

COLLEGE OF DUPAGE

Magnetic Resonance Imaging (MRI) Program

Advanced Certificate



Fall 2026

Application Deadline:
June 18, 2026 at 5 p.m.

Note: Please see specific program registration or admission packets for detailed information on when to begin completing health requirements, drug tests, CPR, criminal background checks and proof of insurance submission. Timing varies depending upon either entrance to or participation in the clinical component of a given program. Funds paid to Edward Corporate Health or to a personal health care provider/ source, [CastleBranch.com](https://www.CastleBranch.com), insurance companies, and funds used towards CPR completion are not eligible for any sort of refund from College of DuPage if the required course(s) are not successfully completed.

Students are not accepted into this program until they receive an official acceptance letter from College of DuPage Nursing and Health Sciences Division.

COLLEGE OF DUPAGE
Health and Sciences Division
425 Fawell Blvd.
Glen Ellyn, IL. 60137-6599
www.cod.edu
PHONE 630 942-8331 FAX 630 942-4222

Dear Applicant,

Thank you for your interest in the College of DuPage Magnetic Resonance Imaging Technology program. Enclosed you will find an admissions packet which should answer most of your questions. If you have any additional questions, please feel free to contact me at oldhamt@cod.edu.

Sincerely,

Tom Oldham, M.S.R.S, RT(R)(CT)
MRIT Program Chair
oldhamt@cod.edu

Magnetic Resonance Imaging (MRI) Program

A Magnetic Resonance Imaging (MRI) Technologist administers image scans on patients to produce quality images of designated areas of the body. They operate an MRI scanner, which takes several cross-sectional scans and combines them into one to form a three-dimensional image that assists doctors in the diagnosis and treatment of patients. This position involves direct contact with patients, including introductory interviews, positioning the patient on the examination table and explaining the scanning process. Some MRI technologists give patients intravenous injections of gadolinium, a contrast agent that increases the visibility of internal body areas.

MRI technologists typically work in a hospital setting with physicians and nurses. According to the U.S. Bureau of Labor Statistics (BLS), approximately 56% of all radiologic technologist jobs were in hospitals in 2022; other options include medical and diagnostic labs, physicians' offices, federal government and outpatient care facilities (www.bls.gov). MRI technologists may choose to receive voluntary certification from the American Registry of Radiologic Technologists (ARRT). Certified MRI technologists must maintain annual registration of their certification. This requires compliance with the AART rules, regulations and ethics standards, as well as the necessary completion of 24 hours of continuing education courses every two years.

The BLS reported that as of May 2023, the median salary for MRI technologists was \$83,740. The BLS also projected job growth for radiation therapists to increase by approximately 6% from 2022-2032.

According to the Radiologic Technologist Wage and Salary Survey – 2022, conducted by the American Society of Radiologic Technologists, full-time salaries nationwide for Magnetic Resonance Imaging technologists averaged \$82,395, with a range reported of between \$68,203 and \$86,545. In Illinois, the full-time salary averaged \$82,336.

As with most other professions, the length of time in the profession increased the salary that was paid.

If you want further information on the profession, consult one of the following websites:

- www.acert.org
- www.arrt.org
- www.asrt.org
- www.issrt.org

Program Information Disclaimer:

This program information is published for that purpose only; however, the information in this packet is not to be regarded as an irrevocable contract between the student and the program. The program reserves the right to change, at any time, without notice, graduation requirements, fees and other charges, curriculum, course structure and content, and other such matters as may be within its control, notwithstanding any information set forth in the Program information packet in accordance with College of DuPage policies and procedure

Program Profile

The mission of the program is to educate MRI students with the knowledge, skills and attitude to become qualified practitioners who provide quality service and care to the community, as well as to prepare students for the changing needs of the profession. College of DuPage prepares students for responsible citizenship, broadens intellectual perspectives and fosters ethical and humanitarian values in responding to diverse populations.

