



**Lambda Nu**

National Honor Society for the Radiologic and Imaging Sciences.  
Emory University Medical Imaging Program, Attn. Barbara Peck, 531 Asbury Cir, N112, Mailstop 1600-002-1AA,  
Atlanta, Ga. 30322,  
770-712-7823, Fax 770-712-7256  
[bpeck@emory.edu](mailto:bpeck@emory.edu), [www.radiology.emory.edu/medimag](http://www.radiology.emory.edu/medimag)

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**Clinical Instructor Application**

1. Name of clinical instructor as it should appear on the certificate (please print):

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First	Middle (if desired)	Last
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2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Criteria: **Check all that apply**

- In good standing with the program as determined by JRCERT requirements. (To be determined by program.)
- Actively teaching at a clinical site of the institution above. (part time, adjunct, or guest faculty) **Clinical Site** \_\_\_\_\_
- A member of a **state or local** medical imaging society.  
**Name of Society** \_\_\_\_\_  
**Submit copy of current membership ID card**

4. ***A one-time clinical instructor induction fee of \$50 must be enclosed. Make checks payable to "Emory University Lambda Nu Honor Society"***

*"By my signature I hereby attest that I have met the criteria for membership as indicated above. "*

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date