



MED COLLEGE

3418 West 84th Street Suite 106, Hialeah, FL 33018

EXIT INTERVIEW SURVEY

Name _____

Grad Date: _____

The purpose of this survey is to assist Med Academy in performance improvements. Your feedback will be used to make changes to our curriculum, student services, and our community interests. We encourage you to be through honest in your comments. Your suggestions will in no way affect your completion status or assistance from our institution moving forward.

Answer *Yes or No* in references to the services and training you received at Med Academy. Comments may be made on the spaces provided below.

I. GENERAL

1. I was provided with an orientation of my enrollment, financial obligations, program requirements, and student services prior to beginning the program.
 YES NO Not Applicable
2. I was given a student catalog and had the opportunity to review this catalog with school officials prior to beginning the program.
 YES NO No Applicable
3. Financial terms of the course were explained. Terms of payment plans (if applicable) were fair and manageable.
 YES NO No Applicable
4. Accommodations at the school provided an environment conducive for learning.
 YES NO No Applicable
5. If I had questions or concerns about my enrollment or financial status, they were answered appropriately and in a timely manner.
 YES NO No Applicable
6. The administrative staff was readily available to assist me with my needs.
 YES NO No Applicable

Comments (Section I)



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II. Didactic and Clinical Education

1. I feel confident that my didactic and clinical education has prepared me for an entry level position as an MRI technologist.
 YES NO No Applicable
2. The classroom instructors were knowledgeable in the subject matter they presented.
 YES NO No Applicable
3. The lecture materials were consistent with the examinations and lesson objectives that were presented.
 YES NO No Applicable
4. I was given an appropriate orientation for clinical training including expectations, requirements, facility policies and procedures, and staff introductions.
 YES NO No Applicable
5. I felt comfortable communicating with my clinical instructor at my assigned clinical site.
 YES NO No Applicable
6. I always felt comfortable performing MR procedures under direct and indirect supervision of my clinical instructor or assigned clinical staff.
 YES NO No Applicable
7. All of my concerns or issues at the clinical site were addressed appropriately and in a timely manner by my clinical instructor and/or the administration of Med Academy.
 YES NO No Applicable
8. I had the opportunity to observe clinical procedures before I was expected to perform a procedure.
 YES NO No Applicable
9. The clinical site was operated in a safe manner being conscious of MR safety for patients, staff, and the public within the facility.
 YES NO No Applicable
10. Policies of confidentiality, ethics, and HIPAA regulations were strongly reinforced during my clinical training.
 YES NO No Applicable



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- 11. The length of my clinical training was sufficient for me to complete my clinical competency requirements.
 YES NO No Applicable
- 12. My clinical site provided a steady and varied patient schedule which allowed me a vast experience in the types of studies that I could perform.
 YES NO No Applicable
- 15. I was at no time expected to perform clinical procedures without supervision (direct or indirect).
 YES NO No Applicable
- 16. I feel confident that my classroom lectures and clinical training have prepared me to sit for the MRI certification examination.
 YES NO No Applicable
- 17. I was provided with appropriate counseling about my academic progress throughout my studies at Med Academy.
 YES NO No Applicable
- 18. I was provided with a transcript of my final grades at the end of my training.
 YES NO No Applicable

Comments (Section II)

III. Continuing Education/Employment

Please indicate which of the following best describes your plans after graduation:

- _____ Continue my education in another imaging modality.
- _____ Continue my education in a non-medical field of study.
- _____ Begin looking for employment immediately in the imaging field.
- _____ Begin looking for work in a non-imaging related field.

Are you currently employed as an MRI or Radiology technology? Yes No



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If yes complete about the employer:

Name of employer: _____

Address: _____

Contact Person: _____

Telephone #: _____

Job Position: _____

IV. Personal Contact Information

Your Current Address:

Your Current Contact #

Alternate Contact #

Reference Contact (A person that we can call if we cannot reach you)

Contact Name: _____

Reference Address: _____

Contact Ph # _____

Relationship: _____