

Clinical Request Form *SAVE TO YOUR COMPUTER FIRST TO USE FILLABLE FORM & AUTO SUBMIT

Program Applying: DMIR Radiography COD ID #: _____

Student Name: _____

E-mail: _____ Daytime Telephone: _____

1st Clinical Site Choice: _____

2nd Clinical Site Choice: _____

Citizenship Status (select one from dropdown):

If chose "Other", fill in:

(NOTE: This status is used for clinical site placement)

Current Clinical Affiliates**Adventist Glen Oaks Hospital**701 Winthrop Ave
Glendale Heights, IL 60139**Adventist LaGrange Memorial
Hospital**5101 Willow Springs Road
LaGrange, IL 60525**Advocate Good Samaritan
Hospital**3815 Highland Ave
Downers Grove, IL 60515**Duly Health and Care**430 Pennsylvania Ave
Glen Ellyn, IL 60137**Edward Hines Jr. Veterans
Administration Hospital***Fifth Avenue and Roosevelt Road
Hines, IL 60141*Placement at Hines VA requires
evidence of U.S. citizenship under
Federal law.**Edward Hospital**801 S. Washington St.
Naperville, IL 60540**Elmhurst Memorial Hospital**155 E. Brush Hill Road
Elmhurst, IL 60126**Northwestern Medicine Central DuPage
Hospital**24 N Winfield Road
Winfield, IL 60190**Presence Mercy Center Hospital**1325 N. Highland Ave
Aurora, IL 60506**Rush Copley Medical Center**2000 Ogden Ave
Aurora, IL 60504**St. Alexius Medical Center**1555 Barrington Road
Hoffman Estates, IL 60194Email to hsadmissions@cod.edu or return to:

College of DuPage Nursing & Health Sciences Division, 425 Fawell Blvd., HSC 1220, Glen Ellyn, IL 60137

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