

CLINICAL EDUCATION/PRACTICE SETTING STATUS CHANGE
FORM 106

Sponsoring Institution: _____ **Program #** _____

Type of Program (Check one):

Radiography Radiation Therapy Magnetic Resonance Medical Dosimetry

Name of Clinical Education/Practice Setting: _____

Signature of Program Director: _____

Please change the status of the clinical education/practice setting as follows:

Disaffiliate **Effective Date:** _____

A disaffiliated site is defined as a site no longer used as a clinical education/practice setting. The site will be removed from the JRCERT database. If the program decides to utilize this site in the future, the program must reapply for recognition.

Certificate of Recognition Enclosed **Certificate Not Available**

How does this affect the program total capacity? (Check one):

Decrease by # _____ **No Change (Please explain where assigned students will be relocated)**

Identify as Inactive **Effective Date:** _____

An inactive site is defined as a site not currently in use; however, the program intends to use the site in the future. The program is responsible for all fees associated with the site during the inactive period.

How does this affect the program total capacity? (Check one):

Decrease by # _____ **No Change (Please explain where assigned students will be relocated)**

Return this Site to Active Status **Effective Date:** _____

Maximum number of students that can be assigned at any one time: _____

How does this affect the program total capacity? (Check one):

No Change **Increase by #** _____

Documentation required:

- Current affiliation agreement
- Current The Joint Commission (TJC) accreditation or equivalent
- Completed Form 102, with required attachments, for each clinical instructor/supervisor/preceptor