

# **Johns Hopkins Radiography MRI Program 2017**

**The MRI program at Johns Hopkins Radiography is a 6-month program that includes both didactic and clinical training. The next program will begin September 2017 through February 2018. The training that you will receive within this 6- month course is in preparation for your advanced certification in MRI with the ARRT.**

**The prerequisite for this program is that you must have your ARRT certification in Radiography prior to September 1.**

**Please visit the website below for instructions and applications. Application deadline is June 2, 2016.**

**The next anticipated (Spring) program will begin January 2018 with an application deadline of September 1, 2017.**

**Clinical days Monday – Friday 8am to**

**4:30pm Didactic is every Friday**

**Expected Tuition \$3000**

**Other Expenses:**

**Books**

**Uniforms**

**Parking**

**Travel**

**\*\*Subject to amendment.**

The application form and other details are available at

<http://schoolsofmedicalimaging.rad.jhmi.edu/about.html>

Or Contact:

Dennis Agostino RT (R)(MR)  
[dagostino@jhmi.edu](mailto:dagostino@jhmi.edu)

Eileen Day BSRT (R)(MR)  
[ewolf6@jhmi.edu](mailto:ewolf6@jhmi.edu)



The Johns Hopkins Hospital Schools of Medical Imaging  
8 Market Place, Suite 600  
Baltimore, MD 21202

### Magnetic Resonance Imaging Program Application

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- 1) Please type or print legibly.
  - 2) Send all application materials to the address above.
  - 3) Attach a check or money order for \$40.00 payable to The Johns Hopkins Hospital.
  - 4) Failure to answer any required section or failure to submit an application fee will be grounds to disqualify the applicant from consideration.
  - 5) Request all previous school/college transcripts and TOEFL iBT scores (if applicable) to be sent to the address above.
  - 6) Reference forms must be submitted in a sealed envelope with a signature across the seal.
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#### Personal Data:

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Permanent Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

#### Contacts:

Home( ) \_\_\_\_\_ Cell( ) \_\_\_\_\_ Work( ) \_\_\_\_\_

Is it acceptable to contact you at work? YES / NO

E-mail Address: \_\_\_\_\_



Describe any volunteer work you may have done (use additional page if necessary)

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**Statement of Intent:** On a separate sheet of paper, in 200 words or less, state why you chose a career in health care and outline your specific career goals in medical imaging.

**Reference Forms:** All applicants are required to submit two references in sealed envelopes with a signature across the seal. ONLY THE ATTACHED REFERENCE FORM WILL BE ACCEPTED.

Applicants must request a reference from a professor or instructor of one of your prerequisite science courses (Anatomy & Physiology is preferred) and a reference from your current employer.

*\*\*\*Applicants certified in a clinical health care specialty must request a reference from the program director of your training course and a reference from your current employer.*

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I hereby certify that the statements set forth in the above application are true and complete to the best of my knowledge. I understand that, if accepted, falsified statements on this application will be considered sufficient cause for dismissal from the program.

I also understand that admission into the Magnetic Resonance Imaging Program implies my agreement to adhere to all hospital and Magnetic Resonance Imaging policies and regulations.

If selected to the Magnetic Resonance Imaging Program, I agree to submit to a pre-employment physical administered by the occupation health department of The Johns Hopkins Hospital prior to beginning classes.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please tell us how you heard about the Magnetic Resonance Imaging Program at The Johns Hopkins Hospital Schools of Medical Imaging

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The Johns Hopkins Hospital Schools of Medical Imaging admits students of any race, color, sex, disability, and national or ethnic origin and extends to all the rights, privileges, program benefits and activities generally accorded or made available to students of the Schools of Medical Imaging.



## Recommendation Form Academic / Employer Reference

### Part 1: This part to be completed by the applicant

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Address City State Zip

I hereby authorize the release of an evaluation to assist in the admission process by The Johns Hopkins Hospital Schools of Medical Imaging. I understand that such materials will be kept confidential, both from the public and me. I waive any right of access that I might have by law. I further understand that the Schools of Medical Imaging does not require that I sign this statement. I understand that the application will be reviewed without the waiver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Part 2: This part to be completed by the reviewer

Please make every attempt to complete this document in a timely fashion as it is an integral part of the applicant's packet. The application may be declined if this is not received the application deadline. Please complete the evaluation candidly and carefully. Your professional opinion is an important part of the selection process. Once the form has been completed, please return the form in a sealed envelope with your signature across the flap of the envelope to the student or mail it directly to:

The Johns Hopkins Hospital  
Schools of Medical Imaging  
8 Market Place, Suite 600  
Baltimore, MD 21202

Name of Referrer: \_\_\_\_\_

Title of Referrer: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity have you known the applicant? \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**Please rate the applicant using the following scale**

Criteria	Outstanding Top 5%	Above Average Top 25%	Average Top 50%	Below Average	No Opportunity To Observe
Ability to avoid and resolve conflict					
Ability to complete a task					
Academic ability					
Accepts constructive criticism and makes attempts to improve					
Attendance					
Attention to detail					
Coping skills in a stressful environment					
Judgment and maturity					
Leadership capability					
Morale booster vs. morale depressor					
Motivation					
Oral Communication					
Problem solving ability					
Quality of written expression					

Please add any remarks that you feel the admissions committee may find helpful. You may attach a separate paper if you choose.

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**What is your recommendation for the admission committee of the Schools of Medical Imaging?**

- Strongest recommendation**
- Recommend with confidence**
- Recommended**
- Recommend with reservation**
- Not recommended**

Signature of referrer: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your time and thoughtfulness in assisting in this applicant's admission process



**Recommendation Form – Magnetic Resonance Imaging Program  
Academic / Employer Reference**

**Part 1: This part to be completed by the applicant**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 2: This part to be completed by the reviewer**

Please make every attempt to complete this document in a timely fashion as it is an integral part of the applicant's packet. The application may be declined if this is not received by January 15<sup>th</sup>. Please complete the evaluation candidly and carefully. Your professional opinion is an important part of the selection process. Once the form has been completed, please return the form in a sealed envelope with your signature across the flap of the envelope to the student or mail it directly to:

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Schools of Medical Imaging  
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- Strongest recommendation**
- Recommend with confidence**
- Recommended**
- Recommend with reservation**
- Not recommended**

Signature of referrer: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your time and thoughtfulness in assisting in this applicant's admission process