



CLINICAL SETTING DISAFFILIATION

FORM 106

| I. General Information | |
|-------------------------|--|
| Program Name | |
| JRCERT Program Number | |
| Type of Program | <input type="checkbox"/> Radiography <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Magnetic Resonance <input type="checkbox"/> Medical Dosimetry |
| Clinical Setting Name | |
| Clinical Setting Number | |

| II. Disaffiliation | |
|---|-----|
| <p>A disaffiliated site is defined as a site no longer used as a clinical setting. The site will be removed from the program's database. If the program decides to utilize this site in the future, the program must reapply for recognition.</p> | |
| Disaffiliation Effective Date | |
| Certificate of Recognition has Been Destroyed | Yes |

| III. Program Total Capacity |
|--|
| <p>Based on the requested change in clinical capacity of this facility, the program would like the program total capacity to Decrease by students</p> <p><input type="checkbox"/> Remain the same (Please explain where assigned students will be relocated.)</p> |

IV. Signature

I understand that if the program elects to send students to this facility in the future, we will need to seek recognition of the setting again.

Program Director Signature

I agree that typing my name qualifies as my signature.