MRI Technologist Training Program

Program Overview

Program is nine months in length - three consecutive terms. Training Program to begin Fall Term - September 2008. Applicants must be currently credentialed RT’s, RDMS, NMT, or RTT’s. Enrollment is limited and dependent on clinical site availability.

Program involves both didactic classroom and on-line sessions as well as clinical training hours that are required.

**Didactic classroom courses are offered in the evenings:**

- 2 nights/week (Tu+Th) - 2 hours/night - Term 1
- 1 night/week (Th) - 3 hours/night - Terms 2 and 3

**Clinical training hours in MRI:**

- 24 hours/week - Term 1
- 32 hours/week - Terms 2 and 3

Clinical training hours will be coordinated with the sponsoring clinical institutions.

**Estimated cost:** $2,500.00

Program Schedule

**Term 1 – 10 credit hours:**
- MRI 111: MR Cross-Sectional Anatomy I
- MRI 121: MR Clinical Education I

**Term 2 – 11 credit hours:**
- MRI 102: MR Physics II – Advanced Principles
- MRI 112: MR Cross-Sectional Anatomy II
- MRI 122: MR Clinical Education II

**Term 3 – 11 credit hours:**
- MRI 130: MR Imaging Procedures + Diagnosis
- MRI 113: MR Registry Review
- MRI 123: MR Clinical Education III

Contact / Application Information

Director - Medical Imaging Department
Virginia Vanderford, MEd, RT(R)(M)
503-977-4907

MRI Program Coordinator - Faculty
Gayle Wright, BS, RT(R)(CT)(MR)
503-977-4032
MEDICAL IMAGING DEPARTMENT

MRI TECHNOLOGIST TRAINING PROGRAM

APPLICATION FOR ADMISSION

Deadline for Applications:

Application material must be received by August 15th for admittance into the program. All applications are reviewed after the application deadline. *Faxed applications will not be accepted.*

Personal Information (please print):

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>( ) __________</td>
<td>( ) _______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td>Daytime/Mobile Phone</td>
<td>E-Mail address</td>
<td></td>
</tr>
</tbody>
</table>

Present Address: ____________________________________________________________

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Permanent Address: __________________________________________________________

(If different) ________________________________

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Emergency Contact ____________ Relationship ____________ Phone ____________

Education Background (please print):

List your educational background. Please list current or most recent first.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Dates of Attendance</th>
<th>Degree Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Employment History (please print):

List your work experiences in health care institutions. Please list current or most recent first.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Phone Number</th>
<th>Position</th>
<th>Dates</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certifications / Special Skills/Awards (please print):

Date of ARRT(R), ARRT(N), ARRT(T), NMTCB, RDMS, or other registry exam (Attach a copy of certificate)

(Completed/Anticipated): ______________ Certificate #: ______________

Please list any Special Skills/Awards, Certifications, MRI courses* or Cross-Sectional Anatomy courses*:
(* attach official transcripts)

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

References (3) – past instructors, supervisors, managers (please print):

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Title/Position</th>
<th>How do they know you?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Each of the above references must submit their completed Recommendation Form in a sealed envelope with their signature across the seal. Instruct them to return sealed envelopes to you.

Application Essay:

Please attach a short essay including the following information. Essay must be no more than one page in length using the following formatting: Font: Arial, Font size: 12pt, Page margins: 3/4”, Ink Color: black

- work history that brought you to MRI
- career goals – why are you interested in MRI
- what do you consider your greatest strengths

MRI Safety Questionnaire:
Due to work environments that have high magnetic field strengths – it is not safe for operators to have certain implanted devices within their bodies. Please complete the PCC MRI Safety Questionnaire and include it with your other application documents.

Due to safety concerns, “Yes” answers to some of the safety questions may prohibit your acceptance into the MRI Technologist Training Program.

Criminal Background / Drug Testing:

Have you ever been convicted of a felony or misdemeanor?  YES  ____  NO  ____
If yes, please explain: _______________________________________________________

Final selection is dependent upon an acceptable criminal background check and drug screening performed at PCC recommended sites.

Additional Information:

• Students applying to the MRI Technologist Training Program must also apply for admission to Portland Community College. Please see the PCC website for admission information at http://www.pcc.edu or contact the Office of Admissions, P. O. Box 19000, Portland, OR 97280 Phone: (503) 977-8888.

• Applicants accepted into the MRI Technologist Training Program will be expected to travel to assigned clinical affiliates and will be responsible for transportation and all expenses related to travel.

• Applicants accepted into the MRI Technologist Training Program must submit to the following screening exams and will be financially responsible for exam costs:
  • drug screening exam – PCC recommended site
  • criminal background check – PCC recommended site

• Students completing the MRI Technologist Training Program have no guarantees of employment from their clinical training site. Unless otherwise employed by their clinical site, the relationship of the clinical site to the student ends at the successful completion of the MRI 123 clinical course.

