



APPLICATION FOR RECOGNITION OF PROGRAM OFFICIALS
IN MAGNETIC RESONANCE
FORM 102MR

Sponsoring Institution: _____ Program # _____

Program Officials (Check one)

- Program Director
Educational Coordinator
Clinical Preceptor
E-mail address
telephone number

Name of Appointee: _____

Clinical Education Setting(s) (if applicable): _____

Business Address: _____

Copies of the following must be attached:

- Current curriculum vitae/resume documenting compliance with Standard Six - Objective 6.1. Documentation of professional experience must, at a minimum, contain the following:
1. Locations of employment in the professional discipline.
2. Month and year for start and end of employment at the identified location(s).
3. Titles of positions held during professional employment.
Current ARRT registration documentation or equivalent in the appropriate discipline. The program may obtain this information from www.arrt.org. Print the "ARRT Identification" page.
Documentation (copy of the degree or an official transcript) of baccalaureate or higher degree(s). (Although not required for Clinical Preceptors, these degrees may only be added to the program's database upon submission of appropriate documentation.)

JRCERT Staff Review _____ Date _____
Currently identified on JRCERT database
Curriculum vitae and other materials document compliance with Standard Six - Objective 6.1
Designate as acting (request a progress report for program directors and educational coordinators only)