

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 MAGNETIC RESONANCE IMAGING SPRING 2021

(Please Print)

Name _____

Address _____

Phone _____

Email _____

Date _____

VCCS Student ID# _____

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

Roanoke (HCA, Carilion)	
New River Valley (HCA, Carilion)	
Alleghany Regional	
Centra Lynchburg General	
Augusta Medical Center	

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.

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