COLLEGE OF DUPAGE

MRI Program

Advanced Certificate

Fall 2027

One application cycle per year
Program begins in the Fall semester
Program is in-person only and admits approximately 15 students per cycle

Application Deadline:
June 18, 2027 at 5 p.m.

Program Chair:
Daniel Niemiec, MSRS, RT (R)(MR)MRSO(MRSC)
Niemiecd@cod.edu

Health Science Division Refund Policy

Health Science students acknowledge that program-related expenses are non-refundable if they voluntarily withdraw or are dismissed from the program for any reason. Non-refundable expenses include, but are not limited to, program application costs, tuition, laboratory fees, malpractice insurance, clinical site software account fees, health and clinical compliance requirements, Medical Document tracking software account fees, uniforms/scrubs, textbooks, supplies, and other expenses associated with enrollment or participation in the Health Science Program.

By accepting admission or registering for the program, students acknowledge their financial responsibility for these expenses and understand that withdrawal or dismissal from the program does not constitute grounds for refund of reimbursement.

MRI Program Courses

Fall Semester

- **MRIT 2101** - MRI Instrumentation (3 credit hours)
- **MRIT 2102** - MRI Sectional Anatomy (3 credit hours)
- **MRIT 2103** - MRI Principles & Procedures I (3 credit hours)
- **MRIT 2104** - MRI Clinical I (3 credit hours)

Spring Semester

- **MRIT 2105** - MRI Pathophysiology (3 credit hours)
- **MRIT 2106** - MRI Imaging Applications (3 credit hours)
- **MRIT 2107** - MRI Principles & Procedures II (3 credit hours)
- **MRIT 2108** - MRI Clinical II (3 credit hours)

Summer Semester

- **MRIT 2109** - MRI Clinical III (3 credit hours)

NOTE: Taking personal time off (i.e. vacations) outside scheduled breaks is strongly discouraged and may affect your continuation in the program, as well as the ability to complete the program as scheduled.

Admission Criteria

The program can admit only a limited number of students (approximately 10 – 14 students) based on clinical site availability. A selection process has been established to admit the most qualified students. Each step in the process is outlined below in detail. All steps must be completed to be considered for admission to the program by the program deadline date. It is the **student's responsibility** to ensure that all steps have been completed and that all information has been received. Students with incomplete information will not be considered for placement.

NOTE: Admission Committees for all Health Science programs have the right to deny admission to any applicant they feel is unable to fulfill the Technical Standards of Acceptance, as listed on the MRI website.

1. Attend a mandatory information session with program chair, Daniel Niemiec **after** reviewing this admission packet in full. Schedule information session by e-mailing niemiecd@cod.edu.

2. **Health Insurance proof:**
   Students are expected to provide proof of a **Comprehensive Health Insurance Plan** prior to the start of the program. The comprehensive health insurance plan must cover you **throughout the length of your clinical experience**, which in most cases, consists of the entire length of the program. If you are in need of Health Insurance, please see important dates below and visit https://cod.studentbenefitplans.com/bpg-insurance-individual/.

   IMPORTANT DATES:
   November 1st – January 15th- Open Enrollment **(estimated date range & subject to change)**
   If you will need health insurance ANYTIME in 2026, you must apply during the current open enrollment period. If you miss open enrollment but have a qualifying life event, you can apply during a Special Enrollment Period.

   While we **cannot** guarantee your official acceptance into the program, you need to be aware that there is short timeframe of when you are able to purchase a Health Insurance plan. The purpose of this step is to make you aware and that the time to research and purchase is **NOW**. Purchasing health insurance outside of this timeframe will take months and may prohibit your admittance into the Program. **NOTE**: Obtaining Health Insurance is NOT an application requirement but it is a requirement to be in the program.

3. If you have not been admitted to College of DuPage, please complete the **non-refundable** $20 College of DuPage General Admissions Application online. **This application is for general admissions to College of DuPage only; it is not an application to the Health Sciences Limited Enrollment Advanced Certificate Magnetic Resonance Imaging Technology program.**

4. To ensure that all your eligible credits are evaluated towards the admission requirements, turn in **ALL** official Transcripts from institutions that you have attended. Immediately:
   a) Submit your official transcript(s) to College of DuPage, Office of Student Records. **If College of DuPage is the only institution you have attended, you do not need to request official transcripts.**
   b) Verify receipt of your transcript(s). Login to your myACCESS account, click on 'myACCESS for Students', then select '**My Profile**'. The receipt status of your transcript will be listed under '**Transcript Institutions**'.

   If you completed the Radiography or Nuclear Medicine program outside College of DuPage, please bring an unofficial copy of your transcripts to the meeting with the MRI program chair or email them to oldhamt@cod.edu.

