

Appendix 2

(school and department names) or (hospital name)							
Medical Radiology Technologist Makeup Internship Certificate							
Name		Sex		Birth date	MM/DD/YYYY	National ID No.	
Subject	Details				Internship Site	Start and End Dates	Duration
<input type="checkbox"/> Diagnostic radiology	General radiography (including mammography and bone density scanning), special radiography, angiography, cardiac cath technology, dental imaging, computer tomography (CT), general ultrasonography (including abdominal, breast, musculoskeletal, and minor body organs), gynecologic ultrasonography, heart ultrasound, vascular and nervous system ultrasound, and magnetic resonance imaging (MRI).					MM/DD/YYYY   MM/DD/YYYY	__week(s) ____hours
<input type="checkbox"/> Radiotherapy	External beam therapy (EBT, aka external radiation therapy), internal radiation therapy (brachytherapy), mould and mask making, radiography simulations (including CT), radiation treatment planning, QA in radiation treatment, and radiation treatment dosage.					MM/DD/YYYY   MM/DD/YYYY	__week(s) ____hours
<input type="checkbox"/> Nuclear medicine	In vivo analysis & examination technology and QA, radioimmunoassay technology and QA, nuclear medicine diagnostic imaging technology (including PET) and QA, and nuclear medicine treatment technology and QA.					MM/DD/YYYY   MM/DD/YYYY	__week(s) ____hours
<p>This is to certify that the applicant has successfully completed the internship program for a period of ____ weeks (or ____ hours) and has passed all internship subjects.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p style="text-align: center;">President (Dean, or hospital Superintendent):</p> <p style="margin-top: 20px;">(school or internship site seal)</p> </div> <div style="width: 35%; text-align: right;"> <p>(signature or seal)</p> </div> </div>							

Department (Division) Chair or Unit Chief::

(signature or seal)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_( MM/DD/YYYY)

Note:

1. This certificate must be issued by the school or internship site based on actual facts. The school or site shall be responsible for all information stated above.
2. This certificate is only for the applicant's use for the registration for Senior Professional and Technical Examination for Medical Radiology Technologists.