

Magnetic Resonance Imaging Certificate Admission Procedures

Admission to the Magnetic Resonance Imaging Certificate program is open only to registered and in good standing with the American Registry of Radiologic Technologist (ARRT) in Radiography, Sonography, Nuclear Medicine or Radiation Therapy. The American Registry of Diagnostic Medical Sonography (ARDMS) for Ultrasound or the Nuclear Medicine Technology Certification Board (NMTCB) for Nuclear Medicine are also accepted.

To apply for the Magnetic Resonance Imaging Certification Program, please complete the following steps:

1. Submit an application with Bucks County Community College.
2. Submit previous college transcripts, if applicable, for evaluation by the Admissions Department.
3. Submit completed Magnetic Resonance Imaging Application to the Program Director of Radiography
4. Submit current ARRT credential card, current NMTCB card or current ARDMS card to the Program Director of Radiography.

Applications will be accepted from May 1st- June 15th of each year. Accepted students will be notified by July 1st.

Clinical Education Requirements:

The number students accepted into clinical education (RADI311 and RADI326) for magnetic resonance imaging will be equal to the number of available clinical spaces.

Once accepted into the Magnetic Resonance Imaging Clinical Courses, students will be required to:

1. Purchase a Magnetic Resonance Imaging uniform from preferred uniform vendor.
2. Assume all responsibility for transportation to and from the clinical sites assigned.
3. Obtain and maintain current CPR certification.
4. Obtain and maintain Immunization records.
5. Complete an FBI Fingerprint Criminal Background Check, a PA Criminal Background check, Child Abuse clearance and drug screening (until clearance is received, program acceptance is provisional and may be rescinded).
6. Show proof of health insurance coverage for the student.

Attach a copy of your current ARRT card, current NMTCB card or current ARDMS with application.

Attach a separate sheet stating your purpose for choosing the modality of magnetic resonance imaging.

I certify that the above information is correct.

(signature)

(date)

Return this completed document with all required documentation either by E-mail or mail to:

E-mail:

colleen.cardilla@bucks.edu

Mailing Address:

Program Director of Radiography
Bucks County Community College
1304 Veterans Hwy
Bristol, PA 19007