



CRA-Retired Status Application

Name _____
Home Address _____
City/State/Zip _____
Phone _____ E-mail _____
CRA Number _____ Exam Date _____

I am no longer actively working in imaging management. I have not worked in the field of imaging management since _____ .
Date

I understand that if I am granted CRA-Retired status, I may use the designation CRA-Retired and am prohibited from using the CRA designation without the “-Retired” suffix. I further understand that, if I am granted CRA-Retired status, this status must be renewed on the same schedule as my former CRA recertification dates.

I will uphold the CRA code of ethics and I understand that if I am granted CRA-Retired Status, I am subject to the same professional practice and disciplinary policy and procedures required of CRAs.

If granted CRA-Retired status, I will not represent myself as a CRA or imply that I currently maintain active CRA status. I understand that this includes, but is not limited to, prohibiting misrepresentation through misuse of the CRA designation, the CRA logo, CRA pin, or CRA card.

Signature Date

Submit *form and one-time conversion donation of \$75* to the AHRA Education Foundation which will help continue growth and outreach of the CRA program:

**CRA Program c/o AHRA
2 Mt. Royal Ave., Suite 201 Marlborough MA 01752
Fax: (978) 443-8046 Phone (978) 443-7591**

\$75.00 Donation:

____ Check to AHRA Education Foundation enclosed

____ Visa ____ MC ____ AmEx

Account number _____ Expiration Date _____

Cardholder

Name _____ Signature _____