   NOTE: If you have an international transcript from high school or college, it must first be evaluated. Please visit the following website https://www.cod.edu/records/international-transcript-evaluation.aspx for details.

5. Complete the **non-refundable** $50 Health Career Selective Enrollment Program Application online by logging into the student portal at https://inside.cod.edu

- Click on myACCESS for Students
- Click on the Health Careers Applications link
- Select Health Careers Application
- Select **Magnetic Resonance Imaging Advanced Certificate** when asked "What selective enrollment program are you applying to?"

Once the application is submitted, you may not change the term or program. If you do not have a credit card, you can purchase a prepaid credit card from your local retailer

6. Complete the College of DuPage Residency Verification form and provide proof of residency to **Student Registration Services,** at registration@cod.edu by the program application deadline date.
   Note:
   a) **If this residency requirement has not been submitted to Registration by the program application deadline date, you will not be considered for admission**
   b) **Separate Residency Verification Forms must be submitted for each program application.**

7. Visit the Clinical Affiliates list below (page 6) and schedule a Formal Clinical Site Visit by contacting one of the below Clinical Instructors via **e-mail**. Choose a clinical site that would be your preference for placement*. Only 1 interview submission is allowed per application cycle.
   - Complete the **MRI screening form** (see page 8) and bring it to your clinical interview.
   - "**MRI Interview Form**" must be completed by the Clinical Instructor and sent via e-mail to hsadmissions@cod.edu (see page 8).

   All MRI students are to undergo an MRI screening process as part of their interview process to ensure their safety in the MRI environment. For their own protection and for the protection of the non-MRI personnel under their supervision, all MRI students must immediately report to the MRI medical director any trauma, procedure, or surgery they experience or undergo in which a ferromagnetic metallic object or device may have become introduced within or on them. This will permit appropriate screening to be performed on the student to determine the safety of permitting that student into Zone III (control room of MRI unit).

   The interview with your site of preference does not guarantee placement at that site upon acceptance to the MRI program

8. Evaluation Form (page 16):

   a) If you graduated **less than 5 years ago** from a Radiography or Nuclear Medicine program, you will request the Recommendation Forms (page 16) to be completed by both your Imaging Program Director AND an Imaging Clinical Instructor.

   b) If you graduated from the imaging program **more than 5 years ago**, you will have the Recommendation Form (page 16) completed by your current Imaging Manager.

   The evaluation form is on page 16. The completed form(s) must be emailed to hsadmissions@cod.edu by the evaluator.

9. Submit transcripts to the **Office of Student Records** showing proof graduation from an accredited Radiography or Nuclear Medicine program and awarding of an AAS degree or higher. Please reference transcript submission process in Step 3 above.

10. Submit copy of your ARRT certification in Radiography & IEMA license to hsadmissions@cod.edu. Nuclear Medicine technologists should submit verification of ARRT or NMTCB certification to hsadmissions@cod.edu.

11. Successful completion of the following General Education courses: Anatomy & Physiology (A&P 1500 or 1551 or 1571), Math 1100 or higher level, and HLTHS 1110 or equivalent (biomedical terminology) prior to admission.

12. Receive a minimum of 30 points on the Merit Evaluation (See page 13). Note: 30 points does not guarantee admission into the program. Students must also be accepted by the clinical site regardless of your merit score.

13. Possibly meeting with the program Admission Committee.

"All application documents delivered to the College of DuPage pertaining to a health sciences admissions file become the property of the College of DuPage and will not be returned to applicants. This includes but is not limited to transcripts, letters of recommendation, clinical evaluation forms or outside test reports."

Requests for admission are **not** automatically carried over to the following cycle. Applicants who were not accepted for the cycle in which they originally applied are asked to pay the $50 **non-refundable** Health Science application fee and submit any/all supporting documents as listed on the Admissions Checklist of the Application Packet requirements (if applicable).

Clinical Affiliates (subject to change)

Advocate Good Samaritan Hospital
3815 Highland Avenue
Downers Grove, IL 60515
Clinical Instructor: Patti Holvey
Patrice.holvey@advocatehealth.com
(630) 275-3747

Edward Hospital
801 S. Washington St.
Naperville, IL 60540
Clinical Instructor: Gena Adamik
gena.adamik@endeavorhealth.org

Elmhurst Hospital
155 E. Brush Hill Road
Elmhurst, IL 60126
Clinical Instructor: Melissa Lavin
Melissa.Lavin@endeavorhealth.org

Loyola University Medical Center
2160 South First Avenue
Maywood, IL 60153
Clinical Coordinator: Phillip Villas
pvillas@lumc.edu

Duly Health & Care
430 Warrenville Rd.
Lisle, IL 60532
Clinical Coordinator: Ryan Knowles & Danielle Hill
Ryan.Knowles@duly.com
Danielle.Hill@duly.com
(630) 545-7563 x 57563

