

**VIRGINIA WESTERN**  
**COMMUNITY COLLEGE**

**WE'LL TAKE YOU  THERE**

Fralin Center for Science and Health Professions  
3091 Colonial Avenue, P. O. Box 14007  
Roanoke, VA 24038-14007  
540-857-6286  
FAX: 540-857-6085

**CLINICAL REQUEST FORM FOR COMPUTED TOMOGRAPHY IMAGING SPRING 2020**

**(Please Print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

VCCS Student ID# \_\_\_\_\_

**Please indicate one of the following clinical sites you are interested in:**

Roanoke	
New River Valley	
Alleghany Regional	
Centra Lynchburg General	
Augusta Medical Center	
Chippenham/Johnston-Willis	

**NOTE: The clinical course is a 2 credit course and is not part of the degree program. The clinical course is optional and not required as part of the program. This form is used to gain information for those possibly needing the clinical course and is not a guarantee on site placement.**

Students must complete the application process for admission to the college, if not already a VWCC student. This completed application form with other required documents must be submitted no later June 1.

**Susan A Nolley, M.S., R.T. (R)**  
**VWCC - School of Health Professions**  
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