

AHRA Military Membership Application

1 Year Membership Only: \$95.00

Please Note: An Official Proof of Service Form must accompany this application

Military Branch: Air Force Army Coast Guard Marine Corps National Guard Navy

AHRA Education Foundation Voluntary Contribution: \$ _____ + \$95 = **Grand Total: \$ _____

** Your voluntary contribution to the AHRA Education Foundation is deductible as a charitable contribution.

AHRA MEMBER PROFILE

Please complete and return this form (with dues payment) to:

AHRA, 490-B Boston Post Road, Suite 200, Sudbury, MA 01776 • Fax (978) 443-8046 • Email memberservices@ahraonline.org

Name: _____ Designation: _____

Title: _____

Organization: _____ Dept/Division: _____

Preferred Mailing Address: Work Home Date of Birth: _____/_____/_____

Work Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Fax: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Mobile Phone: _____

Email (primary): _____

Email (secondary): _____

AHRA takes your privacy seriously. We collect and use your demographic data to develop programs and services that best meet your needs, as well as to inform you about them. By providing an email address, you consent to receive communications directly from AHRA. Please indicate your other preferences below:

- Please do not include me on email lists provided to carefully selected third parties
 Please do not include me on mailing lists provided to carefully selected third parties

PAYMENT OPTIONS

Check/money order enclosed, payable to AHRA

Please charge \$ _____ to my: Visa MasterCard American Express

Card #: _____ Expiration Date: _____/_____/_____

Signature: _____ Date: _____

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1. Is your organization (select one) 1 a stand-alone facility 2 part of a multi-hospital system

2. Organization Status (select one) 3 not-for-profit 4 for profit 5 government

3. Type of Employer (check all that apply)

Hospital

Non-Hospital

- 6 academic (medical school affiliated)
- 7 pediatric
- 8 long-term care
- 9 community
- 10 rehabilitation (greater than 75% patients)
- 111 multiple Hospitals
- 112 multiple facilities

- 11 imaging center
- 12 multi-specialties physician office (not radiology)
- 13 primary care clinic
- 14 radiologist private office
- 15 mobile service
- 16 commercial
- 17 consultant

4. Licensed bed size

-
- | | | | | |
|----------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|
| 18 <input type="checkbox"/> 0 | 20 <input type="checkbox"/> 100-199 | 22 <input type="checkbox"/> 300-399 | 24 <input type="checkbox"/> 500-749 | 26 <input type="checkbox"/> >1000 |
| 19 <input type="checkbox"/> 1-99 | 21 <input type="checkbox"/> 200-299 | 23 <input type="checkbox"/> 400-499 | 25 <input type="checkbox"/> 750-1000 | |

5. Annual Radiology/Imaging procedure volume (in thousands)

-
- | | | | |
|-----------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|
| 27 <input type="checkbox"/> 0 | 30 <input type="checkbox"/> 20-29 | 33 <input type="checkbox"/> 75-99 | 36 <input type="checkbox"/> 150-174 |
| 28 <input type="checkbox"/> 1-9 | 31 <input type="checkbox"/> 30-49 | 34 <input type="checkbox"/> 100-124 | 37 <input type="checkbox"/> 175-199 |
| 29 <input type="checkbox"/> 10-19 | 32 <input type="checkbox"/> 50-74 | 35 <input type="checkbox"/> 125-149 | 38 <input type="checkbox"/> 200+ |

6. Area(s) for which you have management responsibility (check all that apply)

Imaging Areas

- 39 Diagnostic radiology
- 40 CT scan
- 41 Ultrasound
- 42 Angiography
- 43 Cardiac catheterization
- 44 Mammography
- 45 Magnetic resonance imaging
- 46 Nuclear Medicine
- 47 Radiation therapy/oncology
- 48 Radiology support, services (e.g. film library)
- 49 Education (R.T. program)
- 50 PET

- 51 PACS
- 52 Bone densitometry
- 53 Supply purchasing
- 54 Marketing
- 55 Equipment purchasing
- 56 Facility design
- 57 Pharmacy
- 58 Rehabilitation
- 59 Endoscopy
- 60 Cardiopulmonary
- 120 Fusion Imaging
- 121 Molecular Imaging

Non-Imaging Departments

- 67 Patient billing
- 68 Practice billing services
- 69 Cardiology (i.e. EKG, stress, Holter, Echo)
- 70 Cardiopulmonary Service
- 71 Centralized Scheduling
- 72 Centralized Transportation
- 73 Endoscopy
- 74 General Hospital Administration
- 75 Hospital-wide CQI
- 76 Laboratory Services
- 77 Neurodiagnostics (i.e. EEG, EMG, Sleep center)
- 78 Pharmacy
- 79 Purchasing department
- 80 Rehabilitation
- 81 Respiratory Therapy
- 82 Urgent-Care Center
- 83 Vascular Lab (non-invasive)
- 84 Women's Health Center

Imaging Facilities

- 61 PET
- 62 Imaging department(s) in other facilities
- 63 Satellite

- 64 Mobile Services
- 65 Radiologist Practice
- 66 Breast Center

7. Registration/Certifications/Licenses you hold:

-
- | | | | | |
|----------------------------------|----------------------------------|---------------------------------|---|--|
| 85 <input type="checkbox"/> RT | 87 <input type="checkbox"/> RDCS | 89 <input type="checkbox"/> LPN | 91 <input type="checkbox"/> CVT | 122 <input type="checkbox"/> Certified Radiology Administrator (CRA) |
| 86 <input type="checkbox"/> RDMS | 88 <input type="checkbox"/> RVT | 90 <input type="checkbox"/> RN | 92 <input type="checkbox"/> Other (specify) _____ | |

8. Age Range

-
- | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|----------------------------------|
| 93 <input type="checkbox"/> 20-25 | 95 <input type="checkbox"/> 31-35 | 97 <input type="checkbox"/> 41-45 | 99 <input type="checkbox"/> 51-55 | 101 <input type="checkbox"/> 60+ |
| 94 <input type="checkbox"/> 26-30 | 96 <input type="checkbox"/> 36-40 | 98 <input type="checkbox"/> 46-50 | 100 <input type="checkbox"/> 56-60 | |

9. Membership in other organizations

-
- | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|--|
| 102 <input type="checkbox"/> ASRT | 104 <input type="checkbox"/> ARNA | 106 <input type="checkbox"/> SDMS | 108 <input type="checkbox"/> Other (specify) _____ |
| 103 <input type="checkbox"/> CLMA | 105 <input type="checkbox"/> RBMA | 107 <input type="checkbox"/> SCAR | |

10. Who pays for your AHRA membership?

- 109 Self
- 110 Employer

11. Gender

- 113 Male
- 114 Female

12. Current title (please select most relevant):

-
- | | | |
|--|---|---|
| 109 <input type="checkbox"/> Director | 114 <input type="checkbox"/> Technologist | 119 <input type="checkbox"/> CEO/COO |
| 110 <input type="checkbox"/> Administrator | 115 <input type="checkbox"/> Vendor | 120 <input type="checkbox"/> Chief/Lead Technologist |
| 111 <input type="checkbox"/> Manager | 116 <input type="checkbox"/> Consultant | 121 <input type="checkbox"/> Educator |
| 112 <input type="checkbox"/> Supervisor | 117 <input type="checkbox"/> President | 122 <input type="checkbox"/> VP |
| 113 <input type="checkbox"/> Radiologist | 118 <input type="checkbox"/> Student | 123 <input type="checkbox"/> Other (please specify) _____ |