



**THE OHIO STATE UNIVERSITY**

WEXNER MEDICAL CENTER

## Magnetic Resonance Imaging Educational Program Training Program Application

### Identification

<b>Name:</b> _____ (Last) (First) (Middle)
<b>Address:</b> _____ _____ (City) (State) (Zip)
<b>Phone Number:</b> (H) _____ (C) _____
<b>Email:</b> _____

### Education

	Institution Name, Date, Location and Completion Date	Degree Received	Coursework or Program	Cumulative Average
High School				
Undergraduate College/ Technical				
Hospital Based Program				
Graduate School				

**Note 1:** Please complete above information on education and continue on next page to provide additional information on the required and/or preparatory coursework you completed to become an imaging technologist.

## Education Continued:

Course/Training	University/School	Course Title/ Level	Grade Received
General Anatomy			
Cross Sectional Anatomy			
General Chemistry			
General Physics			
General Biology			
Computer Science			
Medical Terminology			
English Composition			
Oral Communications			
Patient Care			
Other			

## Work History

<b>Current Position</b>	<b>Dates</b> From:                      To:
<b>Employer</b>	<b>Department (if Applicable)</b>
<b>Choose one:</b> Full time                      Part-time                      Summer                      Temporary <hr/>	
<b>Description of Duties:</b> <hr/> <hr/> <hr/> <hr/>	

<b>Previous Position</b>	<b>Dates</b> From:                      To:
<b>Employer</b>	<b>Department (if applicable)</b>
<b>Choose One:</b> Full time                      Part-time                      Summer                      Temporary <hr/>	
<b>Description of Duties:</b> <hr/> <hr/> <hr/>	

## Personal Data

1. Are you a citizen or permanent resident of The United States? If no, what is your visa type and I-94 expiration date? \_\_\_\_\_

\_\_\_\_\_

2. Have you ever been dismissed from a position for delinquency or misconduct? If yes, give an explanation in the space provided.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Have you ever been convicted of a criminal offense? If yes, give details in the space provided.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. List any professional or technical licenses or certificates related to Magnetic Resonance Imaging or other medical imaging the health field that you have received and provide **license number and expiration date**.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Indicate all equipment you operate which may be utilized in the medical imaging department. This would include all office equipment, computers, word processors, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. List any MRI related experience:

\_\_\_\_\_

*Note II. With submission of this four page application, be sure to include a copy of your current resume, any clinical observation documentation, a passport-size current photograph.*

*All official college transcript(s) and a minimum of two letters of recommendation may be sent as one package or separately.*

## **Certification and Statement of Understanding**

I certify that all of the information furnished in the application is true and complete to the best of my knowledge. I understand the Magnetic Resonance Imaging Educational Program may investigate the information that I have furnished, and I authorize any firm, person, or organization to supply any information about me concerning past employment, military duty, convictions, or personal information to The Ohio State University Wexner Medical Center. I realize that any misrepresentation or false information included in the application materials or provided in the interview process can lead to the withdrawal of an acceptance into the program or to dismissal from the education program.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Submit Application To:**

Ashok Saraswat, M.S., B.Ed., R.T. (R) (MR)  
MRI Educational Program Director  
271 Doan Hall, Radiology  
450 West 10<sup>th</sup> Ave.  
Columbus, OH 43210