The primary goal of the program is to educate competent, efficient and effective Magnetic Resonance Imaging Technologists, capable of functioning in any environment, within 12 months. In addition, other goals include;

1. Provide a complete, up-to-date, competency-based curriculum.

2. Educate the student to properly perform the procedures associated with entry-level Magnetic Resonance Technologist employment responsibilities.
3. Support the development of a diverse set of skills necessary to participate in both current and emerging technologies in magnetic resonance imaging.
4. Promote the enhancement of written and verbal communication skills through the use of critical thinking and integrative technology practices.
5. Prepare the student to achieve a satisfactory result on the American Registry of Radiologic Technologists (ARRT) credentialing examination for Magnetic Resonance Imaging. College of DuPage and/or its faculty and staff do not guarantee the candidate's successful performance on the ARRT Certification exam as a condition of the completion of the MRI program.
6. Provide accurate student advising to aid in student retention, course completion, program completion and possible future job placement.
7. Provide opportunities for continuing education for Magnetic Resonance Imaging Technologists.

Applicants are also advised that the Magnetic Resonance Imaging Technology program follows a rigorous curriculum that requires serious student memorization, practical application of theory and coursework.

Classes

Fall Semester

- **MRIT 2101** - MRI Instrumentation (3 credit hours)
- **MRIT 2102** - MRI Sectional Anatomy (3 credit hours)
- **MRIT 2103** - MRI Principles & Procedures I (3 credit hours)
- **MRIT 2104** - MRI Clinical I (3 credit hours)

Spring Semester

- **MRIT 2105** - MRI Pathophysiology (3 credit hours)
- **MRIT 2106** - MRI Imaging Applications (3 credit hours)
- **MRIT 2107** - MRI Principles & Procedures II (3 credit hours)
- **MRIT 2108** - MRI Clinical II (3 credit hours)

Summer Semester

- **MRIT 2109** - MRI Clinical III (3 credit hours)

Taking personal time off (i.e. vacations) outside scheduled breaks is strongly discouraged and may affect your continuation in the program, as well as the ability to complete the program as scheduled.

Determination of Acceptance

Both the total merit evaluation points earned and the applicant's interpersonal skills determine acceptance. **Please Note: Courses under 1100 or 100 level will not be counted in the merit evaluation.** Applicants with the highest point totals are those accepted according to rank. Students must also be accepted by the clinical site regardless of your merit score.

Priority for Admission:

Priority for admissions will be given in the following order:

1. In-District applicants which includes:
 - In-District applicants who reside within Community College District 502
 - Applicants who are part of the [CAREER Consortium Agreement](#) (meaning your residing community college does not offer the particular program in which you are applying)
 - Applicants working full-time in-district (proof of in-district employment will be required each semester)
2. Out-of-District applicants (who are NOT part of the CAREER Consortium Agreement)

The Admissions Committee meets in mid-July, and approximately 2 weeks from the deadline date, the acceptance letters are sent via e-mail. These include the student's hospital assignment and an accept-or-reject letter. The accept-or-reject letter must be returned by the date specified. If not, we will place students from the alternate list into the program and will continue to place students up until the program start date, or until the list is exhausted.

Requests for admission are not automatically carried over to the following cycle. Applicants who were not accepted for the cycle in which they originally applied are asked to pay the \$50 non-refundable Health Science application fee and submit any/all supporting documents as listed on the Admissions Checklist of the Application Packet requirements (if applicable). Transcripts of any additional coursework must also be submitted to the Records Office. If the coursework was completed from a school other than COD, then a copy of the Unofficial Transcripts also need to be sent to the Program Chair for review. Students who have applied previously are not given preference for readmission. **NOTE:** Students re-applying are advised to schedule a meeting with the Program Chair to discuss ways in which to improve their Merit Evaluation score.

Requirements after Acceptance

The student **must** complete these steps and meet the minimum requirements for admission to the program. Once accepted into the MRI program, the student will be required to complete health requirements, drug test, criminal background check and a CPR course **prior to the start of the program** (beginning with Fall semester). **Please do not begin these requirements until instructed to do so and complete them in a timely manner.** Students must read and complete the forms in the [Health Requirements Packet](#) once they have been accepted into the program. (The CPR course must be offered through the American Heart Association (AHA) for healthcare providers. Other CPR courses will NOT be accepted). All requirements are completed at the students' expense.

If applicants do not submit the necessary paperwork, do not obtain the required examinations and vaccinations, and/or are unable to obtain clearance to participate in all the program's clinical activities, without restrictions and/or precautions, they may be considered ineligible for the program and can be withdrawn from the program courses in which they are registered.

PLEASE NOTE: If you have been found guilty of a felony, you may have difficulty obtaining a license and/or becoming registered to practice in this profession.