I authorize Portland Community College, Medical Imaging Department, to verify information related to my application. It is my understanding that I will not be considered
for admission to this program until I have submitted all credentials by the specified date. I understand that being accepted by, and continuing in the MRI Technologist Training Program depends on the truthfulness of my application, safety questionnaire and successful completion of a criminal background check and drug screening.

I hereby affirm that all information supplied on this application is complete and accurate. It is my understanding that I will not be considered for admission to this program until I have submitted all credentials specified by the set date.

__________________________________________________________  _________________
Applicant Signature  Date

Please submit application packet along with $25.00 application fee to:

PCC MRI Technologist Training Program
Gayle K. Wright – MRI Program Coordinator
12000 SW 49th - SYL HT 306
Portland, OR  97210-7198

Application must be received in the Medical Imaging Department by 12pm – August 15th.

Make checks payable to:  PCC MRI Technologist Training Program

Application Packet Document Requirements:

Only completed packets will be accepted and must be in our offices by 12pm – August 15th. Applicants are required to submit the following documents:

____ 1.  PCC MRI Technologist Training Program application form
____ 2.  copy of RTR, RDMS, NMTCB, RTT or other certification
____ 3.  official transcripts of course completions and copies of special certifications or awards.
____ 4.  three (3) completed PCC MRI Applicant Recommendation Forms be sure that recommendation forms are returned to you to include in your application packet
____ 5.  Application Essay – one page only
____ 6.  PCC MRI Safety Questionnaire
____ 7.  Clinical Site Preference Sheet
____ 8.  $25.00 check payable to:  PCC MRI Technologist Training Program
MRI Technologist Training Program
Recommendation Form

Candidate Name: __________________________

INSTRUCTIONS:

Please indicate (circle) the degree to which each of the following qualities are characteristics of the candidate you are rating. Make specific comments in each category. Answer all questions using the scale below in evaluating the candidate.

Return this form to the candidate in a sealed envelope -- with your signature across the seal.

5 = EXCELLENT/ SUPERIOR – 95%-100 consistent
4 = ABOVE AVERAGE / CONSISTENTLY EXCELS – 85%-94% consistent
3 = AVERAGE / SATISFACTORY – 51%-84% or less consistent
2 = BELOW AVERAGE – 50%-25% or less consistent
1 = POOR / UNSATISFACTORY - questionable skills or capability to improve

5 4 3 2 1 RESPONSIBILITY / DEPENDABILITY: Ability to complete assignments, work, obligations. Honors commitments.
Comment: __________________________________________

5 4 3 2 1 INITIATIVE / MOTIVATION: Extent to which individual initiates actions, applies self, tasks, asks for assistance when needed.
Comment: __________________________________________

5 4 3 2 1 MATURITY: Conducts self in a mature, adult manner, displaying ability to maintain composure under all circumstances.
Comment: __________________________________________

5 4 3 2 1 ATTITUDE: Type of attitude the individual projects toward school, work, life, rules, decision making.
Comment: __________________________________________

5 4 3 2 1 ATTENDANCE/TIME MANAGEMENT: Punctuality, regular attendance and utilization of time to accomplish tasks.
Comment: __________________________________________

5 4 3 2 1 SELF CONTROL: Ability to deal with stressful, anxiety-producing situations appropriately.
Comment: __________________________________________

5 4 3 2 1 COMMUNICATION: Ability to communicate clearly and concisely both verbally and written.
Comment: __________________________________________
5 4 3 2 1 **HONESTY/INTEGRITY**: Extent to which the individual displays an ethical code

Comment: ________________________________________________________________

5 4 3 2 1 **PROBLEM SOLVING/INDEPENDENT THINKING**: Ability of the individual to identify and solve problems.

Comment: ________________________________________________________________

5 4 3 2 1 **INTERPERSONAL RELATIONSHIPS**: Ability to cooperate and adapt as needed to get along with peers, co-workers, and teachers. Demonstrates willingness to participate with others.

Comment: ________________________________________________________________

5 4 3 2 1 **ACCEPTANCE OF PERSONAL FEEDBACK**: Ability to handle and adjust to positive or negative criticism or feedback. Is not reactionary to input or feedback.

Comment: ________________________________________________________________

5 4 3 2 1 **CONCENTRATION/FOCUS**: Ability of the individual to stay on task and finish projects or assignments within specified time limits.

Comment: ________________________________________________________________

5 4 3 2 1 **ADAPTABILITY TO CHANGE**: Ability of the individual to adapt to changes in protocols and assignments. Willingness to cover other shifts as needed.

Comment: ________________________________________________________________

5 4 3 2 1 **PATIENT CARE**: Provides consistent care and attention to their patients. Is willing to assist patients with all tasks. Communicates instructions clearly.

