



the association for medical imaging management

# STUDENT MEMBER APPLICATION

Preferred contact information (please print):

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

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 \$75.00**
- Membership is changing to a calendar year billing cycle.  
The price above reflects a paid through date of December 31, 2020*
- Student Membership Requirements: Be enrolled in an accredited graduate degree program in Radiologic or Healthcare Sciences (Or) Be enrolled in an accredited undergraduate degree program in Radiologic or Healthcare Sciences. More details at www.ahra.org*

- 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 enrollment** 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) _____ |