



**ANTELOPE VALLEY COLLEGE**

**Radiologic Technology Program**

**Clinical Handbook**

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## CLINICAL EXPERIENCE

### INTRODUCTION

The Clinical Handbook has been developed to supplement the Policy Handbook and assist Radiologic Technology students in understanding the rules and regulations that will apply during their practicum (clinical education) assignments. Students will be required to adjust their personal and work schedules in order to comply with program standards and schedules. Clinical hours will not be adjusted for outside work schedules. The Radiologic Technology program will be very busy and demanding, but very rewarding. Success is expected.

### CLINICAL EDUCATION HOURS (PRACTICUM)

Clinical education hours will vary according to the class schedules and availability of clinical education settings. STUDENTS ARE REQUIRED to make themselves aware of the assigned hours and adjust personal and work schedules to coincide with their clinical schedule, as posted by the Program Director. Attendance policies are defined in the Policy Handbook. **No more than a total of forty hours of clinical and didactic education combined per week and no more than ten clinical hours per day will be scheduled.**

1. No student is to have clinical experience in the clinical education setting without the prior written approval of the Program Director. The student is not to return to or remain in the clinical area for experience outside the assigned clinical hours.
2. Evening and/or weekend hours may be required of all students in the clinical area.
3. A current American Heart CPR Card (BCLS) is required when working in the hospital. American Red Cross CPR Card is not acceptable.
4. Students are counseled regarding clinical performance. They are given specific criteria on what areas they must improve. Clinical goals are established with specific time frames in which they are to be met.
5. Students should not bring any electronic portable devices to clinical. Students may give the clinical department phone number to emergency contacts for **emergency** use only. If a cell phone must be available to the student for emergency purposes, they should remain off while participating in clinical activities and may be used only during schedule breaks in designated areas of the hospital/clinic.
6. Students must be in complete uniform as described in the Program Handbook while at the clinical site, laboratory classes or field trips. Failure to wear the AVC uniform is a breach of the dress code. Any student who is found to be out of compliance with the dress code will be dismissed from clinical/laboratory/fieldtrip until the student can satisfactorily maintain uniform compliance.

## CLINICAL AFFILIATED SITE ORIENTATION

Students in Clinical Practicum are required by the clinical site to complete an orientation to the facility. These orientations may be held at the clinical site and at the discretion of the facility. Orientation meetings and/or materials are provided by the clinical site and may include a “live” orientation or self-study orientation material. Students will complete the clinical site orientation prior to the first clinical assignment. Students will be notified and assigned to a clinical site orientation by the Program Director or the Clinical Instructor.

## RADIATION MONITORING

Students must wear personal dosimeters (radiation monitors) to monitor radiation doses. Students will ALWAYS wear the radiation-monitoring badge while in clinical practicum. Students are responsible for exchanging dosimeter badges at the beginning of each month. Failure to exchange the badge by the 10th of the month will affect clinical grades and incur a \$35 fee. The fee will be applied to your school account. In addition, failure to wear the dosimeter badge or exchange the badge at the beginning of each month will result in the student being dismissed from clinical practicum until the badge is secured or exchanged.

Records of the monthly radiation exposure will be kept in the classroom APL 119. Each monthly report will be posted in the classroom within 30 days of program receipt for students to review and discuss with the radiation safety officers. The radiation safety officers are Mr. Robert Desch and Mr. Abu Rahman. It is the students’ responsibility to review the report for each month posted in classroom APL 119. The program director and/or RSO will monitor the report of excessive dosage and counsel any student who receives such a dose. In addition, the student may be required to provide a written account of any excessive dosage received to the dosimeter badge.

Tampering with one’s own or another person’s dosimeter badge is an ethical and practice violation and will result in disciplinary action up to and including dismissal from the program. In addition, a notification will be made to the State of California, Radiologic Health Branch and the American Registry of Radiologic Technologists ethics committee.

For additional information please refer to the Radiation Protection policy.

## ANATOMIC SIDE MARKERS

Students will supply and use their own initial right and left anatomic markers to properly identify the radiographic procedures they perform. AVC recommends that students always keep a second (full set) of markers in case one or both in a set are lost. A student without markers in clinical education is out of dress code. The use of another person’s or non- personalized anatomic side identification markers is forbidden. Students who arrive at the clinical without their initial anatomic side markers will be considered out of uniform and will be dismissed from clinical until their initialed anatomic side markers are obtained.

