

## Imaging Certificate Program Clinical Request Form

Name: \_\_\_\_\_ A#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

### Preferred Clinical Site:

The clinical sites below are already affiliated with Chattanooga State. Please mark your 1<sup>st</sup> and 2<sup>nd</sup> choice. If these preferred sites are not close to you, please fill in the information under "Other" listed below.

Note: Space is limited for clinic site availability. You will be notified upon acceptance into the program.

- Erlanger
- Erlanger East
- Memorial
- Memorial Hixson
- Memorial Ooltewah Imaging
- Parkridge
- Parkridge East

Other: If you have a preferred clinic site and have contacted them, please give us this Information.

Name of Facility: \_\_\_\_\_

Clinic Manager: \_\_\_\_\_

Clinic Manager's Phone Number: \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Fax: 423-697-2628, mail or drop by:  
Chattanooga State Community College  
N&AH Application Coordinator, HSC 2088  
4501 Amnicola Hwy  
Chattanooga TN 37406