Northwestern Medicine Central DuPage Hospital
25 Winfield Road
Winfield, IL 60190
Clinical Instructor: Laura Wernke
laura.wernke@nm.org
(630) 933-3051

Rush-Copley Medical Center
2000 Ogden Avenue
Aurora, IL 60504
Clinical Instructor: Joe Sperandeo
jsperandeo@rushcopley.com
(630) 978-6801

Swedish American Hospital (UW Health)
1401 East State Street
Rockford, IL 61104
Medical Imaging Manager: Adrea Bennett RT(R)(M)(BS)
abennett4@uwhealth.org
(779) 696-2626

St. Alexius Medical Center
1555 Barrington Rd.
Hoffman Estates, IL 60169
Clinical Instructor: Jennifer O'Donnell
Jennifer.odonnell@ascension.org
(847) 755-8855

Sample questions that may be asked of you during your Formal Clinical Site Visit or Information Sessions:

1. Tell me about yourself.
2. Which of your characteristics would you most like to change?
3. What are your most valuable characteristics?
4. What high school or college classes did you like the most? The least? Why?
5. What experience have you had in dealing with the public?
6. Working in a Magnetic Resonance Imaging Department and in a hospital requires a team effort. Do you consider yourself a team player?
7. How did you become interested in Magnetic Resonance Imaging?
8. Who influenced you most in your career choice? How? Why?
9. Who do you feel is the most important person in a hospital and why?
10. What qualities do you think a good health professional should possess?
11. Give an example of a recent high stress situation that you were in? How did you react?
12. What types of medical situations have you been exposed to?
13. What will you do to learn how to cope with medical emergencies?
14. What type of patient contact would you like in your job?
15. What are your long-term career goals? Where do you see yourself in five years from now?
16. What will you do if you are unable to enter the program this year?

Magnetic Resonance Imaging Technology Program MERIT EVALUATION

Name: _____ Date: _____

Graduate of an accredited Radiography or Nuclear Medicine program Yes or No (circle)
(AAS or BA/BS Degree in Radiography or Nuclear Medicine)
(Provide transcripts to Office of Student Records)

Clinical Interview: *(Proof given to Coordinator directly from Clinical Site) (up to 5 points)*
_____ points

Meeting with MRI Program Chair (up to 5 points) _____ points

RECOMMENDATION EVALUATION:
New Graduates (less than 5 years) – the below scores will be averaged together:
Radiography/Nuc Med Program Director Recommendation (up to 7 points) _____ points
and
Radiography/Nuc Med Clinical Instructor Recommendation (up to 7 points) _____ points

Technologists (more than 5 years):
Radiography/Nuc Med Manager/Supervisor Recommendation (up to 7 points) _____ points

College Courses: (Grade A = 4pts; B= 3pts; C= 2 pts; D=1 pts; F=0 pts) **Grade:**
ANAT 1500 or 1551 or 1571 (or equivalent) **need prior to admission** _____
Math 1100 (or higher) _____
HLTHS 1110 (Biomedical Terminology) (or equivalent) _____

Radiography Courses
(Provide transcripts to Office of Student Records, SRC 2150 and unofficial transcript to MRI Program chair)
Patient Care _____
Exposure/Equipment _____
Image Production _____
Radiation Protection _____
Principles/Procedures _____

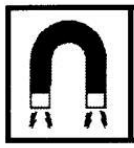
OR

Nuclear Medicine Courses
(Provide transcripts to Office of Student Records, SRC 2150 and unofficial transcript to MRI Program chair)
Radiation Protection _____
Radionuclides _____
Instrumentation/QC _____
Procedures _____
Patient Care _____

TOTAL _____

Final acceptance decisions are made by the MRI Admissions Committee and the clinical affiliate site.

MAGNETIC RESONANCE (MR) ENVIRONMENT SCREENING FORM FOR INDIVIDUALS*



The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment or MR system room if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, all individuals are required to fill out this form BEFORE entering the MR environment or MR system room. Be advised, the MR system magnet is ALWAYS on.

***NOTE: If you are a patient preparing to undergo an MR examination, you are required to fill out a different form.**

Date ____/____/____ (month / day / year) Name _____ (Last Name / First Name / Middle Initial) Age _____

Address _____ Telephone (home) (____) ____-____

City _____ Telephone (work) (____) ____-____

State _____ Zip Code _____

1. Have you had prior surgery or an operation (e.g., arthroscopy, endoscopy, etc.) of any kind? ❒ No ❒ Yes
   If yes, please indicate date and type of surgery: Date ____/____/____ Type of surgery_____
2. Have you had an injury to the eye involving a metallic object (e.g., metallic slivers, foreign body)? ❒ No ❒ Yes
   If yes, please describe: _____
3. Have you ever been injured by a metallic object or foreign body (e.g., BB, bullet, shrapnel, etc.)? ❒ No ❒ Yes
   If yes, please describe: _____
4. Are you pregnant or suspect that you are pregnant? ❒ No ❒ Yes

WARNING: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR system room. Do not enter the MR environment or MR system room if you have any question or concern regarding an implant, device, or object.

