



**Application Form – Deadline May 15th**

MRI Accelerated Internship Program  
265 Westgate Drive  
Brockton, MA 02301  
1-800-258-4674 Ext. 3179

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

Phone Number: \_\_\_\_\_ City/Town: \_\_\_\_\_

Email Address: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Fax Number: \_\_\_\_\_

To apply, return this completed application form with the following:

- \$10.00 Non-refundable application fee, payable by check or money order to Shields MRI  
The application fee will be credited toward tuition if you are selected to participate in the program
- Current resume
- Copy of current ARRT certification
- Letter of interest, explaining why you would like to participate in this program  
The reverse side of this application may be used or a separate sheet of paper.

*Send above information to:*

Vera Miller, RT (MR)  
Shields MRI – Brockton  
265 Westgate Drive  
Brockton, MA 02301

**Fax: 800-372-8107**