



**Please indicate registry status:**

The American Registry of Radiologic Technologists as R.T.(circle appropriate modality):

(R) (N) (T) (S) (CV) (M) (CT) (MR) (QM) (BD) (VS) (CI) (VI) (BS)

The American Registry of Diagnostic Medical Sonographers (circle appropriate modality): R.D.M.S. R.V.T. R.D.C.S.

The Nuclear Medicine Technology Certification Board as C.N.M.T.

The Medical Dosimetry Certification Board as C.M.D.

**Please indicate the modality in which you are currently working:**

<input type="checkbox"/> Radiography	<input type="checkbox"/> Cardiovascular – Intervent Rad	<input type="checkbox"/> Quality Management	<input type="checkbox"/> Vascular – Intervent Rad
<input type="checkbox"/> Nuclear Medicine Technology	<input type="checkbox"/> Mammography	<input type="checkbox"/> Bone Densitometry	<input type="checkbox"/> Breast Sonography
<input type="checkbox"/> Radiation Therapy	<input type="checkbox"/> Computed Tomography	<input type="checkbox"/> Vascular Sonography	<input type="checkbox"/> Education
<input type="checkbox"/> Sonography	<input type="checkbox"/> Magnetic Resonance Imaging	<input type="checkbox"/> Cardiac – Intervent Rad	<input type="checkbox"/> Other _____

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