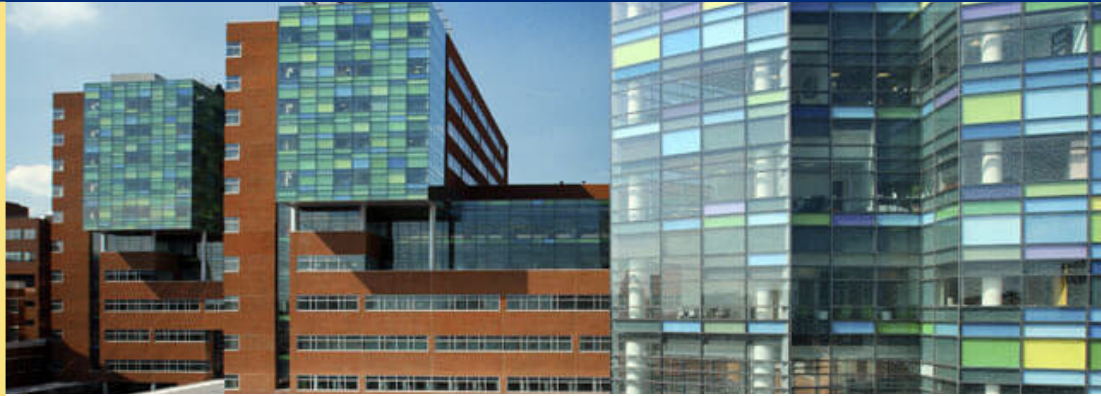


MRI Technologist Employment Training

The Johns Hopkins Schools of Medical Imaging

Magnetic Resonance Imaging (MRI) Technologist Employment Training



Applications accepted between June 1 - October 31, 2021.

Training Description

- Set to commence February 2022.
- No tuition required.
- Full benefits including health insurance.
- Six month on-the-job training.
- Designed for full-time employees/technologists interested in pursuing a career in MRI.
- Provides an integrated curriculum combining classroom hours and clinical training.
- Headquartered in Baltimore, Maryland.
- Accredited by ASRT and exceeds education requirements for ARRT certification in MRI.

Training Requirements

- U.S. citizens or permanent residents.
- ARRT certified and registered in appropriate supporting category: [arrt.org/pages/earn-arrt-credentials/credential-options/mri](https://www.arrt.org/pages/earn-arrt-credentials/credential-options/mri)

Contact

Email MRlprogram@jhmi.edu

Visit somi.jh.edu/magnetic-resonance-imaging-mri/



1800 Orleans Street, Blalock B179
Baltimore, MD 21287



JOHNS HOPKINS
MEDICINE



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
MRlprogram@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.
-

Name:

First

Middle

Last

Present Address:

Street Address

City

State

Zip Code

Permanent Address:

Street Address

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

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the page.

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
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

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

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.



The Johns Hopkins Hospital
MRI Technologist Employment Training Application
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MRI Program Recommendation Form Academic / Employer Reference

Part 1: This part to be completed by the applicant

Name: _____
First Middle Last

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 address or e-mail listed above.

Name of Referrer: _____

Title of Referrer: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Contact Info:

Phone: _____ Email: _____

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					
Ability to apply learned skills in the clinical environment					
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					

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

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: _____