

Clinical Placement Request for CT or MRI

I understand Eastern Florida State College's CT and MRI Programs require 24 hours of clinical education each week for the duration of both programs and currently all EFSC clinical affiliates are located in Brevard County. I also understand that if I am currently working in the same modality as enrolling into, at least 24 hours each week, I can complete the program using cross training hours provided by my employer. I understand that if I do not utilize an EFSC clinical site and lose my clinical placement, for any reason, EFSC will not provide another clinical placement. Failure to provide a complete ARRT examination log before program end will result in only earning credit for courses passed, an Advanced Technical Certificate will not be awarded.

Please select:

Select Program

_____ I am in need of clinical placement for the duration of the program.

CT MRI

_____ I am ***not*** in need of clinical placement for the duration of the program. I am currently working 24 hours or more each week in CT or MRI, the same modality in which I am enrolling. I understand and will meet the requirements above.

Student Name

Student Signature

Date

Be advised: Routine clinical placement takes place Mon-Fri first shift. There *may* be other clinical availabilities such as second shift and weekends, but they are ***not guaranteed***. Fill out below to provide your shift preference. 1 = first choice, 2 = second choice, 3 = third choice. No shifts are guaranteed and any student requiring clinical placement should be able to make arrangements for M, W, F, first shift clinical rotations.

Shift	Preference & Comments
First, 3 x 8 hours	
Second, 3 x 8 hours	
Weekends, 2 x 12 hours	

If waiving clinical placement, Supervisor is verifying student receives at least 24 hours/week clinical training in the applicable modality of CT or MRI. Supervisor is also acknowledging the student will be completing the necessary examinations required by the ARRT before program end in order to earn the Advanced Technical Certificate and this will require cooperation by the employer during the ARRT online verification process.

Supervisor Name, title, e-mail, and phone number

Supervisors Signature

Date