

# RADIOLOGIC TECHNOLOGY PROGRAM

## CLINICAL SITE REQUEST

The following information is necessary to complete the program selection process for Fall entry. **You will not be automatically placed on a list.** You **must** select the clinical site(s) of your choice. Please do not indicate interest in a site if you are not committed to complete the full two years of clinical rotations there. Entry will be determined by prerequisite completion date.

Applicant Name: \_\_\_\_\_ Husky ID# \_\_\_\_\_ or  
SS# \_\_\_\_\_

Applicant's Address:  
\_\_\_\_\_

I would like to be considered for program entry in the fall of 20 \_\_\_\_\_

**Send** this completed form to:                    **LAKE SUPERIOR COLLEGE**  
   **ADMISSIONS**  
   **2101 Trinity Road**  
   **Duluth, MN 55811**

### CLINICAL SITE REQUEST

*You may choose to be considered for more than one clinical site. Please do not list a site if you are not committed to complete the full two years in that area. Indicate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> choices if applicable.*

| X                        | <i>PREFERRED CLINICAL SITE LOCATION</i>                              |  | X                        |
|--------------------------|--|--|--------------------------|
| <input type="checkbox"/> | Aitkin, Minnesota<br><small>Available 2013, 2015, 2017, 2019</small> | Deer River, Minnesota<br><small>Available 2013, 2015, 2017, 2019</small> | <input type="checkbox"/> |
| <input type="checkbox"/> | Ashland, Wisconsin   | <b>Duluth, Minnesota</b>   | <input type="checkbox"/> |
| <input type="checkbox"/> | Ely, Minnesota<br><small>Available 2014, 2016, 2018, 2020</small>    | Crosby, MN   | <input type="checkbox"/> |
| <input type="checkbox"/> | Bemidji, Minnesota   | Hibbing, Minnesota   | <input type="checkbox"/> |
| <input type="checkbox"/> | Grand Rapids, MN   | Moose Lake, Minnesota  | <input type="checkbox"/> |
| <input type="checkbox"/> | Brainerd, MN   |  | <input type="checkbox"/> |

Site availability is limited.