



## 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.