



CRA-Retired Status Application

Name _____
Home Address _____
City/State/Zip _____
Phone _____ E-mail _____
CRA Number _____ Exam Date _____

I am no longer actively working in imaging management. I have not worked in the field of imaging management since _____
Date

I understand that if I am granted CRA-Retired status, I may use the designation CRA-Retired and am prohibited from using the CRA designation without the %Retired+suffix. I further understand that, if I am granted CRA-Retired status, this status must be renewed on the same schedule as my former CRA recertification dates.

I will uphold the CRA code of ethics and I understand that if I am granted CRA-Retired Status, I am subject to the same professional practice and disciplinary policy and procedures required of CRAs.

If granted CRA-Retired status, I will not represent myself as a CRA or imply that I currently maintain active CRA status. I understand that this includes, but is not limited to, prohibiting misrepresentation through misuse of the CRA designation, the CRA logo, CRA pin, or CRA card.

Signature Date

Submit form and renewal fee of \$75 to:
CRA Program c/o AHRA 490-B Boston Post Rd Suite 200 Sudbury MA 01776
Fax: (978) 443-8046 Phone (978) 443-7591

Payment in the amount of \$75.00:

____ Check enclosed ____ Visa ____ MC ____ AmEx
Account number _____ Expiration Date _____ Billing Zip Code _____
Cardholder
Name _____ Signature _____