



## **MRI Technologist Employment Training**

### **Additional Information**

#### **Hours of Training**

- Clinical Rotations: Monday through Friday
  - General: 7AM-3:30PM
  - 1-2 evening rotations: 12PM-8:30pm
- Classroom Instruction
  - Once a week 7AM-3:30PM

#### **Didactic Inclusions**

- MRI Safety
- Patient Safety, Contrast Media and IV Insertion
- Cross Sectional Anatomy
- MRI Physics
- MRI Protocols and Procedures

#### **Student Expenses:**

- Books, Uniforms, Travel, Parking

#### **Clinical Rotation Locations**

- **The Johns Hopkins Hospital and Johns Hopkins Outpatient Center**
  - Inpatient, Outpatient, Emergency Room, Interventional, Operation Room and Cardiac
- **Johns Hopkins Imaging Sites**
  - Bethesda, Columbia, Green Spring Station and White Marsh

#### **Application Process**

- All Applications and Forms must be submitted by deadline. *Failure to complete any required section or failure to submit required documents will be grounds to disqualify the applicant from consideration.*
- 30-60 minutes Interview
  - Will be contacted 2-3 months before program start date to set up interviews



The Johns Hopkins Hospital  
MRI Technologist Employment Training Application  
[MRIprogram@jhmi.edu](mailto:MRIprogram@jhmi.edu)  
1800 Orleans Street  
Blalock B179 - Radiology Administration  
Baltimore, MD 21287

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- 1) Please type or print legibly.
  - 2) Email or mail application material to the address noted above.
  - 3) Transcripts: Submit Medical Imaging Program transcripts and any previous school/college transcripts from the past 5 years. Can be emailed or mailed directly by the Program/College to the address noted above.
  - 4) Reference forms must be submitted by the applicant in a sealed envelope with a signature across the seal or emailed directly by the reference to email address noted above.
  - 5) Failure to complete any required section or failure to submit required documents will be grounds to disqualify the applicant from consideration.
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**Name:**

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First

Middle

Last

**Present Address:**

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Street Address

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City

State

Zip Code

**Permanent Address:**

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Street Address

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City

State

Zip Code

**Contact Information:**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

**Citizenship:**

Are you a US Citizen?   YES   NO

If no, do you have a Green Card?   YES   NO

### Education

To be eligible for this program you must have ARRT certification in one of the following: Radiography, Computer Tomography, Nuclear Medicine, or Ultrasound. These modalities match the ARRT Post-Primary Eligibility Pathway for MRI. [ARRT MRI Post Primary Info](#)

*List colleges or schools attended with most recent first. If transcripts are under another name please indicate that name.*

College/School & Location	Years Attended		Graduate		Degree/Diploma Awarded
	From	To	Yes	No	

*List below all professional certifications and/or licenses (e.g. RN, CNMT, RDMS, etc.)*

License/Certification	Number	Effective Date

**Employment:** *Please list all employers for the last five (5) years beginning with the most recent.*

Employer	Address	Position	From / To



**Reference Forms:** All applicants are required to submit two references in either a sealed envelope with a signature across the seal or emailed directly from the reference to [MRIprogram@jhmi.edu](mailto:MRIprogram@jhmi.edu)  
**ONLY the MRI Program Recommendation Form will be accepted.**

2 References needed:

- One from prerequisite professor/instructor in Science or Anatomy OR program director/Instructor of Medical Imaging Program
- One from your present employer, if currently not employed a previous employer or additional professor listed above can be substituted

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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 enough 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.