



armrit@msn.com

American Registry of Magnetic Resonance Imaging Technologists www.armrit.org

Certification *3Year Renewal for 2018/19/20 - Renew On-Time!

(Make changes to your information on front or back of form or provide a current resume-CV.)

Name: _____ Certificate Number: _____ Expires: 12/15/2016

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Employer Name(City, State): _____

Equipment Experience (Manufacturer, Model): _____

Equip. Exp. (continued): _____

E-Mail (Primary): _____

Include the following: 1) Three-Year Renewal fee of \$300.00 is due on or before **November 15, 2017.**
2) Evidence of a ****total of 24 MRI CME credits** performed in **2015, 2016, or 2017.**

Proof of 24 CME Credits: (check one): **Enclosed:** _____ **Already on file:** _____ **MRI Subjects Only!!!**

Were you convicted of a felony or misdemeanor since last renewal? (Circle one) **YES** or **NO**

If **YES**, submit details for review. **Technologist's Signature:** _____

3 Yr. Renewal Fee:	<u>\$300.00</u>	
Late Fee after Nov. 15, 2017	<u>\$50.00</u>	***Late Fees Apply!!!
Renewal Assessment for Legislative Action:	_____	
*****TOTAL from all Columns:	_____	No Partial Payments!

Payment Options: Make Check or Money Order Payable to: **ARMRIT**

Pay by Credit Card: (Check one) MasterCard: _____ Visa: _____ Amex: _____ Discover: _____

Card Number: _____ Expiration Date: _____ Verification Code: _____
(On Back of Card)

Print Name on Card: _____

Authorized Signature: _____ Date: _____

***Renewal is mandatory to maintain your Credential, Certification & Registry Active status.**
****A Certificate and ID Card will not be released until CME evidence is provided.**
*****Late Fees Apply / Failure to Renew Will Lead to Revocation (see note) after March 15, 2018.**
******* Consult your Tax Advisor for Tax Deductibility.**

Note: Revocation renders your Credential & Certification null & void requiring an application and sitting for the examination.

Return Entire Form by Mail, Email:armrit@msn.com or Fax: 718-347-8691

For Office Use only: Payment Method: Check#/MO#/CC Approval #/Transaction#: _____
Transaction Date: _____
Processed by: _____