

MRI Clinical Request Form

Preferred Clinical Site Area

Chattanooga State has clinical affiliation agreements throughout the region. Please mark your 1st and 2nd choice. If these preferred clinic sites are not close to you, please fill in the information under "Other" listed below. NOTE: Space is limited by clinic site availability. You will be notified of your clinic area prior to acceptance into the program:

Choice 1:

Choice 2:

**If you have a preferred clinic site and have contacted them,
please provide 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:

Notes for the clinical coordinator: