



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.