## CONFIDENTIAL INFORMATION

All clinical affiliate patient records are confidential in nature. Requests for information concerning a patient should be referred to the clinical instructor or designated. The students are expected to maintain absolute confidentiality of all data involving the patient and the practicum affiliate. Use of confidential information for any purposes other than

patient care and/or education constitutes Breach of Patient Confidentiality. Any Breach of Patient Confidentiality will result in disciplinary action up to and including dismissal from the program. All students will attend HIPPA training prior to starting clinical rotations.

### RADIOLOGY LABORATORY SAFETY RULES

1. Radiation monitoring device must be always worn while in the radiology department or laboratory at collar level outside the lead apron.
2. X-rays will be made only of the x-ray phantom, and at no time will they be made on fellow students or other persons.
3. All persons must be behind protective walls or outside the room during exposure.
4. The door must be closed whenever an exposure is made.
5. Proper collimation must always be used.
6. Proper exposure factors and image receptor size should always be used.
7. In case of equipment failure notify the lab or clinical instructor immediately.
8. Use of x-ray or control room allowed only under direct supervision of a qualified practitioner (CRT or ARRT technologist).
9. In case of fire, turn the power off, leave room immediately and notify proper authorities.
10. Authorized personnel only will use and/or work on machines.
11. Instructor or Program Director must be informed immediately if any infraction of the above rules occurs. Failure to do so will result in disciplinary action up to and including dismissal from the program.

### SUPERVISION OF STUDENTS

**Direct supervision – a Registered Technologist (CRT /ARRT) must be present in the room directly observing the students' actions.**

**Indirect supervision – a Registered Technologist (CRT /ARRT) must be immediately available to the student within the same building, the adjacent room.**

First year students (students enrolled prior to RADT201) will be under **direct supervision** during the performance of any examinations or exposures, regardless of competency status.

Second year students (enrolled during RADT201 or beyond) will be under indirect supervision, **except** during repeat exposures, operating room assignments and any mobile exam (C-arm and portables) procedures or if the student has not passed ARRT Competency or at the direction of the supervising technologist and/or clinical instructor.

**NOTE: While under indirect or direct supervision within any category all repeat procedures MUST be accomplished under the direct supervision of the Clinical Instructor or Registered Technologist and logged on to the Repeat Log sheet and signed by the technologist or clinical instructor in radiology department. Retakes must be log right after the retake is taken.**

**(Binder in always kept in radiology department)**

## ***PORTABLE / MOBILE C-ARM RADIOGRAPHIC EXAMINATION PROGRAM POLICY-RHB, CDPH AND JRCERT RULES AND REGULATIONS***

PORTABLE RADIOGRAPHIC EXAMINATIONS are usually performed outside the radiology department and use mobile radiographic machines as part of the procedure. These procedures frequently involve patients who are quite ill and therefore unable to come to the radiology department. Patients receiving portable exams generally need a great deal of assistance and are unable to maintain positions for extended periods of time. They are often unable to cooperate with breathing instructions. They may be unable to communicate with the technologist and may be attached to machines and/or equipment essential to life support. The skill levels necessary for safe and competent performance of these procedures is frequently beyond the level of a beginning 1st year student. Students who have limited experience with patient care and have not developed abilities to alter routine procedures, need close observation and instruction.

### ***PORTABLE RADIOGRAPHIC EXAMINATION***

Students may not perform portable radiographic procedures at any time without ***Direct Supervision*** (even after a competency has been achieved) – per JRCERT and State Department of Public Health, Radiologic Health Branch regulations). Students should begin their clinical rotations in the operating room beginning the second year of their clinical training. All students shall be assigned portable and C-arm rotations during the second year. The objective for these rotations is for the student to gain experience and competency with the operation of the mobile (portable) radiographic unit and mobile C-arm fluoroscopic unit and maintaining a sterile field when necessary. During these rotations, students must be under direct supervision of a Certified Radiologic Technologist. During the operation of the portable or mobile C-arm equipment, students may energize the fluoroscopic beam **ONLY** under the direct and immediate supervision of a Certified Radiologic Technologist who possess a fluoroscopy permit from the California Department of Public Health, Radiologic Health Branch. Competency with the mobile fluoroscopic C-arm unit shall include: (See ARRT competency form) • Demonstration of proper manipulation of the c-arm unit: • Transportation and correct maneuvering of the unit • Proper use of locks • Proper positioning of the unit in the OR suite while maintaining the sterile field • Saving images for hard copy and producing a hard copy image • Patient records -image retrieval, use of magnification and image enhancement • Use of the subtraction mode, image capture, real time video and playback.