Certification

College of DuPage Magnetic Resonance Imaging Technology program provides a complete scholastic and clinical education for a career in Magnetic Resonance Imaging. **The program is a 12-month post-radiography or nuclear medicine certificate program. Matriculating students must be graduates of an accredited radiography or nuclear medicine program and must have passed the ARRT registry exam.** Students enrolled in the program attend full-time beginning with the Fall semester with typical clinical experience on Mondays, Wednesdays, and Fridays (full eight-hour days) and didactic class work at the College of DuPage main campus on Tuesday evenings. *Clinical days and times may change based on clinical site needs.

Students attend classes at the main campus of College of DuPage and receive clinical experience at an affiliated medical facility. Students must provide their own transportation to and from the College and to their assigned clinical site. Clinical hours vary, but most students are done by 4:30 p.m. on average. Please check with the assigned clinical site for specific times. Students who are working should not take jobs that will interfere with class time or clinical hours.

Students applying to the Magnetic Resonance Imaging program must be registered as a Radiographer or Nuclear Medicine Technologist in good standing with the American Registry of Radiologic Technology (ARRT) or Nuclear Medicine Technology Certification Board (NMTCB). Applicants must possess either an AAS or BA/BS degree in Radiologic Technology.

Registered radiographers who possess the ARRT certification for at least one year and who meet the clinical requirements in MRI set forth by the ARRT are eligible to sit for the American Registry for Radiologic Technologist Board-Advanced Level Examination in Medical Resonance Imaging. Successful candidates are certified as RT(R)(MR).

The program curriculum incorporates the national Magnetic Resonance Imaging curriculum established by the American Society of Radiologic Technologists (ASRT). The curriculum includes all didactic and clinical competencies required for eligibility for the American Registry of Radiologic Technologists (ARRT) national certification examination. Before a student enrolled in the College of DuPage Magnetic Resonance Imaging Technology program can be deemed eligible to apply for ARRT certification, he or she must fulfill the following requirements:

- The student must have successfully completed the academic didactic requirements of the program.
- The student must have successfully completed the clinical course requirements of the program.
- The student must have all fees and other program charges paid in full.
- The student must return all College of DuPage and clinical site property in their possession, or else remit payment(s) for lost, stolen or damaged property.

Upon passing the examination, the student will be certified in all 50 states.

Clinical Education

Advocate Good Samaritan Hospital

3815 Highland Avenue
Downers Grove, IL 60515
Clinical Instructor: Patti Holvey
Patrice.holvey@advocatehealth.com

Homer Glen Open MRI

14833 Founders Crossing
Homer Glen, IL 60491
Clinical Instructor: Naseem Khalil
nkhalil@mri-open.com

Edward Hospital

801 S. Washington St.
Naperville, IL 60540
Clinical Instructor: Tom Chang
Thomas.chang@EEhealth.org

Elmhurst Hospital

155 E. Brush Hill Road
Elmhurst, IL 60126
Clinical Instructor: Melissa Lavin
mlavin@emhc.org

Loyola University Medical Center

2160 South First Avenue
Maywood, IL 60153
Clinical Coordinator: Phillip Villas
pvillas@lumc.edu

Duly Health & Care

430 Warrenville Rd.
Lisle, IL 60532
Clinical Coordinator: Ryan Knowles & Danielle Hill
Ryan.Knowles@duly.com
Danielle.Hill@duly.com

Northwestern Medicine Central DuPage Hospital

25 Winfield Road
Winfield, IL 60190
Clinical Instructor: Laura Wernke
laura.wernke@nm.org

Rush-Copley Medical Center

2000 Ogden Avenue
Aurora, IL 60504
Clinical Instructor: Joe Sperandeo
jsperandeo@rushcopley.com

Swedish American Hospital (UW Health)

1401 East State Street
Rockford, IL 61104
Medical Imaging Manager: Adrea Bennett RT(R)(M)(BS)
abennett4@uwhealth.org

St. Alexius Medical Center

1555 Barrington Rd.
Hoffman Estates, IL 60169
Clinical Instructor: Jennifer O'Donnell
jennifer.o'donnell@ascension.org

* As of the writing of this packet, these clinical sites have expressed an interest in hosting students. In addition, we are currently soliciting new sites that are not yet on this list. Please contact the program director for the most recent list of sites. If you work for a facility that is not on this list, and would be willing to host students, please contact the program director.

Estimate of Student Fees

Please visit the [Program Costs webpage](#) for estimated fees.

