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## Student Leadership Award Application

### Applicant

Specialty

- |  |  |
|--|--|
| <input type="checkbox"/> Radiological Technology       | <input type="checkbox"/> Radiation Therapy                 |
| <input type="checkbox"/> Nuclear Medicine Technology   | <input type="checkbox"/> Electroneurophysiology Technology |
| <input type="checkbox"/> Magnetic Resonance Technology |  |

Full Name

Specialty

Phone #

Email

Educational Institution

Instructor Contact (Name/email)

### Submission Components

Please include the following in your application:

- Application form
- Academic transcript
- List of corroborating activities demonstrating leadership
- Evidence of involvement with the ACMDTT
- Letter of reference from an ACMDTT member in good standing

### Verification of Application

**SIGNATURE** \_\_\_\_\_

**DATE (dd/mm/yyyy)** \_\_\_\_\_