

VERIFICATION OF CLINICAL EXPERIENCE for the Magnetic Resonance Imaging Program at Fanshawe College

Applicants to the **Magnetic Resonance Imaging Program** must have completed 48 weeks of clinical experience in one of the following disciplines: General Radiography, Radiation Therapy, Nuclear Medicine, OR General Sonography within the last five years. The weeks are verified to meet admission requirements. This information must be submitted by May 16. If you have not accumulated the required 48 weeks by May 1, your application for admission will not be considered. Please print and complete a separate form for each employer.

If you went to school in Medical Radiation Technology within the last five years the employer verification is not needed and your transcript will be sufficient. Please only fill out PART A and return to the Office of the Registrar as per the instructions in PART C.

PART A - Completed By Applicant			
PLEASE <input checked="" type="checkbox"/> CHECK ONE: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs.	LAST NAME	FIRST NAME	MIDDLE NAME
PERMANENT HOME MAILING ADDRESS		FANSHAWE COLLEGE STUDENT NUMBER	
CITY	PROVINCE	POSTAL CODE	ONTARIOCOLLEGES.CA APPLICATION NUMBER
HOME PHONE NUMBER	WORK PHONE NUMBER		NAME OF EMPLOYER
E-MAIL ADDRESS			NAME OF SUPERVISOR
<i>I authorize my employer or former employer to release the requested information to Fanshawe College.</i>			
_____ APPLICANT'S SIGNATURE		_____ DATE	
PART B - Completed By Employer			
NAME OF EMPLOYER		PHONE NUMBER	FAX NUMBER
MAILING ADDRESS		E-MAIL ADDRESS	
CITY	PROVINCE	POSTAL CODE	APPLICANT'S JOB TITLE
TOTAL NUMBER OF WEEKS OF CLINICAL EXPERIENCE in General Radiography, Radiation Therapy, Nuclear Medicine, OR General Sonography			
START DATE mm/dd/yyyy		END DATE mm/dd/yyyy	
<i>With respect to the clinical experience weeks indicated, I hereby verify that the information recorded is accurate.</i>			
_____ EMPLOYER'S SIGNATURE		_____ POSITION TITLE	
_____ PRINT NAME		_____ DATE	
PART C - Instructions to Employer - Please complete, sign and forward this form to:			
Fanshawe College Office of the Registrar, Room E1012 1001 Fanshawe College Boulevard P.O. Box 7005 London, Ontario, Canada N5Y 5R6 Telephone: 519-452-4277 Fax: 519-452-4420 Email: admissions@fanshawec.ca		FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT Fanshawe College adheres to the Freedom of Information and Protection of Privacy Act. The information collected by Fanshawe College is collected under the legal authority of the Ontario Colleges of Applied Arts and Technology Act, 2002, Ontario Regulation 34/03. The information is used for administrative, statistical and safety and security purposes of the college and/or the ministries and agencies of the Government of Ontario and the Government of Canada. Fanshawe College is required to disclose personal information such as Ontario Education Numbers, student characteristics and educational outcomes to the Minister of Training, Colleges and Universities under s. 15 of the Ministry of Training, Colleges and Universities Act, R.S.O. 1990, Chapter M. 19 as amended. The ministry collects this data for purposes such as planning, allocating and administering public funding to colleges, universities and other post-secondary educational and training institutions and to conduct research and analysis, including longitudinal studies, and statistical activities conducted by or on behalf of the ministry for purposes that relate to post-secondary education and training. Further information on how the Minister of Training, Colleges and Universities uses this personal information is available on the ministry's website. For further information, please contact the Registrar, Fanshawe College, 1001 Fanshawe College Boulevard, P.O. Box 7005, London, Ontario N5Y 5R6.	

