



**APPLICATION FOR RESIDENCY POSITION
Masters of Science in Diagnostic Imaging**

Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Telephone: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Social Security No. : _____

COLLEGES OR SCHOOLS ATTENDED (Include Chiropractic Institutions)

NAME OF INSTITUTION (In Chronological order)	LOCATION (City and State)	Month & Year Of Graduation	Degree Earned, if any
1.			
2.			
3.			
4.			

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Professional Memberships:

Civic Memberships:

Have you ever been convicted of any crime, including DWI but excluding minor traffic violations?
Yes _____ No _____

If yes, state the date, the offense, the county where the offense occurred and the disposition of the conviction.

Criminal conviction is not an absolute bar to employment but will be considered only in relation to specific job requirements.

Are you licensed or qualified to be licensed to practice chiropractic?

Yes ____ No _____

If you answered NO to the above question, please explain on a separate sheet.

In what state, province or foreign country do you hold a chiropractic license(s) or basic science certificate(s), or other professional certificate(s) or diploma(s)?

STATE OR PROVINCE	TYPE OF LICENSE OR CERTIFICATE	LICENSE NUMBER	DATE OBTAINED

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Is/are your chiropractic license(s) in good standing? Yes _____ No _____

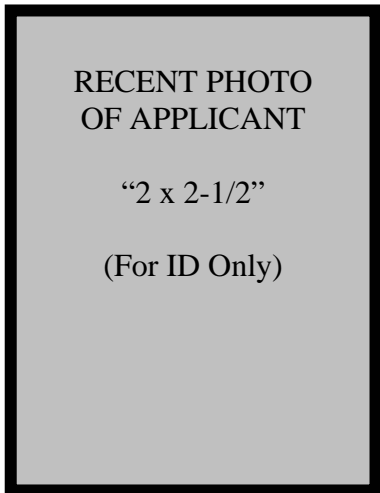
Have you ever been the subject of any disciplinary action? Yes _____ No _____

If you answered no to #1 or yes to #2, please explain on a separate sheet.

I hereby certify that the information submitted on this application is true and complete to the best of my knowledge and belief and I understand that falsification of any of the information contained herein shall be grounds for disqualification from further consideration or for immediate dismissal from employment. I also understand that if I am appointed as a resident, my signature below authorizes New York Chiropractic College to use my name and/or picture in catalogs and any and all College publications. This authorization will continue to be valid unless it is withdrawn by me in writing. Withdrawal shall not affect any publications that are in circulation and the institution shall not be required to delete my name until a new issue is reprinted. I further certify that upon accepting appointment to New York Chiropractic College, I agree not to function as a private entrepreneur in the offering of outside classes to students, doctors of chiropractic or chiropractic assistants unless the course offering is under the auspices of the New York Chiropractic College. It is also my understanding that, under very specific terms and conditions, special permission may be granted by the Administration for such course offerings.

Signature of Applicant

Date of Application



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Please submit the following with your application:

- Letter detailing your suitability for the program including your vision and personal goals.
- Current *Curriculum Vitae*
- Copies of all professional licenses and certificates
- Copy of diploma of highest professional or academic degree
- Letter of recommendation from Department Chairperson or Head of Radiology at the chiropractic institution from which your degree was granted
- Letters of recommendation from two other professionals (at least one from a chiropractor)
- Request official transcripts from:
 - All undergraduate institutions
 - Graduate institution
 - Pre-professional institutions
 - Chiropractic institutions
 - National Board of Chiropractic Examiners

This application and all other documentation should be sent to:

Christine McDermott
Office of Human Resources
New York Chiropractic College
2360 State Route 89
Seneca Falls, NY 13148
cmcdermott@nycc.edu
(315) 568-3105