



New Clinical Affiliate Request Form

New Clinical Affiliate Request:

Program applicants who have a facility that will allow them to complete their clinical education will complete this form and submit it with their application. The facility will need to meet the clinical education requirements of the program. Admission into the A.S. in MRI program is competitive and applying with a clinical affiliate **does not guarantee acceptance into the program.**

Clinical Education Requirements:

The clinical affiliate must allow the prospective student to perform imaging procedures under the supervision of a credentialed MRI Technologist. The program requires a minimum of 21 - 24 hours per week in the clinical environment for 12 months. If the clinical affiliate does not offer all the clinical competencies required for graduation, the student will be placed at other Gurnick-approved clinical sites to meet the program's requirements.

The program applicant is responsible for having this form completed and signed by the proposed clinical affiliate. All contact information must be up to date for verification purposes.

Clinical Affiliate Information:

Institution Name	
Street Address	
City, State, Zip Code	
Department	
Department Manager	
Email	
Phone Number	

Supervising Technologist Information:

Name	
Email	
Phone Number	
Credentials	
ARRT/ARMRIT Number	

Department Equipment:

Equipment Manufacturer	Model	Accessory Equipment	



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Annual Statistical Summary of MRI Procedures Performed in the Department:

Procedure	Annual Total
Head and Neck	
Brain	
IACs	
Pituitary	
Orbits	
Cranial Nerves (Non IACs)	
Vascular Head MRA	
Vascular Head MRV	
Brain Perfusion	
Soft Tissue Neck	
Vascular Neck	
Spine	
Cervical	
Thoracic	
Lumbar	
Sacrum-Coccyx	
Sacroiliac Joints	
Brachial Plexus	
Thorax	
Chest (Non Cardiac)	
Breast	
Vascular Thorax	
Abdomen and Pelvis	
Liver	
Pancreas	
MRCP	
Adrenals	
Kidneys	
Enterography	
Female Soft Tissue Pelvis	
Male Soft Tissue Pelvis	
Musculoskeletal	
Temporomandibular Joints (TMJs)	
Sternum/Sternoclavicular Joints	
Shoulder	
Long Bones (Upper Extremity)	
Elbow	
Wrist	
Hand	
Finger/Thumb	
Bony Pelvis	



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Hip	
Long Bones (Lower Extremity)	
Knee	
Ankle	
Foot	
Arthrogram	

Will the student have the opportunity to start IV's?

Yes _____ No _____

My signature verifies that this form is accurate, and the applicant will have the opportunity to gain clinical experience in this department. If the applicant is accepted into the program, a clinical affiliation agreement must be in place prior to student placement.

Signature of Department Manager

Date

Comments:

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