



Certified Radiology Administrator EXAM APPLICATION

INSTRUCTIONS FOR CANDIDATES

1. Applications must be complete at the time of application
 2. All payments must accompany the application.
 3. You may attach additional sheets as necessary.
- NOTE: Complete information is required or your application will be returned to you.

Documentation required with the application:

1. Copies of job descriptions for your current position and for those jobs you are or were employed in that make up the experience points you are counting as part of the seven (7) points needed for exam eligibility.
2. Copies of the registry certificate or wallet card if you are claiming a credential point (maximum of one (1) point for ARRT, ARDMS, NMTCB, or any other applicable certification).

In the case of an eligibility question or audit, however, all documentation will be requested and AHRA reserves the right to audit any and all documentation. Within 2-3 weeks of submitting the application, you will be notified of your eligibility to take the exam.

Complete all sections of the application. Incomplete applications will be returned unprocessed and the application fee will not be refunded.

PREREQUISITES FOR APPLICATION

Eligibility: Eligibility for the CRA examination is based on a point system, with seven (7) points needed to be eligible to take the examination. Points are earned through a combination of education, experience, and/or credentials.

Education (up to four (4) points): Applicants for the CRA examination must have either at least one (1) point earned through education, or have a minimum of ten (10) years experience without an education point. Points are credited as follows:

<u>Education</u>	<u>Discipline</u>	<u>Point Value</u>
High School	n/a	0
AA/AS degree	Any	1
Certificate program in RT/AA/AS	Hospital-based or college-based (RT, RDMS, or CNMT) program in radiology, sonography or nuclear medicine	2
BA/BS	Any	3
MS/PhD/MD or equivalent	Any	4

Note: education points are not cumulative for each level of education, only the point(s) for the highest education applies. For example, if you have both a Certificate and a BS degree, you may only claim the 3 points earned for holding a BS degree.

Experience (up to six (6) points): One point is credited for each year of experience as a radiology administrator. Experience is defined as management, supervisory, or administrative experience in radiology or medical imaging with responsibility for activities in at least three (3) of the following five (5) domains:

- 1) Asset Resource Management,
- 2) Communication and Information Management,
- 3) Fiscal Management,
- 4) Human Resource Management,
- 5) Operations Management

Experience is related to human radiology only.

Credentials (maximum of one (1) point): The credential must be current as of the time you take the CRA examination.

<u>Registry</u>	<u>Point Value</u>
ARRT (American Registry of Radiologic Technologists)	1
ARDMS (American Registry of Diagnostic Medical Sonographers)	1
NMTCB (Nuclear Medicine Technology Certification Board)	1

MAIL APPLICATION AND/OR FOR ADDITIONAL INFORMATION, CONTACT

CRA Program, c/o AHRA, 490-B Boston Post Road, Suite 101, Sudbury, MA 01776

Phone: (978) 443-7591, Fax: (978) 443-8046, E-mail: cra@ahraonline.org, Web site: www.ahraonline.org

APPLICATION

Please complete legibly. Incomplete applications will not be processed.

Applicant Name (as you wish it to appear on your CRA certificate, should you meet eligibility and examination requirements)

Title of Present Position

Organization

Department

Preferred Address

City

State

Zip

Telephone

Fax

E-Mail

This address is my business home address.

I understand that by providing my fax number, I consent to receive communications about AHRA programs, products and services sent by or on behalf of AHRA via fax.

Signature: _____ Date: _____

EXAM ADMINISTRATION AND TEST DATE

Please complete the test preference and date when you will be taking the exam:

- Computer-Based Exam Administration Date: _____
- AHRA Annual Meeting Exam Administration Date: _____

CANCELLATION POLICY

Cancellation of application must be received in writing by the published cancellation dates for each CRA exam administration and is subject to a \$140 handling fee. No partial or full refunds will be available after these dates. After these dates, credit will be applied towards the next available exam.

PAYMENT

All fees must accompany the application. AHRA cannot bill you. The non-refundable application fee is \$50.00 and the examination fee is \$300.00. A total of \$350.00 must accompany the application.

