AHRA Student Membership Application

1 Year Membership Only: **$75.00** **(maximum of 3 years)**

Please Note: In order to be eligible, official proof of enrollment in a Radiology or Health Administration BS or Master's Program must accompany this form.

**AHRA Education Foundation Voluntary Contribution: $_____ + $75 = 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@ahra.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 ☐ Discover

Card #: _____ Expiration Date: _____/_____

Signature: _____ Date: _____

1. Is your organization (*select one*)**:** Ĭ A stand-alone facility Ĭ Part of a multi-hospital system

2. Organization status (*select one*)**:** Ĭ Not-for-profit Ĭ For profit Ĭ Government

3. Type of employer (*check all that apply*)**:**

Hospital	**Non-Hospital**
Ĭ Academic (medical school affiliated)	Ĭ Imaging center
Ĭ Pediatric	Ĭ Multi-specialties physician office (not radiology)
Ĭ Long-term care	Ĭ Primary care clinic
Ĭ Community	Ĭ Radiologist private office
Ĭ Rehabilitation (greater than 75% patients)	Ĭ Mobile service
Ĭ Multiple hospitals	Ĭ Commercial
Ĭ Multiple facilities	Ĭ Consultant

4. Licensed hospital bed size *(if applicable)***:**

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

5. Annual imaging procedure volume (in thousands):

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

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

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

7. Registration/certifications/licenses you hold:

Ĭ RT Ĭ RDCS Ĭ LPN Ĭ CVT Ĭ CIIP Ĭ RDMS Ĭ RVT Ĭ RN

Ĭ Certified Radiology Administrator (CRA) Ĭ Other (*please specify*) _____

8. Membership in other organizations:

Ĭ ASRT Ĭ ARIN Ĭ SDMS Ĭ CLMA Ĭ RBMA Ĭ SIIM Ĭ SNM

Ĭ ACHE Ĭ Other (*please specify*) _____

9. Years of responsibility in level:

_____ Administration/management at one or multiple dept/facilities _____ Supervisor

_____ Other (*please specify*) _____ _____ Chief technologist

10. Current title (*please select most relevant*)**:**

Ĭ Director	Ĭ Technologist	Ĭ CEO/COO
Ĭ Administrator	Ĭ Vendor	Ĭ Chief/Lead Technologist
Ĭ Manager	Ĭ Consultant	Ĭ Educator
Ĭ Supervisor	Ĭ President	Ĭ VP
Ĭ Radiologist	Ĭ Student	Ĭ Other *(please specify*_____