



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.** Accurate information must be provided on this form. **IT IS VERY IMPORTANT TO FILL IN EACH CATEGORY for scoring purposes.** If unsure of any information, please consult with the nominee 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 Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Nominee \_\_\_\_\_ Date of Birth \_\_\_\_\_

Nominee Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Email: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Nominee's 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 **JULY 15, 2010.***

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

**Imaging Professionals for Excellence Chairperson**  
Debbie Wood, M.Ed., RT(R)(M)  
Wake Tech Health Sciences Campus  
2901 Holston Lane, Raleigh, N.C. 27610  
[djwood@waketech.edu](mailto:djwood@waketech.edu)

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**Be sure to complete ALL the following sections \*\*\* (NO NAMES PLEASE)**

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 following sections please give examples of how this nominee:**

\*\*\*\*\* (NO NAMES PLEASE) \*\*\*\*\*

Promotes the Imaging profession and works towards enhancing the quality of patient care in the practice setting and/or in the community, and actively seeks ways to support the profession, technologists and other health care providers.

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Demonstrates honesty, integrity and professionalism by functioning within the scope of practice

Demonstrates commitment to the Imaging profession, patients, families, and colleagues

Display energy and enthusiasm in caring and helping patients and others, assists others in their personal and professional growth

Contribution and commitment to improve the overall healthcare services in the community

In one sentence, describe what makes this person an outstanding Imaging Professional?