



the association for medical imaging management

MILITARY MEMBER APPLICATION

Preferred contact information (please print):

Name: _____ Designation: _____ Rank: _____
 Title: _____ Company: _____
 Company Address: _____ City: _____ State: _____ Zip: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Primary Phone: _____ Mobile: _____ Birthdate: _____ / _____ / _____
 Primary Email: _____ Preferred mailing address: Home Company
 Secondary Email: _____ **Tell us more about yourself on page 2 of this application**

Membership Dues Options

1 Year Membership Renewal Dues \$100.00

*Membership is changing to a calendar year billing cycle.
 The price above reflects a paid through date of December 31, 2020*

The AHRA is proud to offer active duty military personnel a special membership program. In addition to substantially discounted membership dues, there is an online military community forum and resource center designed to support military medical imaging specialists transitioning from the armed forces environment into the civilian healthcare setting.

AHRA Education Foundation
Voluntary Contribution: \$ _____

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

TOTAL: \$ _____

Return form **with proof of Active Duty** to:
 AHRA, 490-B Boston Post Rd, Ste 200, Sudbury, MA 01776
 Fax: 978-443-8046 or Email: memberservices@ahra.org

Member Benefits

- ◇ Radiology Management, renowned peer reviewed journal
- ◇ Free CE credits in the Online Institute
- ◇ Industry Data and Metrics
- ◇ AHRA Connect and the Forum: Popular online community and discussion groups
- ◇ Discounts on all products and meetings
- ◇ Online Resources: News, jobs, policies, and member directory
- ◇ Free Local Meetings
- ◇ Volunteer Opportunities
- ◇ Scholarships and Grants: Several financial assistance programs



PAYMENT OPTIONS

- Check/money order enclosed, payable to AHRA
- Please charge my: Visa MasterCard American Express Discover

Card #: _____ Expiration Date: _____

Signature: _____ Date: _____

490-B Boston Post Road, Suite 200, Sudbury, MA 01776

Toll Free: (800) 334-2472 Phone: (978) 443-7591 Fax: (978)443-8046 Email: info@ahra.org Web: www.ahra.org

1. Is your organization (select one): A stand-alone facility Part of a multi-hospital system
 2. Organization status (select one): Not-for-profit For profit Government
 3. Type of employer (check all that apply):

Hospital

- Academic (medical school affiliated)
 Pediatric
 Long-term care
 Community
 Rehabilitation (greater than 75% patients)
 Multiple hospitals
 Multiple facilities

Non-Hospital

- Imaging center
 Multi-specialties physician office (not radiology)
 Primary care clinic
 Radiologist private office
 Mobile service
 Commercial
 Consultant

4. Licensed hospital bed size (if applicable):

- 0-99 100-249 250-399 400-599 600+

5. Annual imaging procedure volume (in thousands):

- 0 20-29 75-99 150-174
 1-9 30-49 100-124 175-199
 10-19 50-74 125-149 200+

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Angiography | <input type="checkbox"/> Interventional radiology | <input type="checkbox"/> Radiation therapy/oncology |
| <input type="checkbox"/> Bone densitometry | <input type="checkbox"/> Inventory planning/purchasing | <input type="checkbox"/> Radiology support services (e.g. film library) |
| <input type="checkbox"/> Budgeting, billing, reimbursement | <input type="checkbox"/> Laboratory services | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Cardiac catheterization | <input type="checkbox"/> Mammography/breast imaging | <input type="checkbox"/> Respiratory therapy |
| <input type="checkbox"/> Cardiology (EKG, stress, Holter, Echo) | <input type="checkbox"/> Marketing | <input type="checkbox"/> Results reporting |
| <input type="checkbox"/> Cardiopulmonary | <input type="checkbox"/> Medical physics | <input type="checkbox"/> RIS/HIS |
| <input type="checkbox"/> Centralized scheduling | <input type="checkbox"/> Mobile services | <input type="checkbox"/> Ultrasound |
| <input type="checkbox"/> Centralized transportation | <input type="checkbox"/> Molecular imaging | <input type="checkbox"/> Urgent care |
| <input type="checkbox"/> Coding | <input type="checkbox"/> MRI | <input type="checkbox"/> Vascular lab (non-invasive) |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Neurodiagnostics (EEG, EMG, sleep center) | <input type="checkbox"/> Voice recognition |
| <input type="checkbox"/> Construction/renovation/design | <input type="checkbox"/> Nuclear Medicine | <input type="checkbox"/> Workforce planning |
| <input type="checkbox"/> CT | <input type="checkbox"/> Outpatient imaging centers | <input type="checkbox"/> X-ray |
| <input type="checkbox"/> DR/CR | <input type="checkbox"/> PACS | <input type="checkbox"/> Breast center |
| <input type="checkbox"/> Education (RT program) | <input type="checkbox"/> PET, PET/CT | <input type="checkbox"/> Cardiac cath lab |
| <input type="checkbox"/> EMR/EHR | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Environmental services/facilities |
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Purchasing department | <input type="checkbox"/> Noninvasive cardiology |
| <input type="checkbox"/> Equipment planning/purchasing | <input type="checkbox"/> Quality improvement | <input type="checkbox"/> Scheduling |
| <input type="checkbox"/> Fusion imaging | <input type="checkbox"/> Radiation safety | <input type="checkbox"/> Transport |

7. Registration/certifications/licenses you hold:

- RT RDCS LPN CVT CIIP RDMS RVT RN
 Certified Radiology Administrator (CRA) Other (please specify) _____

8. Membership in other organizations:

- ASRT ARIN SDMS CLMA RBMA SIIM SNM
 ACHE Other (please specify) _____

9. Years of responsibility in level:

- _____ Administration/management at one or multiple dept/facilities
 _____ Other (please specify) _____
 _____ Supervisor
 _____ Chief technologist

10. Current title (please select most relevant):

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Director | <input type="checkbox"/> Technologist | <input type="checkbox"/> CEO/COO |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Vendor | <input type="checkbox"/> Chief/Lead Technologist |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Consultant | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Supervisor | <input type="checkbox"/> President | <input type="checkbox"/> VP |
| <input type="checkbox"/> Radiologist | <input type="checkbox"/> Student | <input type="checkbox"/> Other (please specify) _____ |