Comment: ________________________________________________________________

5 4 3 2 1 **PROFESSIONALISM**: Conducts themselves professionally. Maintains confidentiality of patient records. Supports goals and mission of their department and institution.

Comment: ________________________________________________________________

5 4 3 2 1 **OVERALL RECOMMENDATION**: 1=I do not recommend, 2=unsure that I can recommend, 3= recommend with some reservations, 4=recommend without reservations, 5=strongly recommend.

Comment: ________________________________________________________________

Print Name: ____________________________ Date: ____________________________

Title: ____________________________ Relationship to candidate? ____________________________

Contact Phone Number: ____________________________ May we contact you? ____

PCC MRI Tech Applicant Recommendation Form
PCC MRI Safety Questionnaire:

Due to work environments that have high magnetic field strengths – it is not safe for operators to have certain medical conditions or implanted devices within their bodies. Complete the following safety questionnaire and include with your application documents.

Do you have or are you?

Yes  No  Pregnant

Yes  No  Require hearing aids to communicate clearly

Yes  No  Cardiac Pacemaker
  If yes, do you have an implant card?

Yes  No  Implant Cardiac Defibrillator
  If yes, do you have an implant card?

Yes  No  Implant Neurostimulator / Electrodes / Wires
  If yes, do you have an implant card?

Yes  No  Any type of Magnetically-Activated Implants or devices
  If yes, do you have an implant card?

Yes  No  Any type of implanted pumps – (insulin or chemo?)
  If yes, do you have an implant card?

Yes  No  Brain Aneurysm Clip
  If yes, do you have an implant card?

Yes  No  Ear Implant (cochlear, other)
  If yes, do you have an implant card?

Yes  No  Eye Implant (lens, retinal tacks?)
  If yes, do you have an implant card?

Yes  No  Eyelid Spring or Wire
  If yes, do you have an implant card?

Yes  No  Metallic foreign body in the eye
  If yes, describe type and location?

Yes  No  Any history of metal in the eye that was removed
  If yes, describe date and method of removal?

Yes  No  Aortic Aneurysm Repair
  If yes, do you have an implant card?

Yes  No  Spinal Cord Stimulator
  If yes, do you have an implant card?

Yes  No  Implanted coils, filters or stents
  If yes, do you have an implant card?

Yes  No  Heart Valve Replacement or anuloplasty ring
  If yes, do you have an implant card?

Yes  No  Penile prosthesis
  If yes, do you have an implant card?

Yes  No  Bullets, pellets, metal fragments or shrapnel in your body
  If yes, describe type and location?

Yes  No  Breast tissue expander
  If yes, describe type and expected removal date?

Yes  No  Any prior surgeries with surgical staples, clips, wires or rods
  If yes, describe type and location?

I hereby affirm that all information supplied on this questionnaire is accurate and complete. I understand that some “yes” answers may make it unsafe for me to work in the field of MRI and prohibit me from entering the PCC MRI Technologist Training Program.

Applicant Signature  Date
To the right is a list of the clinical affiliates participating in the MRI Technologist Training Program for Fall Term 2008.

Please review the list of affiliates and list, in order, your first ten (10) choices.

Please consider travel time and all travel-related expenses when completing your list.

Indicate your choices on the lines below and sign on the line provided.

Clinical Preference List must be received in the Medical Imaging Department by 12pm – August 15th.

PRINT CLINICAL NAME CLEARLY...

#1 = __________________________
#2 = __________________________
#3 = __________________________
#4 = __________________________
#5 = __________________________
#6 = __________________________
#7 = __________________________
#8 = __________________________
#9 = __________________________
#10 = __________________________

Print Name: ____________________ Signature: _______________

Hospital /Clinical Affiliates:

Adventist Health
10123 SE Market Street
Portland, OR 97216

EPIC Imaging – East
233 NE 102nd Avenue
Portland, OR 97220

EPIC Imaging – West
8950 SW Nimbus Avenue
Beaverton, OR 97008

Legacy – Emanuel
2801 N. Gantenbein
Portland, OR 97227

Legacy – Mt. Hood
24800 SE Stark Street
Gresham, OR 97030

Legacy – Salmon Creek
2211 NE 139th Street
Vancouver, WA 98686

Oregon Health & Sciences University (OHSU)
3181 SW Sam Jackson Park Road
Portland, OR 97239

Providence – Newberg
1001 Providence Drive
Newberg, OR 97132

Providence – Portland
4805 NE Glisan Street
Portland, OR 97213

Providence – St. Vincent’s
9205 SW Barnes Road
Portland, OR 97225

SW Washington Medical Center
400 NE Mother Joseph Place
Vancouver, WA 98668

Wiliamette Falls Medical Center
1500 Division Street
Oregon City, OR 97045