

**NORTHEAST COLLEGE OF HEALTH SCIENCES
APPLICATION FOR MASTER OF SCIENCE IN CLINICAL ANATOMY
RESIDENCY POSITION**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

COLLEGES OR SCHOOLS ATTENDED

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

Professional Memberships:

Civic Memberships:

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

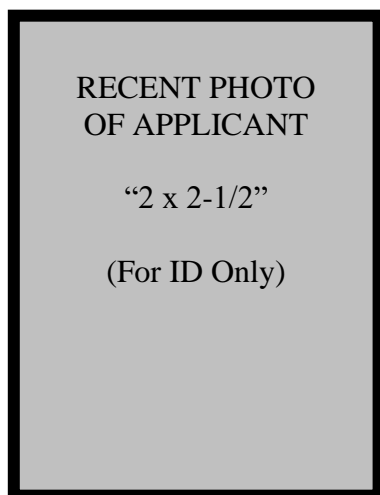
If yes, state the date, the offense, the county where the offense occurred and the disposition of the conviction.

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

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 Northeast College of Health Sciences 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 This authorization will continue to be valid unless it is withdrawn by me in writing.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 Northeast College of Health Sciences, 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 Northeast College of Health Sciences. 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



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 Anatomy at the institution from which your highest earned degree was granted (if possible).
- Letters of recommendation from two other professionals.
- Request official transcripts from all institutions where a degree was earned.

This application and all other documentation should be sent to:

Office of Human Resources
Northeast College of Health Sciences
2360 State Route 89
Seneca Falls, NY 13148
humanresources@northeastcollege.edu
315.568.3303

Date Revised: May 15, 2024