Estimate does not include provisions for travel to and from school and clinical education site, nor for textbooks and fees related to general education requirement courses or for the cost of the required health requirements.

Financial Aid is available. Visit the [Financial Aid Office](#) in SSC 2220, call (630) 942-2251, (630) 942-2252 or e-mail financialaid@cod.edu.

Technical Standards of Acceptance

To participate in the clinical education portion of the program, the applicant must possess additional non-academic skills. These technical standards are consistent with the duties of the entry-level technologist in a professional position. The applicant should have:

1. Technical Skills:

- The ability to operate the MRI scanner, coils and equipment to perform diagnostic procedures in a manner consistent with MRI safe practices and maximum image quality
- The ability to evaluate and interpret requests for MRI procedures and determine the best method of achieving optimal image results

2. Physical Requirements:

A. Sufficient strength and fine motor coordination to:

- Lift 25 pounds for short distances
- Pull and push heavy objects
- Assist in moving patient from stretcher, wheelchair, or bed to and from MRI table
- Manipulate MRI coils/table and accessory equipment
- Reach equipment at heights greater than 6 feet

B. Adequate eyesight to:

- Observe the patient's condition
- Read MRI computer screen/imaging equipment
- Evaluate MRI images for appropriate image quality

C. Sufficient hearing to:

- Respond to patient's verbal inquiries
- Communicate with other personnel involved in the care of the patient
- Initiate timely response to audible alarms and signals

3. Interpersonal Skills:

- Work in a professional manner with patients of all ages, races, creeds and physical conditions while maintaining and respecting patient confidentiality
- Work with newborns, children, adolescents, adults and geriatrics in a safe and helpful manner
- Communicate and receive written and verbal instructions and carry them out using proper channels of communication
- Use accurate verbal and written communications in English to:
 - Interpret clinical data
 - Obtain and document relevant clinical information
 - Comprehend and carry out physician requests
 - Provide patient/public education related to MRI procedures and safety

4. Intellectual Ability and Emotional Stability to:

- Exercise independent judgment and discretion in the technical performance of MRI procedure
- Perform mathematical problems quickly and accurately
- Work efficiently in stressful situations
- Complete program requirements
- Pass the National Registry Examination in MRI

Some of these questions may be asked of you during your Formal Clinical Site Visit or Information Sessions

1. Tell me about yourself.
2. Which of your characteristics would you most like to change?
3. What are your most valuable characteristics?
4. What high school or college classes did you like the most? The least? Why?
5. What experience have you had in dealing with the public?
6. Working in a Magnetic Resonance Imaging Department and in a hospital requires a team effort. Do you consider yourself a team player?
7. How did you become interested in Magnetic Resonance Imaging?
8. Who influenced you most in your career choice? How? Why?
9. Who do you feel is the most important person in a hospital and why?
10. What qualities do you think a good health professional should possess?
11. Give an example of a recent high stress situation that you were in? How did you react?
12. What types of medical situations have you been exposed to?
13. What will you do to learn how to cope with medical emergencies?
14. What type of patient contact would you like in your job?
15. What are your long-term career goals? Where do you see yourself in five years from now?
16. What will you do if you are unable to enter the program this year?

Admission Criteria

The program can admit only a limited number of students. A selection process has been established to admit the most qualified students. Each step in the process is outlined here in detail. All steps must be completed if applicable to be considered for admission to the program by the program deadline date.

NOTE: Admission Committees for all Health Science programs have the right to deny admission to any applicant they feel is unable to fulfill these essential functions as described.

Along with the above requirements, applicants must follow and complete all admission requirements that are provided in the information packet to be considered for acceptance and have acceptable interpersonal skills for the profession.

You are reminded that the Magnetic Resonance Imaging Technology program has a limited enrollment (approximately 10 - 14 students based on clinical site availability) and an early admission deadline – June 18, 2026.

It is the **student's responsibility** to ensure that all steps have been completed and that all information has been received. Students with incomplete information will not be considered for placement.

1. Attend a mandatory information session with program chair, Tom Oldham **after** reviewing this admission packet in full. Schedule information session by e-mailing oldhamt@cod.edu.

2. **Health Insurance proof:**

Students are expected to provide proof of a **Comprehensive Health Insurance Plan** prior to the start of the program. The comprehensive health insurance plan must cover you **throughout the length of your clinical experience**, which in most cases, consists of the entire length of the program. If you are in need of Health Insurance, please see important dates below and visit <https://cod.studentbenefitplans.com/bpg-insurance-individual/>.