Please indicate if you have any of the following:

❒ Yes ❒ No Aneurysm clip(s)
❒ Yes ❒ No Cardiac pacemaker
❒ Yes ❒ No Implanted cardioverter defibrillator (ICD)
❒ Yes ❒ No Electronic implant or device
❒ Yes ❒ No Magnetically-activated implant or device
❒ Yes ❒ No Neurostimulation system
❒ Yes ❒ No Spinal cord stimulator
❒ Yes ❒ No Cochlear implant or implanted hearing aid
❒ Yes ❒ No Insulin or infusion pump
❒ Yes ❒ No Implanted drug infusion device
❒ Yes ❒ No Any type of prosthesis or implant
❒ Yes ❒ No Artificial or prosthetic limb
❒ Yes ❒ No Any metallic fragment or foreign body
❒ Yes ❒ No Any external or internal metallic object
❒ Yes ❒ No Hearing aid
❒ Yes ❒ No Other implant_____
❒ Yes ❒ No Other device_____

IMPORTANT INSTRUCTIONS

Remove all metallic objects before entering the MR environment or MR system room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment.

Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Signature of Person Completing Form: _____ (Signature) Date ____/____/____

Form Information Reviewed By: _____ (Print name) _____ (Signature)

❒ MRI Technologist ❒ Radiologist ❒ Other _____

COLLEGE OF DUPAGE
MAGNETIC RESONANCE IMAGING TECHNOLOGY INTERVIEW FORM

CANDIDATE NAME: _____

Name of person conducting Interview: _____

INTERVIEW DECISION MATRIX

Desired Characteristics from Behavioral Based Questions	**Weight** 1 – Preferred, but not necessary 2 – Moderately/Necessary 3 - Essential/Critical	**Grade** 1 – Very Poor 2 – Poor 3 – Average 4- Good 5 - Excellent	**Weight** X Grade = Score
PATIENT EXPERIENCE – Describe to me what interactions you have had with patients.			
COMMUNICATION-Describe a time when you realized you needed to make an improvement in your communication skills, and how did you manage it?			
COMMUNICATION-What experience have you had with miscommunication and/or conflict resolution with a customer/fellow employees, and how did you resolve the problem?			
PROBLEM SOLVING/COPING/CRITICAL THINKING-Think about a particularly stressful situation with which you have had to cope in the recent past. What happened? What effect did it have on you? What did you learn?			
PRIORITIZING-What do you do to ensure that your work is the most effective and productive?			
CRITICAL THINKING SKILLS-Tell me about an objective in your last job that you failed to meet and why.			
MOTIVATION/INITIATIVE-What kind of activities do you least like to do in a job? How do you deal with completing it?			

Please e-mail the form to hsadmissions@cod.edu. The e-mail MUST come from the evaluator filling out the form on behalf of the student.

College of DuPage – MRI Advanced Certificate Program

Evaluation Form

Completed by: Radiography/Nuclear Medicine Clinical Instructor OR Program Director OR Imaging Manager

Student Name: _____ ***Date:*** _____

Please rate your student/graduate in the following areas by placing an X in the appropriate box for each category.

	Excellent	Very Good	Good	Average	Below Average	Poor	Very Poor
1. Communication	☐	☐	☐	☐	☐	☐	☐
2. Patient Care Skills	☐	☐	☐	☐	☐	☐	☐
3. Radiation Protection	☐	☐	☐	☐	☐	☐	☐
4. Cooperation & Attitude	☐	☐	☐	☐	☐	☐	☐
5. Professionalism & Ethics	☐	☐	☐	☐	☐	☐	☐
6. Initiative	☐	☐	☐	☐	☐	☐	☐
7. Quality of Performance	☐	☐	☐	☐	☐	☐	☐
8. Critical Thinking Skills	☐	☐	☐	☐	☐	☐	☐
9. Reliability (i.e. Attendance & Punctuality	☐	☐	☐	☐	☐	☐	☐

Average Score ***0.00***

Comments:

Evaluator Name: _____ ***Title:*** _____

Institution: _____ ***Program:*** _____

Email: _____ ***Phone:*** _____

Please send completed form to hsadmissions@cod.edu

Please e-mail the form to hsadmissions@cod.edu. The e-mail MUST come from the evaluator filling out the form on behalf of the student.