



Allied Health Program Application Magnetic Resonance Imaging (MRI)

Application Deadline:
February 1

Section I: Personal Information

Name: _____
 Last, First Middle _____ Maiden/Former (if applicable) _____

Address: _____
 Number & Street _____ City, State, Zip Code _____

Home Phone: _____ Cell/Alternate: _____

Email: _____ SC4 Student ID# _____

Section II: Education

High School/GED	City, State	Dates
College/University	City, State	Dates
College/University	City, State	Dates

Course of study pursued in College: _____
 Major/Minor _____ Degree Obtained _____

Section III: Work Experience

List most recent employment first; attach separate pages if more employers are needed to be listed.

Employer I	Position
Street Address with City, State, Zip	Telephone
Dates Employed	Reason for Leaving
Employer II (if applicable)	Position
Street Address with City, State, Zip	Telephone
Dates Employed	Reason for Leaving

Volunteer experience: _____
 Provide details including amount of hours _____

Section IV: Related Experience

Have you had any medical or patient care experience (work or volunteer related): Yes No
If yes, please explain (include place, year and documentation):

Have you ever applied to a MRI program in the past? Yes No
If yes, where and when?

Please list any industry-specific professional clubs/program affiliations, leadership positions and academic honors received.

Section V: Application Acknowledgement and Signature

In regards to student safety, do you have any surgically implanted devices, surgical clips or metal fragments in your body?
 Yes No

If yes, please provide additional information: _____

I understand that I cannot be accepted into the Magnetic Resonance Imaging program until I have passed a physical examination, drug testing, and a criminal background check. I also understand that conviction or charges may preclude eligibility to take the ARRT certification examination for MRI once the program is completed (contact www.arrt.org for clarification). I further understand that any falsification of information on this application will cause termination of enrollment as a student. My signature below indicates that I am in agreement with the above statements and information I have received on the Application Checklist.

_____ Date

_____ Signature

Application Submission

Application materials must be submitted by mail and postmarked on or before February 1.

Submit MRI Application, required documents (per checklist) and official* high school transcript to:

Submit official* college transcripts to:

St. Clair County Community College
Health and Human Services Division/MRI
323 Erie Street, P. O. Box 5015
Port Huron, MI 48061-5015

St. Clair County Community College
Enrollment Services
323 Erie Street, P. O. Box 5015
Port Huron, MI 48061-5015

*An official transcript must arrive before February 1 in a sealed envelope bearing the institution’s logo.

St. Clair County Community College is an equal opportunity institution and complies with all federal and state laws and regulations prohibiting discrimination. It is the policy of St. Clair County Community College that no person shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, height, weight, handicap, or any other criteria prohibited by law in its academic and vocational programs, activities, admissions, financial assistance, or employment.

St. Clair County Community College – Magnetic Resonance Imaging (MRI) Application Checklist

Applicants must complete the following checklist and submit with the application form.

Academic Standards

The applicant must have documentation of:

- High school diploma (or GED equivalent)
- Program required courses (*Place 'C' for Completed or 'E' for Enrolled by February 1 in box next to course*)
 - BIO 271 ENG 101 HE 102 MTH 110 PS 101
 - BIO 272 ENG 102 PHY 110 SOC 101
- Minimum overall college GPA of 2.8 (if you attended multiple colleges, your most recent college transcript with at least 13 credits will be used)
- Minimum grade of 'B' on MTH 110 and PHY 110
- Minimum grade of 'C' on program required courses listed above
- Two-hour job shadow in an Imaging Department (preferably MRI; see documentation form)

Application Requirements

The following items must be submitted:

- SC4 application (if not completed in past two years) with AGEGE (MRI) code selected
- Allied Health Program Application – Magnetic Resonance Imaging (MRI)
- Written Expression (see separate instructions)
- Official high school transcripts or GED
- Official college transcripts, if applicable
- Job shadow documentation form

Technical Standards / Other Concepts

Prospective students must be able to

- Lift and transfer patients to and from the x-ray table.
- Lift a minimum of 30 pounds and support up to 75 pounds.
- Move and manipulate a variety of equipment to perform MRI procedures.
- Communicate, orally and in writing, with patients, physicians, and other personnel.
- Follow written and verbal instructions.
- Understand that MRI courses are online through Michigan Colleges Online and other required courses are taken through SC4 in the classroom or online.
- Understand that I am responsible for transportation to and from clinical facilities.

Checklist Acknowledgement and Signature

I have completed and acknowledge the requirements of the Magnetic Resonance Imaging Program.

Date

Signature