



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 Radiologic Technology 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 Radiologic Technologist. The program requires a minimum of 16 - 24 hours per week in the clinical environment for 23 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 Number	

Department Equipment:

Equipment Manufacturer	Model	Type (X-ray table, Portable, C-Arm, Fluoroscopy)



New Clinical Affiliate Request Form

Summary of X-ray Procedures Performed in the Department:

Procedure	Competencies Available at Site: H – High Volume M – Medium Volume L – Low Volume N/A – Not Applicable
Chest and Thorax	
Chest Routine	
Chest AP (Wheelchair or Stretcher)	
Ribs	
Chest Lateral Decubitus	
Sternum	
Upper Airway (Soft-Tissue Neck)	
Sternoclavicular Joints	
Upper Extremity	
Thumb or Finger	
Hand	
Wrist	
Forearm	
Elbow	
Humerus	
Shoulder	
Clavicle	
Scapula	
AC Joints	
Trauma: Shoulder or Humerus	
Trauma: Upper Extremity (Non-Shoulder)	
Lower Extremity	
Toes	
Foot	
Ankle	
Knee	
Tibia-Fibula	
Femur	
Patella	
Calcaneus	
Trauma: Lower Extremity	
Head	
Skull	
Facial Bones	
Mandible	
Temporomandibular Joints	
Nasal Bones	



New Clinical Affiliate Request Form

Orbits	
Paranasal Sinuses	
Spine and Pelvis	
Cervical Spine	
Thoracic Spine	
Lumbar Spine	
Cross-Table Lateral Spine	
Pelvis	
Hip	
Cross-Table Lateral Hip	
Sacrum and/or Coccyx	
Scoliosis Series	
Sacroiliac Joints	
Abdomen	
Abdomen Supine	
Abdomen Upright	
Abdomen Decubitus	
Intravenous Urography	
Fluoroscopy Studies	
Upper GI Series	
Contrast Enema	
Small Bowel Series	
Esophagus	
Cystography/Cystourethrography	
ERCP	
Myelography	
Arthrography	
Hysterosalpingography	
Mobile C-Arm Studies	
C-Arm Procedure	
Surgical C-Arm Procedure	
Mobile Radiographic Studies	
Chest	
Abdomen	
Upper or Lower Extremity	
Pediatric Patient (Age 6 or Younger)	
Chest Routine	
Upper or Lower Extremity	
Abdomen	
Mobile Study	

What is the average number of exams performed each day? _____



New Clinical Affiliate Request Form

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: