

**Clinical Request Form** \*SAVE TO YOUR COMPUTER FIRST TO USE FILLABLE FORM & AUTO SUBMIT

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Program Applying: DMIR Radiography COD ID #: \_\_\_\_\_

Student Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

1st Clinical Site Choice: \_\_\_\_\_

2nd Clinical Site Choice: \_\_\_\_\_

Citizenship Status (select one from dropdown):

If chose "Other", fill in:

**Current Clinical Affiliates**

**Adventist Glen Oaks Hospital**

701 Winthrop Ave  
Glendale Heights, IL 60139

**Adventist LaGrange Memorial Hospital**

5101 Willow Springs Road  
LaGrange, IL 60525

**Advocate Good Samaritan Hospital**

3815 Highland Ave  
Downers Grove, IL 60515

**Duly Health and Care**

430 Pennsylvania Ave  
Glen Ellyn, IL 60137

**Edward Hines Jr. Veterans Administration Hospital\***

Fifth Avenue and Roosevelt Road  
Hines, IL 60141

\*Placement at Hines VA requires evidence of U.S. citizenship under Federal law.

**Edward Hospital**

801 S. Washington St.  
Naperville, IL 60540

**Elmhurst Memorial Hospital**

155 E. Brush Hill Road  
Elmhurst, IL 60126

**Northwestern Medicine Central DuPage Hospital**

24 N Winfield Road  
Winfield, IL 60190

**Presence Mercy Center Hospital**

1325 N. Highland Ave  
Aurora, IL 60506

**Rush Copley Medical Center**

2000 Ogden Ave  
Aurora, IL 60504

**St. Alexius Medical Center**

1555 Barrington Road  
Hoffman Estates, IL 60194

Email to [hsadmissions@cod.edu](mailto:hsadmissions@cod.edu) or return to:

College of DuPage Nursing & Health Sciences Division, 425 Fawell Blvd., HSC 1220, Glen Ellyn, IL 60137

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