IMPORTANT DATES:

November 1st – January 15th- Open Enrollment

If you will need health insurance ANYTIME in 2026, you must apply during the current open enrollment period.

December 15th: Deadline to enroll in a plan that will start January 1st, 2026.

January 15th: Deadline to enroll in a plan that will start February 1st, 2026.

After January 15th – enrollment is closed.

If you miss open enrollment but have a qualifying life event, you can apply during a [Special Enrollment Period](#).

While we **cannot** guarantee your official acceptance into the program, you need to be aware that there is short timeframe of when you are able to purchase a Health Insurance plan. The purpose of this step is to make you aware and that the time to research and purchase is **NOW**. Purchasing health insurance outside of this timeframe will take months and may prohibit your admittance into the Program. **NOTE:** Obtaining Health Insurance is NOT an application requirement but it is a requirement to be in the program.

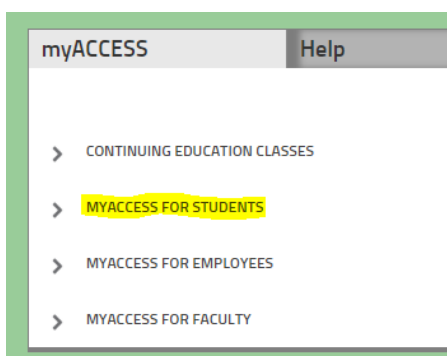
3. If you have not been admitted to College of DuPage, please complete the **non-refundable** \$20 [College of DuPage General Admissions Application](#) online. **This application is for general admissions to College of DuPage only; it is not an application to the Health Sciences Limited Enrollment Advanced Certificate Magnetic Resonance Imaging Technology program.**
4. To ensure that all your eligible credits are evaluated towards the admission requirements, turn in **ALL** official Transcripts from institutions that you have attended. Immediately:

- a) Submit your official transcript(s) to College of DuPage, Office of Student Records. **If College of DuPage is the only institution you have attended, you do not need to request official transcripts.**
- b) Verify receipt of your transcript(s). Login to your myACCESS account, click on 'myACCESS for Students', then select '**My Profile**'. The receipt status of your transcript will be listed under '**Transcript Institutions**'.

If you completed the Radiography or Nuclear Medicine program outside College of DuPage, please bring an unofficial copy of your transcripts to the meeting with the MRI program chair or email them to oldhamt@cod.edu.

NOTE: If you have an international transcript from high school or college, it must first be evaluated. Please visit the following website <https://www.cod.edu/records/international-transcript-evaluation.aspx> for details.

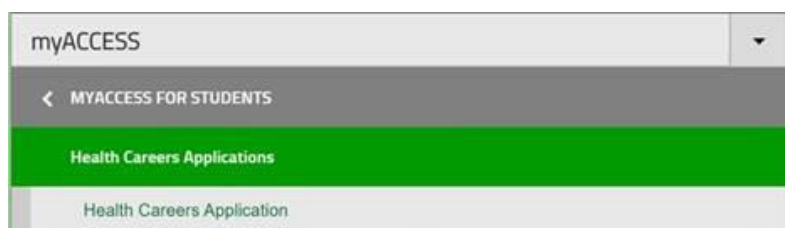
5. Complete the **non-refundable \$50** [Health Career Selective Enrollment Program Application](#) online by logging into the student portal at <https://inside.cod.edu>
 - Click on myACCESS for Students



- Click on the Health Careers Applications link



- Select Health Careers Application



- Select **Magnetic Resonance Imaging Advanced Certificate** when asked “What selective enrollment program are you applying to?”

Once the application is submitted, you may not change the term or program. If you do not have a credit card, you can purchase a prepaid credit card from your local retailer

6. Complete the [College of DuPage Residency Verification form](#) and provide proof of residency to the **Office of Student Registration Services, Student Services Center (SSC) Room 2221** or e-mailing to registration@cod.edu by the program application deadline date.

Note:

- a) **If this residency requirement has not been submitted to Registration by the program application deadline date, you will not be considered for admission**
 - b) **Separate Residency Verification Forms must be submitted for each program application.**
7. Contact a Clinical Instructor via **email** (see Clinical Education on page 7) and arrange a Formal Visit at a clinical site that would be your preference for placement. Only 1 interview submission is allowed per application cycle.
 - Complete the **MRI screening form** (see page 14) and bring it to your clinical interview.
 - “**MRI Interview Form**” must be completed by the Clinical Instructor and sent via e-mail to hsadmissions@cod.edu (see page 15).

