

MR Certificate Program Questionnaire

Student Name: _____

CCD Student ID#: _____

1. Have you ever taken an online class? If so, approximately how many actual contact hours?

2. Are you currently employed as a registered Radiologic Technologist?
If so, where?

3. List your acute care (hospital) experience from the most recent 3 years.

4. Will your current employer provide your clinical site during your MR certification training?

5. Are you able to complete clinical shifts during the day, evening, weekends or all of these options? Are there any days you are not available?

6. Have you reviewed the MR clinical competency procedures from the ARRT?

7. Do you have any physical restrictions or implanted metal that would prevent you from being near a 1-3 Tesla magnet?

***The MR Program does not qualify for financial aid.**