



Certified Radiology Administrator (CRA) Continuing Education Tracking Form

Full Name: _____ CRA ID #: _____ Test Date: _____
 Address: _____ Renewal Date: _____
 City: _____ State: _____ Zip: _____ Email: _____

Date Credits Earned	Description	Management Domain (Please list credits used in each domain)					Total CE Credits Earned for Activity
		Operations	Human Resource	Asset Resource	Fiscal	Communication and Information	
(only add credits earned during CEU earning period)	Total credits earned from AHRA						
	If you are using the credits earned from AHRA activities, you do <u>not</u> need to also list AHRA CE individually on this sheet. Totals for domains and <u>grand total</u> should be listed on this line. ** For non-AHRA credits, please submit the certificates of completion for these credits or a summary listing that includes your name, the date you completed the course/presentation and the entity awarding the credit. This summary will serve in place of individual certificates.						
	(AHRA CE reports online here: www.ahraonline.org/AHRA/ContentAreas/CE_Activities.aspx)						
	Passed CRA Examination (Valid For First Triennium <u>Only</u>)	-	-	-	-	-	
	36 credits required per triennium No more than 18 credits can be counted in any one domain	Domain Totals:					Grand Total Credits:
		0	0	0	0	0	0

Payment:	In the Amount of: \$175.00	Check Enclosed (payable to AHRA): _____	Master Card: _____	Visa: _____	Amex: _____
	Account Number: _____	Online Payment Made: _____	Exp Date: _____	Signature: _____	