

Clinical Request Form *SAVE TO YOUR COMPUTER FIRST TO USE FILLABLE FORM & AUTO SUBMIT

Program Applying: DMIR Radiography COD ID #: _____

Student Name: _____

E-mail: _____ Daytime Telephone: _____

1st Clinical Site Choice: _____

2nd Clinical Site Choice: _____

Citizenship Status (select one from dropdown):

If chose "Other", fill in:

Current Clinical Affiliates

Adventist Glen Oaks Hospital

701 Winthrop Ave
Glendale Heights, IL 60139

Adventist LaGrange Memorial Hospital

5101 Willow Springs Road
LaGrange, IL 60525

Advocate Good Samaritan Hospital

3815 Highland Ave
Downers Grove, IL 60515

Duly Health and Care

430 Pennsylvania Ave
Glen Ellyn, IL 60137

Edward Hines Jr. Veterans Administration Hospital*

Fifth Avenue and Roosevelt Road
Hines, IL 60141

*Placement at Hines VA requires evidence of U.S. citizenship under Federal law.

Edward Hospital

801 S. Washington St.
Naperville, IL 60540

Elmhurst Memorial Hospital

155 E. Brush Hill Road
Elmhurst, IL 60126

Northwestern Medicine Central DuPage Hospital

24 N Winfield Road
Winfield, IL 60190

Presence Mercy Center Hospital

1325 N. Highland Ave
Aurora, IL 60506

Rush Copley Medical Center

2000 Ogden Ave
Aurora, IL 60504

St. Alexius Medical Center

1555 Barrington Road
Hoffman Estates, IL 60194

Email to hsadmissions@cod.edu or return to:

College of DuPage Nursing & Health Sciences Division, 425 Fawell Blvd., HSC 1220, Glen Ellyn, IL 60137

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