

## Specialty Diagnostic Imaging Clinical Affiliate Request

- **Students seeking positions within existing Springfield affiliates (CoxHealth) need not complete this document.**
- The intent of this form is to confirm the willingness of an imaging department to serve as a clinical site for a Cox College specialty diagnostic imaging student. This form is *not* a legally binding cooperative agreement and will not be used as such.
- For students *not* intending to complete their clinical experience at Springfield area affiliates, acceptance into any specialty imaging program is conditional upon completion of this form. This form should be submitted with the student’s application material. If that is not possible, the form must be presented to the program faculty at the time of the student’s interview.

**Student:**

**Specialty Imaging Program:**    CT    Interventional    MRI    Mammography    ECHO

**Preferred Clinical Site:** \_\_\_\_\_

**Department Supervisor:** \_\_\_\_\_

- Phone Number: \_\_\_\_\_
- E-mail: \_\_\_\_\_

**Director of Imaging:** \_\_\_\_\_

- Phone Number: \_\_\_\_\_
- E-mail: \_\_\_\_\_

**Basic Responsibilities of a Clinical Affiliate**

All registered technologists in the department are considered “*Clinical Instructors*” for the purposes of the college. Responsibilities include:

- Orienting the student(s) to the department
- Training the student(s) on department protocols
- Training the student(s) on department imaging protocols
- Evaluating the student(s) on specific exam competencies
- Completing student evaluations
- Confirming ARRT procedure competencies
- Supervising the student(s) in the clinical setting

**Program Information**

All specialty imaging students are required to complete basic clinical requirements.

- 32 hours per week – days and times are determined by the imaging department
- CT students: 14 weeks in the fall, 10 weeks in the spring
- Mammography students: 14 weeks in the fall, 10 weeks in the spring
- MRI students: 14 weeks in the fall, 18 weeks in the spring
- Interventional students: 14 weeks in the fall, 18 weeks in the spring, 8 weeks in the summer

**Contact Information**

*Radiologic Sciences and Imaging Program Chair: Michelle Masengill*

- Phone Number: 417-269-3063
- E-mail: Michelle.Masengill@coxcollege.edu

*MRI and Mammography Advisor: Joelene Powell*

- Phone Number: 417-269-8669
- E-mail: Joelene.Powell@coxcollege.edu

*CT and Interventional Advisor: Tad Morris*

- Phone Number: 417-269-1074
- E-mail: Thaddeus.Morris@coxcollege.edu

**Student:** Your signature on this form indicates you understand the intent of this form, that completion of this form does not guarantee your acceptance into the Cox College diagnostic imaging specialty programs or guarantee placement in your preferred clinical site, that this form is not a legally binding cooperative agreement, and that if a cooperative agreement is not formed by August 1 you will have the option of completing your clinical experience at pre-arranged sites in the Springfield area.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Supervisor:** Your signature on this form indicates your willingness to allow the above student to complete their clinical rotations in your department, and that you understand this form is not a legally binding cooperative agreement. Upon submission of this completed form by the student, Cox College will contact you with additional information.

**Department Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_