**AT NO TIME IS A STUDENT TO PERFORM A PORTABLE / C-ARM EXAMINATION OF ANY KIND WITHOUT DIRECT SUPERVISION, EVEN IF A COMPETENCY HAS BEEN OBTAINED, AS PER CDPH/RHB & JRCERT STANDARDS.**

During a portable rotation, the affiliation site is responsible for instructing and supervising students in the safe operation of mobile radiographic units. Our Goal is to provide a safe environment for the patient and the student in the performance of each radiographic examination.

## CLINICAL COMPETENCIES AND REQUIREMENTS

Each student shall perform or assist in the performance of not less than the following number of radiographic procedures throughout his or her clinical experience in the program:

Procedures	Number
(1) Chest	200
(2) Bony skeleton	400
(3) Gastrointestinal and genitourinary	200
(4) Vascular and contrast studies	50
(5) Special studies and X-ray imaging modalities	50
(6) Bedside	50
(7) Surgical	50

The above procedures and totals are required in order to graduate from the program. Students will document performance of radiographic procedures on the Procedures Log to demonstrate compliance throughout the program. Students are encouraged to take every opportunity to practice skills and procedures. These procedures **MUST** be documented and verified in order to count towards the totals above.

## DOCUMENTATION OF CLINICAL EXPERIENCE

All students will document clinical experiences on the appropriate clinical log forms. Each log entry must be initialed by the qualified practitioner that directly/indirectly supervised or observed the student. The following forms are approved by the Radiologic Health Branch to be used for documentation of clinical experience. No other forms will be accepted:

- Clinical observation log– for observations only, the student did not perform or participate in the performance of the examination
- Procedure logs- live examinations in which the student performed or assisted in performing the procedure
- Repeat log- examinations in which the student repeated an image
- Venipuncture log- live venipuncture performance (minimum of 10 required on live humans)

Copies of blank logs are located on the colleges online content management system for each clinical course. Students are responsible to bring their own copies of forms into clinical. Students are not allowed to make copies at the clinical sites. Students are also responsible to make and maintain copies of all completed forms for their own records. Forms must be filled out in their entirety before a student will receive credit. The program keeps students records for five years after graduation, dismissal or withdrawal from the program. It is also recommended that students keep their own copies of all program records for at least five years after graduation.

## GENERAL PROCEDURE FOR COMPETENCY EVALUATIONS

Students will document completion of clinical competencies required by the American Registry of Radiologic Technologists (ARRT). Copies of demonstration and competency forms are located on the colleges online content management system for each clinical

course. Students are responsible to bring their own copies of forms into lab/clinical. Students are not allowed to make copies at the clinical sites. Students are also responsible to make and maintain copies of all completed forms for their own records. Forms must be filled out in their entirety before a student will receive credit.

The following procedures will be used to demonstrate competency for each procedure listed in the course syllabus for each clinical course.

