



Certified Radiology Administrator EXAM APPLICATION

Instructions for Candidates

1. Applications must be complete at the time of application
2. Applicants must have the required 7 points (see below) to be eligible to take the exam.
3. Required documentation (detailed on page 3) must be included.
4. All payments must accompany the application.
5. Additional sheets may be attached as necessary.

Complete all sections of the application. Incomplete applications will be returned unprocessed and the application fee will not be refunded.

In the case of an eligibility question or audit, all documentation will be requested and AHRA reserves the right to audit any and all documentation. Within 2-3 weeks of submitting the application, you will be notified of your eligibility to take the exam.

Prerequisites for Application

Eligibility for the CRA examination is based on a point system, with **seven (7) points needed to be eligible to take the examination**. Points are earned through a combination of experience, education, and/or credentials as follows:

- **Experience (maximum of six (6) points):** One point is credited for each year of experience as an imaging administrator. Experience is defined as management, supervisory, or administrative experience in human radiology, radiation therapy, or medical imaging with responsibility for activities in the following five (5) domains:
 - **Asset Resource Management**
 - **Fiscal Management***
 - **Human Resource Management***
 - **Operations Management**
 - **Communication and Information Management**

Note: *Fiscal and Human Resource domain requirements may be met through experience outside of imaging.

- **Education (maximum of four (4) points):** Applicants for the CRA examination must have either: (a) at least one (1) point earned through education, *or* (b) have a minimum of ten (10) years experience without an education point. Points are credited as follows:

Education	Discipline	Point Value
High School	n/a	0
AA <u>or</u> AS degree (non-imaging)	Any	1
AA <u>or</u> AS <u>or</u> Certificate program in radiology, MRI, sonography, radiation therapy, or NM	Hospital-based or college-based (ARRT, RDMS or CNMT) program in radiology, magnetic resonance imaging, sonography, radiation therapy, or nuclear medicine	2
BA/BS	Any	3
MS/PhD/MD or equivalent	Any	4

Note: Education points are *not* cumulative for each level of education, only the point value for the highest education applies. For example, if you have both a Certificate and a BS degree, you may only claim the 3 points earned for holding a BS degree.

- **Credentials (maximum of one (1) point—credentials not required):** The credential must be imaging related and from a nationally recognized credentialing authority. It must be current as of the time you take the CRA examination. Credentialing is not required for exam eligibility. Examples include:
 - ARRT (American Registry of Radiologic Technologists)
 - ARDMS (American Registry of Diagnostic Medical Sonographers)
 - NMTCB (Nuclear Medicine Technology Certification Board)
 - RCC (Radiology Certified Coder)

Application Submission and Contact Information

CRA Program, c/o AHRA, 490-B Boston Post Road, Suite 200, Sudbury, MA 01776
Phone: (978) 443-7591, Fax: (978) 443-8046, E-mail: kkeeler@crainfo.org, Web site: www.crainfo.org

APPLICATION

Please complete legibly. Incomplete applications will not be processed.

Applicant Name

Title of Present Position

Organization

Department

Preferred Address

City

State

Zip

Telephone

Fax

E-Mail

This address is my business home address.

How did you hear about the CRA program?

I understand that by providing my fax number, I consent to receive communications about AHRA programs, products and services sent by or on behalf of AHRA via fax.

Signature _____ Date: _____

Exam Administration

Exam window you are registering for: Month/Year: _____

Approximately 1-2 weeks after the test application *deadline* you will receive an email from Castle Worldwide containing information to schedule your exam date and location within this exam window.

Cancellation Policy

Cancellation of application must be received in writing by the published cancellation dates for each CRA exam administration and is subject to a \$75 handling fee. No partial or full refunds will be available after these dates. After these dates, credit for the exam fee balance *minus* a \$140 handling fee will be applied towards the next available exam.

Payment

All fees must accompany the application. AHRA cannot bill you. The non-refundable application fee is \$50.00 and the examination fee is \$300.00. **A total of \$350.00 must accompany the application.**

Applications **received after the published exam application deadline** must also include an **additional \$50 late fee**. Please see our website at http://www.crainfo.org/AM/Template.cfm?Section=Take_the_Exam for current application deadlines.

IMPORTANT NOTE: If this is not your first time taking the CRA exam, contact Kathryn Keeler at kkeeler@crainfo.org to receive a CRA Retake Application.

___ Check enclosed (*make payable to AHRA*)

___ Visa

___ MasterCard

___ American Express

In the amount of \$ _____

Account number

Expiration Date

Cardholder Name

Zip Code of Billing Address

Signature

Experience

____ Number of Points Claimed toward CRA Eligibility (maximum 6 points).

See page 1 for details on applicable experience.

