



CLINICAL CAPACITY CHANGE – MAGNETIC RESONANCE

FORM 1010MR

I. General Information	
Program Name	
JRCERT Program Number	
Clinical setting for which capacity change is sought	
Clinical Setting Address	

II. Clinical Capacity	
<p>The JRCERT will determine the clinical total capacity for this facility based upon the number of magnets available</p> <p>Please identify the total number of magnets (physical resources) located on the campus of this facility.</p> <p>Note: A campus is defined as the buildings and grounds of a school, college, university, or hospital and does NOT include any geographically dispersed campus. Separate recognition is required for each facility not meeting this definition.</p>	
Total number of magnets	
New requested clinical capacity (number of students program will assign to the facility at any one time)	

III. Program Total Capacity

Based on the requested change in clinical capacity of this facility, the program would like the program total capacity to Remain the same **OR** Increase by _____ students **OR** Decrease by _____ students

IV. Signature

The following signature constitutes a request for a change in clinical capacity of this facility and is accurate to the best of my knowledge.

Program Director Signature

I agree that checking this box qualifies as my signature.