptable for credit by The American Registry of Radiologic Technologists.

Be able to attend all regular meetings of the MSRT Board of Directors.

The recipient is required to attend the annual conference to receive his/her award. Note: The recipient will be notified of his/her selection prior to the conference, and registration fees will be waived for day the internship award is given.

Application Procedure:

1. Complete the internship application form.
2. Submit two (2) letters of recommendation, in a sealed envelope, using the forms provided. The sponsoring Board member must complete one of the recommendation forms.
3. Submit a Personal Essay.
4. Submit Program Director's verification of the candidate's student status.
5. Submit proof of MSRT student membership.
6. Submit Sponsorship Form.

Directions for Personal Essay:

Essay must be typewritten on a separate piece of paper and must be 1000 words or less in length, double-spaced and in 12-point font. Essay content must include the following information:

Personal or academic achievements

Career goals

Professional goals

Incomplete or late applications will not be considered.

*Send the completed application & documents in a **single packet** to:*

MSRT Student Internship Committee

Brenda Matthews, BSRT (R)(M)(CDT)

5308 Olivia Ray Drive

Columbia, MO 65201

All applications must be sent by CERTIFIED MAIL and shall be postmarked no later than

MONDAY, FEBRUARY 15, 2010.

Missouri Society of Radiologic Technologists

Student Internship Program

Application Form

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # () _____ School Phone # () _____

Email: _____

Name & Address of Radiologic Technology Program currently enrolled in:

Anticipated Date of Graduation: _____

Missouri Society of Radiologic Technologists

Student Internship Program

Candidate Recommendation Form

Name of Applicant _____

Current Address _____

Name of Evaluator _____

To the Applicant:

Please Read and Sign below. Enter your name and address above, and give this form to the two individuals you have asked to provide an evaluation as part of your application. The recommender should complete the form and return it to you in a sealed envelope. Next, attach these envelopes to your MSRT Student Intern Application when you submit it to the appropriate MSRT Student Internship Committee Chair.

1. How long and in what capacity have you known the applicant?

2. What separates the applicant from their peers that should be considered as making them deserving of this award (e.g. their principle talents or strengths)?

3. Please give us your appraisal of the applicant relative to others you have known in a similar capacity by marking the appropriate boxes in the chart below.

	Exceptional	Outstanding	Excellent	Good	Average	Below Average
Intellectual Ability						
Maturity						
Motivation						
Ability to work with others						
Self-Confidence						
Leadership Potential						
Critical-thinking Skills						
Verbal Communication Skills						
Written Communication Skills						

4. Describe the applicant's aptitude for education and professionalism in the radiologic sciences:

5. Use the space below to make any additional comments concerning the applicant. If additional space is needed, use a separate sheet.

Signature _____ Date _____

Name _____ Title _____

(Please type or print)

Employer _____

Business Address _____

The Missouri Society of Radiologic Technologists

Student Internship Program

Sponsorship Form

Name of Applicant _____

Name of Sponsoring Board member _____

Board Position held by Sponsor _____

Address of Sponsor: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone # () _____ **Work Phone # ()** _____

Email: _____