___ Check enclosed ___ Visa ___ MasterCard ___ American Express In the amount of \$ _____
(make check payable to AHRA)

Account number

Expiration Date

Cardholder Name

Zip Code of Billing Address

Signature

EXPERIENCE

_____ Number of Points Claimed Toward CRA Eligibility. A detailed job description or a detailed resume must be attached for your current position and any positions for which you are claiming points toward CRA eligibility.

Current Position Title		
From	To	
Organization		
City	State	Zip

Current Position Title		
From	To	
Organization		
City	State	Zip

Current Position Title		
From	To	
Organization		
City	State	Zip

Current Position Title		
From	To	
Organization		
City	State	Zip

EDUCATION

_____ Number of Education Points Claimed Toward CRA Eligibility

(Note: at least one (1) point must be from education; or more than 10 years experience with no education points.)

Degree - Institution Name:	
City	State
Discipline of Degree	Type of Degree
Year Degree Received	

Certificate Program - Institution Name:	
City	State
Certificate Name	
Year Received	

CREDENTIAL

_____ Number of Credential Points Claimed Toward CRA Eligibility (maximum of one (1)). A copy of the certificate or wallet card for the credential you are counting toward examination eligibility must be attached. The credential must be current as of the time you take the CRA examination.

Credential
Issuing Organization
Date Issued
Expiration Date

FELONY CONVICTION

An applicant who has been convicted of, or pled guilty or "nolo contendere" to a healthcare related felony is ineligible to sit for the examination.



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ATTESTATIONS

Applicants must sign and date the application form and agree to the conditions set forth therein.

The CRA program does not discriminate on any basis including race, sex, age, religion, national origin, sexual orientation or disability.

In making this application, I fully understand that it is an application only and does not guarantee eligibility for or certification as a Certified Radiology Administrator. I agree to submit to a multiple-choice examination and supply further information as determined by the AHRA Radiology Administration Certification Commission (RACC). I further understand and, by my signature, attest that I now and will in the future adhere to the CRA Code of Ethics and all CRA policies and procedures. I understand that any false statement or misrepresentation that I may make in the course of this application or in subsequent communications or submissions may result in the revocation of this application, denial of eligibility to sit for the examination, denial of certification or recertification, or the issuance of a complaint of violation of the CRA Code of Ethics.

I certify that the information I have provided in this application is complete and accurate to the best of my knowledge and belief. I authorize AHRA or its agents to contact my current and any former employers, educational institutions and credentialing bodies to verify the information provided and to inspect, copy, and retain records related to my application and eligibility. I waive any and all rights of confidentiality or privacy with regard to the release of all employment, education and credential information that accompany my application to become a Certified Radiology Administrator.

I hereby waive, and release AHRA, its Radiology Administration Certification Commission, and their respective officers, directors, members and representatives, from any claims arising from the use of such information by AHRA or its representatives for the purposes of evaluation of this application. I understand that AHRA and its representatives will reject any application that contains false or fraudulent information and that, in that event, I will not receive reimbursement of any fees paid nor credit for any examination given. If the fraud is discovered after the certification is awarded, I understand that certification can be revoked.

I understand that AHRA reserves the right to revise or update this application and the CRA Code of Ethics and that it is my responsibility to be aware of the current CRA requirements. I further understand that I am obligated to inform AHRA of changed circumstances that may materially affect my application.

I understand and agree that if I am certified following acceptance of this application and successful completion of the examination, such certification does not constitute AHRA's warranty or guarantee of my fitness or competency to practice as a radiology administrator. I hereby waive and release AHRA, its Radiology Administration Certification Commission and their respective officers, directors, members and representatives from any claims arising from failure to award certification or recertification, or for suspension or revocation of certification in accordance with RACC policies and procedures. If I am certified, I authorize AHRA to include my name in a list of certified individuals, and agree not to misrepresent my certification status or its meaning. I further understand that AHRA is the owner of all right, title, and interest in and to the CRA designation and related AHRA trade names, service marks, and logos (collectively, "Marks"), and agree to use such Marks only as permitted by AHRA policies. I understand and agree that AHRA may also use anonymous and aggregate application and examination data for statistical and research purposes.

I understand and by my signature below, agree to abide by the CRA Code of Ethics and the attestations and policies described above.

Applicant signature _____ **Date:** _____

SUBMIT ALL PAGES OF THE APPLICATION, AND ANY ADDITIONAL PAPERWORK TO:

CRA Program

c/o AHRA

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