



*Mills-Peninsula
Health Services*

A Sutter Health Affiliate

Magnetic Resonance Imaging Technologist Program

Dear Applicant:

Thank you for your interest in the Mills-Peninsula MRI Technologist Program. This program for registered technologists (radiographers) is a full-time course of study and takes place over a period of 24 weeks. The program is offered twice per calendar year. The curriculum encompasses all principles of magnetic resonance imaging technology and includes 173 hours of didactic instruction and 640 hours of supervised clinical experience. The program is based on the parameters suggested by the Joint Review Commission on Education in Radiologic Technology (JRCERT), the Association of Educators in Radiological Sciences (AERS), and the American Society of Radiologic Technologists (ASRT).

The initial week of the program is daily, at the Burlingame, California, campus with a total number of thirty instructional hours. After the initial week of orientation and introduction to MRI principles and safety, the remaining didactic courses take place one day per week for the duration of the program and the student is expected to be present on that day at the Burlingame campus for eight hours. Beginning with Week 3 and throughout Week 23, students will attend their clinical experience at an assigned MRI facility for a period of thirty-two hours per week. Students are responsible to obtain the correct number and repetition of clinical competencies as defined by the American Registry of Radiologic Technologists (ARRT) for eligibility to take the post-secondary certification exam offered in MRI. (Achievement of the required competencies can not be guaranteed by the program.)

During the 24-week program, the students are given one week of vacation, and the exact week during which didactic classes or clinical instruction will not occur will be announced prior to the beginning of training.

An applicant may be selected by their current employer as a candidate for MRI clinical training and the student's clinical experience would then take place with that employer following the signing of a contractual affiliation agreement with MPHS. Alternatively, applicants may apply for a position in the MRI training program and, upon acceptance, will be placed with a clinical education center chosen by MPHS. In either case, applicants must meet all eligibility requirements and must be approved by the MPHS MRI selection committee before being accepted into the program. **In addition, students must be pre-screened prior to admission for physical safety requirements. There are certain conditions that would be considered physically unsafe for an individual to be present in the MRI environment, and the presence of one of these conditions would disallow a student from entering the program.**

Upon successful completion of the curriculum, the program's terminal objectives include the following:

- Prepare students for employment as an MRI Technologist.
- Prepare students to take the ARRT post-primary certification examination in MRI.
- Provide radiographers with continuing education credits for either completion of the program courses, or for the resulting desired certification in MRI offered by the ARRT.
- Provide advanced medical imaging education to promote excellence in the health care environment.

Admission Requirements:

1. Successful completion of a two-year approved Radiologic Technology program.
2. ARRT and CRT (California) registered radiologic technologist.
3. Minimum of one year experience as a radiographer preferred.
4. Copy of most recent performance evaluation.
5. Proof of current certification in CPR.
6. Proof of venipuncture certification for radiologic technologists.
7. Proof of active policy for professional liability insurance for radiographers/MRI technologists.
8. Evidence of competency in basic computer skills; level of competency to be determined by the MRI selection committee.
9. Submission of background check as required by the clinical education centers.
10. Two letters of recommendation (professional).
11. Resume of educational and work experience.
12. Provide evidence of good physical and mental health (physical forms will be provided with notice of acceptance). Included with physical forms is documentation of the following tests/immunizations: PPD (TB test), Mumps, Rubella (German measles), Rubeola (measles), Varicella (chicken pox), Hepatitis B, Hepatitis A, and tetanus/diphtheria (within 10 years). Acceptance will be contingent upon completion of a physical exam by the physician of your sponsoring institution, where applicable, by the MPHS as the sponsoring institution, where applicable, or by the physician of your choice.
13. Successfully pass the safety screening requirements as outlined in the "Magnetic Resonance Environment Screening Form for Students."

Application procedures:

Completed application, required documentation, and non-refundable application fee of \$50 should be mailed to the following address:

Darryl Mendoza
MRI Program Director
Mills-Peninsula Health Services
School of Radiologic Technology
1783 El Camino Real
Burlingame, CA 94010

An application fee of \$50 should be made out by check to the “MPHS Foundation” with an annotation at the bottom which reads “MRI Technologist Program.”

Potential candidates will be contacted to schedule a personal interview with the MRI Technologist Program selection committee at MPHS. A determination by the selection committee will be made before any student receives formal acceptance into the program.

