



North Carolina Society of Radiologic Technologists, Inc.

Affiliate of ASRT

Log No. _____

IMAGING PROFESSIONALS FOR EXCELLENCE

NOMINATION APPLICATION

Nomination Criteria: Current registered Imaging Professionals actively practicing in **North Carolina** at time of nomination. Current members of Imaging Professionals for Excellence Selection and Award Committees may not be nominated or nominate others. **All information** must be provided on this form for the nomination to be considered. This information is used to determine points for the applicant. **IT IS VERY IMPORTANT TO FILL IN EACH CATEGORY.** If unsure of work experience or work involvement, please consult with the applicant for the information on the FRONT PAGE. **No curriculum vitae/resumes will be accepted.** **This nomination will not be scored unless all pages are completed.**

****ALL INFORMATION MUST BE PRINTED CLEARLY OR TYPED ****

Nominator's Name _____

Nominator's Address _____ Email _____

Nominee _____ Phone (____) _____ Work (____) _____

Nominee Home Address: Street _____

City _____ State _____ Zip Code _____

County _____ Email Address _____

Nominee Employer _____ Job Title _____

Employer Address _____

Credentials of the Nominee:

Currently registered by (ARRT, ARDMS, NMTCB, MDCB, ASCP, CCI, Other): _____

Registry Number _____ Specialty/Discipline _____ Expiration Date _____

Nominations postmarked after this date will not be eligible. Nomination deadline is February 17th 2012.

*Mail the completed application by **certified mail** to:*

Imaging Professionals for Excellence Chairperson
Jana Larson , MSHA, RT(R)(M)
Director of Imaging Sciences
Kettering National Seminars

Mailing address:
175 Mountain View Lane
Troy, NC 27371

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Be sure to complete ALL the following sections.

Nominee Practice Category (assign % of time in each)

Clinical _____ Administrative/Management _____ Education _____

Imaging Training _____ Other (Describe) _____

Highest level of educational attainment: (check ALL that apply)

Certificate _____ Associate _____ Bachelor _____ Masters _____ Doctorate _____ Other _____

Years of Experience as Registered Imaging Professional: _____ yrs.

Radiology Professional Involvement over the past 5 yrs. (memberships, committees, offices, etc.)

Work Related: _____

Honors & Awards: _____

Professional Organizations (dates of membership): _____

In the next section please give examples of how this nominee: (NO NAMES PLEASE)

Promotes and advances the Imaging profession in a positive way in the practice setting and/or in the community, and actively seeks ways to support technologists and other health care providers.

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Demonstrates integrity, honesty and accountability, and functions within their scope of practice.

Displays commitment to patients, families, and colleagues .

Demonstrates caring and assists others to grow and develop.

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Radiates energy and enthusiasm, and contributes/makes a difference to overall outcomes in the practice setting.

If your nominee were chosen, in one sentence what makes this person an outstanding Imaging Professional?