1. In the classroom (didactic) section for each clinical course (refer to course syllabus) students will attend a laboratory demonstration for each procedure listed in each category.
2. Students will then be required to demonstrate basic competency of the procedure to the instructor on the demonstration form.
3. Once a student achieves basic competency, a student is then required to complete a number of practices, either "live" or simulated in the category. The number of practices may be assigned or the student may proceed with practices until he/she feels confident in performance of the procedure. These practices must be directly observed and verified by initialing on the procedures log by a technologist or clinical instructor.
4. Once practices have been completed, at the discretion of the Clinical Instructor, a student may proceed with competency performance for that procedure. Only qualified practitioner may observe (directly) and evaluate the competency for a student.
5. The Clinical Instructor will determine the "readiness" of a student to proceed with the Competency. If a student is not progressing as expected, the Clinical Instructor may, at his/her discretion, assign more practices to a student.
6. If a student achieves below 75% for any competency, the clinical instructor will assign additional practices. After the assigned practices are complete the student must then re- demonstrate (simulated) to the clinical instructor before attempting competency again. If the student fails the same competency a second time, s/he will be referred to the Program Director for remediation counseling and a determination will be made concerning the students continuance in the program.
7. Any student who has failed three competencies on the first attempt will be referred to the Program Director for remediation counseling and a determination will be made concerning the students continuance in the program.
8. Successful completion of an evaluation satisfies the skill requirement in that category. However, students are expected to maintain adequate performance standards throughout the program and will be continually re-evaluated on an informal basis.
9. A minimum number of competencies will be assignment each clinical course as a part of the course objectives to ensure minimal clinical progression of the student (refer to the course syllabus) throughout the program. However, a student may perform more than the required number of competencies for each clinical course if she or he is ready.

## CRITERIA FOR COMPETENCY EVALUATION

**POSITIONING EVALUATION-** Student demonstrates the below standards during the actual performance of the procedure.

**IMAGE CRITIQUE:** Student demonstrates a critique of the below standards from radiographs of the procedure.

### **Approach to patient**

- Identification of patients name and DOB
- Identification and verification (chart or prescription) of procedure(s) to be performed
- Asks patient for clinical history appropriate for examination.
- Verification if patient is properly prepared for examination
- Identify that there are no contraindications for performing procedure
- Maintain patient dignity and modesty through proper gowning and covering for the patient
- Selects appropriate patient transport
- Speak to patient in a concerned and professional manner
- Provide appropriate and clear instructions to patient

### **Room Preparation**

- Identify that equipment is operational
- Provide a clean and orderly work area
- Obtain appropriate supplies for examination
- Select appropriate IR (type, size and orientation) grids, beam restrictors, etc

### **Proper technique**

- Appropriate selection of technical factors -Measures patient
- Refers to technique chart/APR
- Appropriate compensations for patient size, age, condition and pathology
- Selects correct image receptor, grid, SID, OID, focal spot for adequate detail

### **Radiation protection**

- Pregnancy evaluation if applicable
- Optimum kVp
- Use of gonadal shielding
- Use of lead apron, gloves and blockers
- Appropriate exposure factors (ALARA), see proper technique also
- No repeats

### **Patient positioning**

- Transportation of patient on and off table
- Apply universal precautions as appropriate
- Position patient with consideration of patient care
- Provide proper patient instructions for moving, positioning and breathing
- Check patient condition at regular intervals
- Proper maneuvering of x-ray tube/table/IR utilizing appropriate controls and locks
- Determine appropriate image receptor placement (table top/bucky)
- Anatomy demonstrated on radiograph in appropriate position or projection
- Perform procedure/s in logical sequence in consideration of patient care
- Perform examination in a reasonable period of time consistent with patient care

### **Central ray**

- Correct centering to the area of clinical interest
- Tube and Part centering to IR
- Correct central ray (tube) angle

### **Collimation**

- Evidence of collimation
- Collimation to the area of clinical interest
- Collimation to the size of the film or smaller

### **Anatomic markers**

- Appropriate use of markers as demonstrated on image at the time of exposure
- Does not interfere with anatomy demonstrated

### **Student can identify radiographic anatomy**

- Identification of anatomical structures
- Identification of technical factors effecting demonstration of anatomy

### **Paper work is completed correctly**

- Properly complete all logs and forms
- Properly complete patient record in chart/radiology information system/PACS

## CLINICAL EVALUATION

Students will have one or more clinical evaluations performed by the Clinical Instructor or Program Director for each clinical course (RADT103, 106, 107, 201, 202, 205, 207). Students must pass each clinical evaluation with 75% or better in order to pass the course and proceed in the program.