Students will receive written notification of acceptance as proof of admission and will be asked to sign an enrollment agreement and to submit the first tuition installment of \$1000.00 at the time the student accepts the position.

Students who have previously applied must submit a new application and supporting documents.

Tuition, Fees and Estimated Expenses for the MRI Technologist Certificate Program:

The tuition is \$5000 for the 24-week program, which includes one week of vacation.

Other estimated fees and expenses:

Application Fee (non-refundable).....	\$50
Textbooks.....	\$500 to \$600
Professional Liability Insurance.....	\$75 to \$100
Background Check.....	\$50 to \$85
Medical examination for health clearance.....	Cost of doctor’s services
Immunizations.....	Cost of services

Payment Schedule:

A tuition payment of \$1000 is due upon acceptance into the program and should be paid to the MPHS Foundation. The remainder of the tuition is to be paid at the rate of \$1000 per month, for the following four months. The second, third, fourth and fifth incremental payments are due by the first of each calendar month which follows the initial week of the program and should be given to the MPHS MRI Program Educational Coordinator or designee. If the monthly payment is not received by the Educational Coordinator or designee by the 10th of each month in which a payment is due, the student will be dropped from the program and no refunds will be allowed. The student will be given the exact dates of the payment schedule upon acceptance into the program.

Refund Policy and Withdrawal Process within the First Week of the Program:

The student has the right to withdraw from the program and cancel the enrollment agreement at any time during the first week of the program with a full refund of tuition. (The application fee and other fees are non-refundable.) The student’s written notice of cancellation must be received

by midnight of the last day of the “Orientation to MRI” course, which takes place during thirty hours of the first week of the program. If notice is not given within that time frame, the initial \$1000 tuition fee becomes non-refundable, and the student is not obligated to make any further tuition payments.

Written notice of cancellation should be addressed to the MPHS MRI Technologist Program Educational Coordinator and may be done by email, by mail, or in person.

Refund Policy and Withdrawal Process after the First Week of the Program:

If the student chooses to withdraw from the program after the first week of instruction, written notice of cancellation should be addressed to the MPHS MRI Technologist Program Educational Coordinator and may be done by email, by mail, or in person. If the student’s choice to withdraw occurs after the second, third, fourth, or fifth incremental tuition payment has already been made, the student will be refunded for the monthly prorated amount which correlates to the formula used to calculate the remaining instructional hours for that month. For example, if the student has paid \$1000 at the 1st of the month in which s/he decides to withdraw, and has already attended one instructional day, the student will be refunded \$750 of the tuition for that month, regardless of how many instructional days fall in that given month. The formula assumption for this calculation will be that there are four instructional days in each month, and the cost of each instructional day is \$250. In a month where there are five actual instructional days, and the student has attended four days before giving notice to withdraw, the refund amount would be zero.

The same refund guidelines above will apply in the event that a student is asked to leave the program for cause(s) as outlined in the student handbook.

Other Program Considerations:

The communication between the clinical coordinator and the students within the clinical education centers is conducted primarily by the use of email to confirm policies and to set up clinical visitation appointments. Students are required to have weekly access to a computer and an Internet service provider with an email account. Students are required to check for messages a minimum of once a week.

Upon successful completion of the program, the student will obtain a certificate of completion issued by the Mills-Peninsula Health Services MRI Technologist Program.

Students are expected to maintain a minimum grade of “C” (75%) to remain in the program. Students who perform at below 75% in any course will be dropped from the program.

APPLICATION FOR ADMISSION

Application for class date: August _____ February _____ (enter year request)

1. CORRESPONDENCE INFORMATION

Attach Photo

Name _____

(passport quality)
(optional)

Address _____

City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

Email Address _____

Date of Birth ____/____/____

2. EDUCATIONAL BACKGROUND

Name of Radiography Program _____ Location _____

Dates _____ through _____

Degree/Certificate/Diploma _____

ARRT Registration Number _____

CRT Certification Number _____

Name(s) of Colleges or Universities Attended _____

2. EDUCATIONAL BACKGROUND (CONT'D)

Degree(s) or Certification(s) in College(s) Attended _____

Post-Graduate College or University Experience _____

Courses Taken Specific to MRI _____

MRI Course Dates _____ Instructor Name _____

3. OBJECTIVE

Please provide a brief description of why you are pursuing a formal education in MRI. _____

4. WORK EXPERIENCE (Provide two professional letters of recommendation.)

Current Employer _____ Supervisor _____

Dates of Employment _____ to _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