- ▶ **A detailed job description or a detailed resume must be attached for your current position and any positions for which you are claiming points toward CRA eligibility.**

Most Recent Position Title:		
From:	To:	
Organization:		
City:	State:	Zip:

Position Title:		
From:	To:	
Organization:		
City:	State:	Zip:

Position Title:		
From:	To:	
Organization:		
City:	State:	Zip:

Position Title:		
From:	To:	
Organization:		
City:	State:	Zip:

Education

____ Number of Education Points Claimed toward CRA Eligibility (at least one (1) point must be from education *unless* candidate has 10 or more years experience)

See page 1 for details on education point values.

- ▶ **A transcript, copy of the diploma/certificate, or letter from the school, indicating degree conferred must accompany your application.**

Institution Name:	
City:	State:
Discipline:	
Type of Degree/Certificate Name:	Year Received:

Credential

____ Number of Credential Points Claimed toward CRA Eligibility (maximum 1 point)

Credential must be current as of the time you take the CRA examination.

See page 1 for details on applicable credentials.

- ▶ **A copy of the wallet card or other official documentation indicating expiration date for the credential must accompany your application.**

Credential:	
Issuing Organization:	
Date Issued:	Expiration Date:

Felony Conviction

An applicant who has been convicted of, or pled guilty or “nolo contendere” to, a healthcare related felony is ineligible to sit for the examination.



Certified Radiology Administrator EXAM APPLICATION

ATTESTATIONS

Applicants must sign and date the application form and agree to the conditions set forth therein.

The CRA program does not discriminate on any basis including race, sex, age, religion, national origin, sexual orientation or disability.

In making this application, I fully understand that it is an application only and does not guarantee eligibility for or certification as a Certified Radiology Administrator. I agree to submit to a multiple-choice examination and supply further information as determined by the AHRA Radiology Administration Certification Commission (RACC). I further understand and, by my signature, attest that I now and will in the future adhere to the CRA Code of Ethics and all CRA policies and procedures. I understand that any false statement or misrepresentation that I may make in the course of this application or in subsequent communications or submissions may result in the revocation of this application, denial of eligibility to sit for the examination, denial of certification or recertification, or the issuance of a complaint of violation of the CRA Code of Ethics.

I certify that the information I have provided in this application is complete and accurate to the best of my knowledge and belief. I authorize AHRA or its agents to contact my current and any former employers, educational institutions and credentialing bodies to verify the information provided and to inspect, copy, and retain records related to my application and eligibility. I waive any and all rights of confidentiality or privacy with regard to the release of all employment, education and credential information that accompany my application to become a Certified Radiology Administrator.

I hereby waive, and release AHRA, its Radiology Administration Certification Commission, and their respective officers, directors, members and representatives, from any claims arising from the use of such information by AHRA or its representatives for the purposes of evaluation of this application. I understand that AHRA and its representatives will reject any application that contains false or fraudulent information and that, in that event, I will not receive reimbursement of any fees paid nor credit for any examination given. If the fraud is discovered after the certification is awarded, I understand that certification can be revoked.

I understand that AHRA reserves the right to revise or update this application and the CRA Code of Ethics and that it is my responsibility to be aware of the current CRA requirements. I further understand that I am obligated to inform AHRA of changed circumstances that may materially affect my application. I understand and agree that if I am certified following acceptance of this application and successful completion of the examination, such certification does not constitute AHRA's warranty or guarantee of my fitness or competency to practice as a radiology administrator. I hereby waive and release AHRA, its Radiology Administration Certification Commission and their respective officers, directors, members and representatives from any claims arising from failure to award certification or recertification, or for suspension or revocation of certification in accordance with RACC policies and procedures. If I am certified, I authorize AHRA to include my name in a list of certified individuals, and agree not to misrepresent my certification status or its meaning. I further understand that AHRA is the owner of all right, title, and interest in and to the CRA designation and related AHRA trade names, service marks, and logos (collectively, "Marks"), and agree to use such Marks only as permitted by AHRA policies. I understand and agree that AHRA may also use anonymous and aggregate application and examination data for statistical and research purposes.

I understand and by my signature below, agree to abide by the CRA Code of Ethics and the attestations and policies described above.

Applicant Signature _____ Date: _____

Submit ALL Pages of the Application, Documentation and Any Additional Paperwork to:

CRA Program
c/o AHRA
490-B Boston Post Road, Suite 200
Sudbury, MA 01776

Phone: (978) 443-7591, Fax: (978) 443-8046
E-mail: kkeeler@crainfo.org, Web site: www.crainfo.org