The criterion for the Clinical Evaluation is posted in the course syllabus for each clinical course and includes the following:

1. Minimum number of required clinical hours attended
2. Minimum number of simulated demonstrations
3. Minimum number of ARRT (elective or mandatory) competencies completed
4. Minimum number of image evaluations
5. Minimum number of State required procedures completed
6. Minimum number of technologist evaluations completed
7. Clinical Instructor evaluation of student's progress

### COMPETENCY AND CLINICAL EVALUATION DUE PROCESS POLICY

In the event an unfavorable evaluation is received and disputed, the following procedure shall be followed:

1. The student shall first discuss with the Clinical Instructor the reasons for the dispute.
2. If the student does not feel the issue has been resolved, the student shall meet with the Program Director.
3. The Program Director shall meet with the Clinical Instructor if warranted to discuss the evaluation.
4. The student, Program Director and Clinical Instructor shall jointly review the evaluation.
5. After discussion, the student may request that the Clinical Instructor and Program Director jointly perform a re-evaluation.
6. In the event of a re-evaluation, that evaluation will supersede the original.

All evaluations and re-evaluations will become part of the student's clinical record.

**Antelope Valley College**  
**RADIOLOGIC TECHNOLOGY PROGRAM**

**MRI SAFETY INFORMATION**

A major concern of Magnetic Resonance Imaging (MRI) is the ability of the “fringe field” to attract ferromagnetic objects and subsequently draw them into the scanner with significant force (approximately 40 mph or greater). This so-called “missile effect” poses potential risks to the patient, everyone near the MRI scanner and damage to the scanner. Prolonged periods of MRI machine down time results if damage to the machine occurs. Students may have access to MRI environments whenever they are performing clinical rotations in both general radiology and specialty rotations. Students are not permitted to assist with patient transfers or any other capacity within the MRI suite of any clinical facility until the student has completed the MRI Screening form, and they are cleared by BC faculty to enter the MRI environment. This safety screening must be completed before starting clinical training in the Bakersfield College Radiologic Technology program. This safety training must be completed yearly, prior to the first day of clinical education center attendance. Documentation of MRI Safety training will be maintained in the student’s personal file kept in the Radiologic Technology/Allied Health office. Any changes in the status of a student regarding internal metallic objects will require documentation as to the safety of the device, and completion of a new MRI Screening form.

Students are required to remove the metallic items below prior to arriving at a facility for an MRI Specialty Rotation or assist in MRI:

Hair clips Necklaces TLD’s (alligator clips)

Wallets (credit cards erase)

Name tags

Coins

Scissors

Pocket knife (not permitted)

Pens

All metallic objects in lab coat pockets (keys, etc.)

Watches

Clothing with metal in the material

Earrings/body rings

Students may not be allowed to participate in an MRI rotation if they have internal metallic objects. These internal metallic objects could include but are not limited to:

Cardiac pacemaker

Aneurysm clip(s)

Implanted cardiac defibrillator

Neurostimulator

Biostimulator

Any type of internal electrode(s) including:

Pacing wires

Cochlear implant

Implanted insulin pump

Swan-Ganz catheter

Halo vest or metallic cervical fixation device Implant:

electronic, mechanical, or magnetic Diaphragm IUD Pessary (intra-vaginal device)

Wire mesh implants

Hearing aid

Metallic foreign body

Shrapnel

Bullet Heart valve prosthesis

Ear implant

Penile prosthesis

Orbital/eye prosthesis

Any type of implant held in place by a magnet

Any type of surgical clip or staple(s)

Vascular access port Intraventricular shunt

Artificial limb

joint Dentures

Tattooed makeup (eyeliner, lips, etc.)

Body piercing(s)

Internal Pacing wires

Any metallic or foreign body

Any implanted orthopedic item:

pins, rods, screws, nails, clips, plates, wire, joint replacement. 33 MRI has not been studied extensively as to possible effects upon the mother or the fetus during pregnancy. At this time, the definitive risks or complications of working around or having an MRI exam during pregnancy is unknown. If the student has any questions concerning MRI safety, the student should consult his/her Clinical Coordinator before signing the MRI Safety Form. The safety form will be provided in the first summer of the program

