

# AHRA Student Membership Application

1 Year Membership Only: **\$60.00** (maximum of 3 years)

**Please Note:** Official proof of full time enrollment must accompany this application.

You must be enrolled full time in a Radiology or Health Administration BS or Master's program.

\*\*AHRA Education Foundation Voluntary Contribution: \$ \_\_\_\_\_ + \$60 = 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](mailto:memberservices@ahraonline.org)

Name: \_\_\_\_\_ Academic Degree: \_\_\_\_\_

Enrollment Start Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_

College/University: \_\_\_\_\_ Dept/Division: \_\_\_\_\_

Preferred Mailing Address:  College/University  Home Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

College/University Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

College/University 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: \_\_\_\_\_

**MEMBER PROFILE** Return this form with dues to: AHRA, 490-B Boston Post Road, Suite 200, Sudbury, MA 01776

**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**

- 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

**Non-Hospital**

- 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 ( <i>specify</i> ) _____ |  |

**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 ( <i>specify</i> ) _____ |
| 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 ( <i>please specify</i> ) _____ |