May this person be used as a reference to be contacted? Yes _____ No _____

4. WORK EXPERIENCE (CONT'D)

Previous Employer _____ Supervisor _____

Dates of Employment _____ to _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

May this person be used as a reference to be contacted? Yes _____ No _____

PLEASE RESPOND YES OR NO:

HAVE YOU EVER BEEN CONVICTED OF A CRIME (FELONY OR GROSS MISDEMEANOR)? YES NO

I present that the facts as set forth in my application are true and complete. I give permission to the Mills-Peninsula Health Services MRI Technologist Program to investigate my previous employment, education background and references listed in this application. Unless otherwise indicated in the application, I authorize all persons or entities to provide relevant information to the MPHS or its agents for use in its investigation and release them from any liability.

I understand that any misrepresentation of the facts in this application is grounds for denial of admission to the program, and for rescission of admission. I further understand that acceptance into the program will be contingent upon the results of the physical examination and background investigation which may include a drug screening. I understand that I must provide evidence of competency in basic computer skills as a prerequisite to entrance into the program.

I have read the statements above and acknowledge that the foregoing information is true to the best of my knowledge.

Signature _____ **Date** _____

Continue to next page for checklist of items to complete your application.

CHECKLIST OF MATERIALS TO SUBMIT UPON APPLICATION

- Complete application with your signature and date.
- Include a copy of current ARRT registration.
- Include a copy of current CRT registration.
- Include copy of most recent performance evaluation.
- Include proof of venipuncture certification for radiologic technologists.
- Complete “Magnetic Resonance Environment Screening Form for Students.”
- Provide evidence of competency in basic computer skills. (May be waived for those actively working as a radiographer using computed radiography or direct digital radiography, or for those who have had two years of experience in MRI or CT. Check with program officials.)
- Two letters of recommendation of a professional nature.
- Resume of educational and work experience.
- Include a check for the non-refundable \$50 application fee. Make it out to the “MPHS Foundation” with the annotation at the bottom of “MRI Technologist Program.”
- Mail all of the above to:

Educational Coordinator, MRI Technologist Program
Mills-Peninsula Health Services
Medical Imaging Department
1783 El Camino Real
Burlingame, CA 94010

Phone: (650) 696-5581

Note: Evidence of the following will be required before final acceptance into the program.

1. Professional liability insurance policy to cover radiographers and/or MRI technologists in the amount required by the clinical education centers.
2. Background check as required by the clinical education centers.
3. Provide evidence of good physical and mental health (physical forms will be provided with notice of acceptance). Included with physical forms is documentation of the following tests/immunizations: PPD (for TB), Mumps, Rubella (German measles), Rubeola (measles), Varicella (chicken pox), Hepatitis B, Hepatitis A, and tetanus/diphtheria (current within 10 years). Acceptance will be contingent upon completion of a physical exam by the physician of your sponsoring institution, where applicable, by the MPHS as the sponsoring institution, where applicable, or by the physician of your choice.
4. Current certification in CPR.
5. **Successful passing of the physical safety required of all personnel in the MRI environment as defined by the “Magnetic Resonance Environment Screening Form for Students.” No student will be allowed entrance into the program without passing the safety screening process.**

hearing aid

Magnetic Resonance Environment Screening Form for Students (cont'd)



IMPORTANT INSTRUCTIONS

Remove all metallic objects before entering the MR environment or MR system room, including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.

Please consult the MRI technologist or radiologist if you have any questions or concerns BEFORE you enter the MR system room.

I attest that all of the above information is correct to the best of my knowledge. I have read and understand the entire contents of this two-page form and have had the opportunity to ask questions regarding the information included in this form. My signature below signifies that I have received a copy of this information for my own records. I understand that if I have a condition that is considered to be unsafe for my health in the MR environment that I will not be allowed to participate in the MPHS MRI Technologist Program.

Signature of Person Completing the Form: _____ Date ____/____/____

Form Information Reviewed By: _____ Signature: _____
Print Name Signature

MRI Technologist Radiologist Other _____

Questions can be directed to:

Darryl Mendoza
MRI Program Director
Mills-Peninsula Health Services
School of Radiologic Technology
1783 El Camino Real
Burlingame, CA 94010

Phone: (650) 696-5581 OFC
(650) 343-7824 DIRECT
(650) 240-2229 FAX
mendozd1@sutterhealth.org