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 not need to also list AHRA CE individually on this sheet. Totals for domains and grand total 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 an dthe 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 Only)	-	-	-	-	-	