All MRI students are to undergo an MRI screening process as part of their interview process to ensure their safety in the MRI environment. For their own protection and for the protection of the non-MRI personnel under their supervision, all MRI students must immediately report to the MRI medical director any trauma, procedure, or surgery they experience or undergo in which a ferromagnetic metallic object or device may have become introduced within or on them. This will permit appropriate screening to be performed on the student to determine the safety of permitting that student into Zone III (control room of MRI unit).

****The interview with your site of preference does not guarantee placement at that site upon acceptance to the MRI program****

8. Evaluation Form (page 16):
 - a) If you graduated **less than 5 years ago** from a Radiography or Nuclear Medicine program, you will request the Recommendation Forms (page 16) to be completed by both your Imaging Program Director AND an Imaging Clinical Instructor.
 - b) If you graduated from the imaging program **more than 5 years ago**, you will have the Recommendation Form (page 16) completed by your current Imaging Manager.

The evaluation form is on page 16. The completed form(s) must be emailed to hsadmissions@cod.edu by the evaluator.

9. Submit transcripts to the **Office of Student Records** showing proof graduation from an accredited Radiography or Nuclear Medicine program and awarding of an AAS degree or higher. Please reference transcript submission process in Step 3 above.
10. Submit copy of your ARRT certification in Radiography & IEMA license to hsadmissions@cod.edu. Nuclear Medicine technologists should submit verification of ARRT or NMTCB certification to hsadmissions@cod.edu.
11. Successful completion of the following General Education courses: Anatomy & Physiology (A&P 1500 or 1551 or 1571), Math 1100 or higher level, and HLTHS 1110 or equivalent (biomedical terminology) prior to admission.

12. Receive a minimum of 30 points on the Merit Evaluation (See page 13). Note: 30 points does not guarantee admission into the program. Students must also be accepted by the clinical site regardless of your merit score.
13. Possibly meeting with the program Admission Committee.

"All application documents delivered to the College of DuPage pertaining to a health sciences admissions file become the property of the College of DuPage and will not be returned to applicants. This includes but is not limited to transcripts, letters of recommendation, clinical evaluation forms or outside test reports."

Requests for admission are **not** automatically carried over to the following cycle. Applicants who were not accepted for the cycle in which they originally applied are asked to pay the \$50 **non-refundable** Health Science application fee and submit any/all supporting documents as listed on the Admissions Checklist of the Application Packet requirements (if applicable).

Magnetic Resonance Imaging Technology Program MERIT EVALUATION

Name: _____

Date: _____

Graduate of an accredited Radiography or Nuclear Medicine program Yes or No (circle)
(AAS or BA/BS Degree in Radiography or Nuclear Medicine)
(Provide transcripts to Office of Student Records, SRC 2150)

Clinical Interview: (Proof given to Coordinator directly from Clinical Site) (up to 5 points)

_____ points

Meeting with MRI Program Chair (up to 5 points)

_____ points

RECOMMENDATION EVALUATION:

New Graduates (less than 5 years) – the below scores will be averaged together:

Radiography/Nuc Med Program Director Recommendation (up to 7 points) _____ points

and

Radiography/Nuc Med Clinical Instructor Recommendation (up to 7 points) _____ points

Technologists (more than 5 years):

Radiography/Nuc Med Manager/Supervisor Recommendation (up to 7 points) _____ points

College Courses: (Grade A = 4pts; B= 3pts; C= 2 pts; D=1 pts; F=0 pts)

ANAT 1500 or 1551 or 1571 (or equivalent) **need prior to admission**

Grade:

Math 1100 (or higher)

HLTHS 1110 (Biomedical Terminology) (or equivalent)

Radiography Courses

(Provide transcripts to Office of Student Records, SRC 2150 and unofficial transcript to MRI Program chair)

Patient Care

Exposure/Equipment

Image Production

Radiation Protection

Principles/Procedures

OR

Nuclear Medicine Courses

(Provide transcripts to Office of Student Records, SRC 2150 and unofficial transcript to MRI Program chair)

Radiation Protection

Radionuclides

Instrumentation/QC

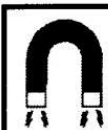
Procedures

Patient Care

TOTAL

Final acceptance decisions are made by the MRI Admissions Committee.

MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS*



The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

***NOTE: If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.**

Date ____/____/____ Name ____ Last Name First Name Middle Initial Age ____
 month day year
 Address _____ Telephone (home) (____) ____-_____
 City _____ Telephone (work) (____) ____-_____
 State _____ Zip Code _____

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? ☐ No ☐ Yes
 If yes, please indicate date and type of surgery: Date ____/____/____ Type of surgery _____
2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)? ☐ No ☐ Yes
 If yes, please describe: _____
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? ☐ No ☐ Yes
 If yes, please describe: _____
4. Are you pregnant or suspect that you are pregnant? ☐ No ☐ Yes



WARNING: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.

Please indicate if you have any of the following:

- ☐ Yes ☐ No Aneurysm clip(s)
- ☐ Yes ☐ No Cardiac pacemaker
- ☐ Yes ☐ No Implanted cardioverter defibrillator (ICD)
- ☐ Yes ☐ No Electronic implant or device
- ☐ Yes ☐ No Magnetically-activated implant or device
- ☐ Yes ☐ No Neurostimulation system
- ☐ Yes ☐ No Spinal cord stimulator
- ☐ Yes ☐ No Cochlear implant or implanted hearing aid
- ☐ Yes ☐ No Insulin or infusion pump
- ☐ Yes ☐ No Implanted drug infusion device
- ☐ Yes ☐ No Any type of prosthesis or implant
- ☐ Yes ☐ No Artificial or prosthetic limb
- ☐ Yes ☐ No Any metallic fragment or foreign body
- ☐ Yes ☐ No Any external or internal metallic object
- ☐ Yes ☐ No Hearing aid
- ☐ Yes ☐ No Other implant _____
- ☐ Yes ☐ No Other device _____



IMPORTANT INSTRUCTIONS

Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing Form: _____ Date ____/____/____
 Signature

Form Information Reviewed By: _____
 Print name Signature

☐ MRI Technologist ☐ Radiologist ☐ Other _____

COLLEGE OF DUPAGE
MAGNETIC RESONANCE IMAGING TECHNOLOGY INTERVIEW FORM

CANDIDATE NAME: _____

Name of person conducting Interview: _____

INTERVIEW DECISION MATRIX

Desired Characteristics from Behavioral Based Questions	Weight	Grade	Weight
	1 – Preferred, but not necessary 2 – Moderately/Necessary 3 - Essential/Critical	1 – Very Poor 2 – Poor 3 – Average 4- Good 5 - Excellent	X Grade = Score
PATIENT EXPERIENCE – Describe to me what interactions you have had with patients.			
COMMUNICATION -Describe a time when you realized you needed to make an improvement in your communication skills, and how did you manage it?			
COMMUNICATION -What experience have you had with miscommunication and/or conflict resolution with a customer/fellow employees, and how did you resolve the problem?			
PROBLEM SOLVING/COPING/CRITICAL THINKING - Think about a particularly stressful situation with which you have had to cope in the recent past. What happened? What effect did it have on you? What did you learn?			
PRIORITIZING -What do you do to ensure that your work is the most effective and productive?			
CRITICAL THINKING SKILLS -Tell me about an objective in your last job that you failed to meet and why.			
MOTIVATION/INITIATIVE -What kind of activities do you least like to do in a job? How do you deal with completing it?			

Please e-mail the form to hsadmissions@cod.edu. The e-mail MUST come from the evaluator filling out the form on behalf of the student.

College of DuPage – MRI Advanced Certificate Program

Evaluation Form

Completed by: Radiography/Nuclear Medicine Clinical Instructor OR Program Director OR Imaging Manager

Student Name: _____

Date: _____

Please rate your student/graduate in the following areas by placing an X in the appropriate box for each category.

	Excellent	Very Good	Good	Average	Below Average	Poor	Very Poor
1. Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Patient Care Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Radiation Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cooperation & Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Professionalism & Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Quality of Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Critical Thinking Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Reliability (i.e. Attendance & Punctuality)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Average
Score

0.00

Comments:

Evaluator

Name: _____

Title: _____

Institution: _____

Program: _____

Email: _____

Phone: _____

Please send completed form to hsadmissions@cod.edu

Please e-mail the form to hsadmissions@cod.edu. The e-mail MUST come from the evaluator filling out the form on behalf of the student.