



North Carolina Society of Radiologic Technologists, Inc.  
AN AFFILIATE OF THE 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 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, 2009.***

*Mail the completed application by certified mail to:*

**Imaging Professionals for Excellence Chairperson  
Tim Grandstaff, MBA, RT (R)  
3850 White Petals Court  
Winston-Salem, NC 27107**

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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 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.

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Demonstrates caring and assists others to grow and develop.

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?