



## **Lambda Nu**

National Honor Society for the Radiologic and Imaging Sciences  
**Pennsylvania Sigma Chapter**  
Reading Hospital School of Health Sciences Medical Imaging Program  
P.O. Box 16052  
Reading, PA 19612-6052  
[pennsylvaniasigma@gmail.com](mailto:pennsylvaniasigma@gmail.com)

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### **Student Application**

1. Complete the following, with the name of student as it should appear on certificate. Please print legibly.

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First

Middle (if desired)

Last

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Mailing Address

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City, State, Zip

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Phone Number

Email Address

2. Criteria for student membership. **Check all that apply.**

**\*Please submit documentation.**

- Required:** Cumulative GPA 3.0 or higher on 4.0 scale after completing the fourth semester of an imaging sciences program at Reading Hospital School of Health Sciences.\* (unofficial transcript forwarded to Lambda Nu Honor Society Pennsylvania Sigma Chapter at RHSHS)
- Required:** Enrollment in an imaging sciences program for at least four semesters at Reading Hospital School of Health Sciences.
- Required:** Evidence of professional commitment during enrollment beyond minimum requirements of the program which will include at least two of the following or equivalent:
  - Cumulative GPA 3.5 or higher.
  - Actively pursuing an independent research project.\*
  - Clinical or support staff-based employment in an imaging sciences field.\*
  - Minimum 4-hour attendance at medical imaging-based conferences/webinars during enrollment (verified by completed attendance certificate)
  - Actively holding an officer position in a school wide committee. (SGA, etc.)
  - Selected and served or are serving as a PSRT student intern or as participant in ASRT Student Leadership Development Program.\*
  - Participation in 25 hours or greater of community service at time of application (verified as submitted through Alvernia University.) \*
  - Other: Please specify \_\_\_\_\_

Please note: Students on clinical probation or final written warning at the time of application are not eligible to apply.

**A one-time student induction fee of \$65 must be enclosed.** Please enclose **2 checks** - make **check 1** in the amount of **\$30 payable to Lambda Nu** for the National Charter fee. Make **check 2** in the amount of **\$35 payable to Pennsylvania Sigma Chapter of Lambda Nu** for the Pennsylvania Sigma Chapter Fund.

**Please submit completed application with required documentation and checks by one of the following methods:**

- **In person:** Please place completed application with required documentation and checks in a sealed envelope labeled "Pennsylvania Sigma Chapter of Lambda Nu" and drop off at Reading Hospital School of Health Sciences M-F 8:00am-4:30pm.

- **Via mail to:**  
Reading Hospital School of Health Sciences Medical Imaging Program  
Attn: Pennsylvania Sigma Chapter of Lambda Nu  
P.O. Box 16052  
Reading, PA 19612-6052

*“By my signature I hereby attest that I am enrolled in and in good standing at the institution of the above chapter. I further attest that I have met the criteria for membership as indicated above. “*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Created on: 7.2017  
Rev. 1.2022  
9.2023