



Massachusetts Society of Radiologic Technologists

ACHIEVEMENTS IN CONTINUING EDUCATION

Sign In Record

For MSRT sponsored activities: A copy of the approved Request for Approval of Education Activities for and this sign-in sheet must be sent to the MSRT office within 48 hours of activity. Mail to MSRT, P.O. Box 71, Weymouth, MA 02188.

For all other activities: Sponsors must keep completed records (Sign In Record and approved Request for Approval of Education Activities form) for 3 years. If there are ASRT members in attendance they must be instructed to send a copy of their attendance certificate with a copy of their Massachusetts State License to the ASRT, ECE program, 15000 Central Ave. S.E., Albuquerque, NM 87123-3917 within 30 days of activity.

To Be Completed by MSRT Counselor:

Name of Sponsoring Facility/Organization: _____

Individual Responsible:

Name: _____

Address: _____

Daytime Phone: _____

Activity Information:

Title of Presentation: _____

Faculty: _____

Date of Activity: _____

No. of Credits: _____ Topic Category: _____

MSRT Approval #: _____

Expiration Date: _____

Approved By: _____

Topic Categories: **Cat. A/ARRT Agreement:** For technologists licensed in the State of Massachusetts. All others Category B.

- DR** Diagnostic Radiography
- DR/CVIT** Diagnostic Radiography/Cardio Vascular Interventional Technology
- DR/CT** Diagnostic Radiography/Computed Tomography
- DR/M** Diagnostic Radiography/Mammography
- NM** Nuclear Medicine Technology
- RP** Radiation Protection
- RT** Radiation Therapy
- GH** General Healthcare

YOU MUST PRINT LEGIBLY OR ATTENDANCE VERIFICATION WILL NOT BE POSSIBLE

Last 4 digits of SS#	Name	ASRT Member?

If you have any questions regarding this form, please call the MSRT office at (781)331-3520 or Email at msrt_org@comcast.net or on the web at www.msrt-ma.org

