



armrit@msn.com

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

### Certification \*3Year Renewal for 2019/20/21 - Renew On-Time!

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

Name: \_\_\_\_\_ Certificate Number: \_\_\_\_\_ Expires: 12/15/2018

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, 2018.**  
2) Evidence of a **\*\*total of 24 MRI CME credits** performed in **2016, 2017, or 2018.**

**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:	\$300.00	
Late Fee after Nov. 15, 2018	\$50.00	***Late Fees Apply!!!
Renewal Assessment for Legislative Action:	_____	
*****TOTAL from all Columns:	_____	<b>No Partial Payments!</b>

**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, 2019.**  
**\*\*\*\*\* 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: \_\_\_\_\_