



APPLICATION FOR RESIDENCY POSITION
Master of Science in Diagnostic Imaging

SECTION 1: PERSONAL INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone 1: _____ Please contact me via this number

Telephone 2: _____ Please contact me via this number

E-mail: _____

SECTION 2: COLLEGES/UNIVERSITIES ATTENDED

Please include undergraduate, graduate, and chiropractic institution(s).

List in chronological order, starting with the most recent. Please attach a separate page if necessary.

1. College: _____

Location (City, State): _____

Dates of matriculation (month, year): From: _____ To: _____

Degree(s) earned, including year degree was granted: _____

2. College: _____

Location (City, State): _____

Dates of matriculation (month, year): From: _____ To: _____

Degree(s) earned, including year degree was granted: _____

3. College: _____

Location (City, State): _____

Dates of matriculation (month, year): From: _____ To: _____

Degree(s) earned, including year degree was granted: _____

4. College: _____

Location (City, State): _____

Dates of matriculation (month, year): From: _____ To: _____

Degree(s) earned, including year degree was granted: _____

SECTION 3: PROFESSIONAL INFORMATION

At the time of application, are you:

Yes No Currently matriculated in chiropractic college? If yes, estimated graduation: _____

Yes No Currently licensed to practice chiropractic?

Yes No Eligible for chiropractic licensure in the state of New York?
If no, please explain on a separate page.

Please list all current and former state/provincial chiropractic licenses, as well as any other professional licenses. Please attach a separate page if necessary.

1. Type of professional license, e.g. DC, MD, LAc: _____

Issuing state (if outside the US, please list province and country): _____

License number: _____

Dates of licensure: From: _____ To: _____

2. Type of professional license, e.g. DC, MD, LAc: _____

Issuing state (if outside the US, please list province and country): _____

License number: _____

Dates of licensure: From: _____ To: _____

3. Type of professional license, e.g. DC, MD, LAc: _____

Issuing state (if outside the US, please list province and country): _____

License number: _____

Dates of licensure: From: _____ To: _____

Please answer the following:

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

Yes No Have you ever been subject to disciplinary action by a professional licensing body?
If yes, please explain on a separate page.

Yes No Have you ever been subject to a malpractice suit?
If yes, please explain on a separate page.

Yes No Have you ever been convicted of a crime, including DWI but excluding minor traffic violations?
If yes, please state the date, offense, jurisdiction, and disposition of conviction on a separate page.
Please note: criminal conviction is not an absolute bar to employment but will be considered only in relation to job requirements.

Application for NYCC MSDI Residency

I hereby certify that the information submitted on this application is true and complete to the best of my knowledge and belief. 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/or 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 or educational materials to students, doctors of chiropractic, or chiropractic assistants unless the course or materials are offered under the auspices of New York Chiropractic College. It is also my understanding that under specific terms and conditions, special permission may be granted by the Administration for such course offerings.

Signature of Applicant

Date

The following materials are required to be complete your application portfolio:

- Completed Application for Residency Position
- Letter of intent, including your vision and goals as a future chiropractic radiologist
- Current Curriculum Vitae
- Copies of all professional licenses
- Copy of Bachelor's degree diploma
- Copy of Doctor of Chiropractic diploma
- 3 letters of recommendation
 - 1 from the Department Chair or Head of Radiology from the institution granting your DC
 - 2 letters from professionals, at least one from a chiropractor
- Official transcripts from:
 - All undergraduate institutions
 - Institution granting your Doctor of Chiropractic degree
 - Any other graduate level institutions
 - US National Board of Chiropractic Examiners

This application and all other documents are to be sent directly to:

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

Please direct any questions you may have to the Director of the MSDI program:

Chad D. Warshel, DC, DACBR
315-568-3297
cwarshel@nycc.edu