### ***Antelope Valley College Radiologic Technology Program MRI Safety Information***

A major concern of Magnetic Resonance Imaging (MRI) is the ability of the “fringe field” to attract ferromagnetic objects and subsequently draw them into the scanner with significant force (approximately 40 mph or greater). This so-called “missile effect” poses potential risks to the patient, everyone near the MRI scanner and damage to the scanner. Prolonged periods of MRI machine down time results if damage to the machine occurs. Students may have access to MRI environments whenever they are performing clinical rotations in both general radiology and specialty rotations. Students are not permitted to assist with patient transfers or any other capacity within the MRI suite of any clinical facility until the student has completed the MRI Screening form, and they are cleared by BC faculty to enter the MRI environment. This safety screening must be completed before starting clinical training in the Bakersfield College Radiology Technology program. This safety training must be completed yearly, prior to the first day of clinical education center attendance. Documentation of MRI Safety training will be maintained in the student’s personal file kept in the Radiologic Technology/Allied Health office. Any changes in the status of a student regarding internal metallic objects will require documentation as to the safety of the device, and completion of a new MRI Screening form. Students are required to remove the metallic items below prior to arriving at a facility for an MRI Specialty Rotation: Hair clips TLD’s (alligator clips) Name tags Scissors Pens Watches Earrings/body rings Necklaces Wallets (credit cards erase) Coins Pocket knife (not permitted) All metallic objects in lab coat pockets (keys, etc.) Clothing with metal in the material Clinical handbook/MRI safety- revision 2015 Students may not be allowed to participate in an MRI rotation if they have internal metallic objects.

#### ***These internal metallic objects could include but are not limited to:***

Cardiac pacemaker Aneurysm clip(s) Implanted cardiac defibrillator Neurostimulator Biostimulator Any type of internal electrode(s) including: Pacing wires Cochlear implant Implanted insulin pump Swan-Ganz catheter Halo vest or metallic cervical fixation device Implant: electronic, mechanical or magnetic Hearing aid Metallic foreign body, shrapnel, or bullet Heart valve prosthesis Ear implant Penile prosthesis Orbital/eye prosthesis Any type of implant held in place by a magnet Any type of surgical clip or staple(s) Vascular access port Intraventricular shunt Artificial limb or joint Dentures Diaphragm IUD Pessary (intra-vaginal device) Wire mesh implants Tattooed makeup (eyeliner, lips, etc.) Body piercing(s) Internal Pacing wires Any metallic or foreign body Any implanted orthopedic item: pins, rods, screws, nails, clips, plates, wire, joint replacement. MRI has not been studied extensively as to possible effects upon the mother or the fetus during pregnancy. At this time, the definitive risks or complications of working around or having an MRI exam during pregnancy is unknown. If the student has any questions concerning MRI safety, the student should consult his/her Clinical Coordinator before signing this form.

**Clinical handbook/MRI safety- revision 2022 MRI SAFETY SCREENING FORM \*FORM MUST BE COMPLETED\***

Have you ever had any injury involving a metallic object or fragment?                      NO              YES  
Have you ever had and eye injury by a metallic object from grinding or welding      NO              YES

Please indicate if you have any of the following: Aneurysm Clip Cardiac Pacemaker Internal Cardioverter Defib Electronic Implant Or Device Magnetically Activated Implant Neurostimulation System Spinal Cord Stimulator Internal Electrodes Or Wires Bone Growth Stimulator Cochlear Or Other Ear Implant Insulin Or Drug Infusion Device Any Type Of Prosthesis Eyelid Spring Or Wire Artificial Or Prosthetic Limb Metallic Stent, Filter Or Coil Shunt (Brain Or Spine) Vascular Access Port and/or Catheter Radiation Seeds Or Implants Swan-Ganz Catheter Medication Patch Any Metallic Or Foreign Body Wire Mesh Implant Tissue Expander Surgical Staples, Clips Or Sutures Joint Replacement Orthopedic Pin, Plate, Screw, Wire, Etc. IUD, Diaphragm or Pessary Dentures Or Partial Plates Tattoo or Permanent Eye Makeup Body Piercing Jewelry Hearing Aid.

I attest that the above information is correct to the best of my knowledge. I have read the contents of this form and I have had the opportunity to ask questions regarding the information on this form. The student’s signature at the bottom of this form indicated that the student understands the safety concerns of MRI and believes he/she is safe to enter the MRI environment and/or participate in an MRI specialty rotation.

STUDENT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**Should your statue change anytime during attending the program you are required to notify the program director by returning this form with change:**

**YES\_\_\_\_\_ I have a change in MRI status**

**Date: \_\_\_\_\_**

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