



Certified Radiology Administrator EXAM APPLICATION

Instructions for Candidates

1. Applications must be complete at the time of application
2. Applicants must have the required 7 points (see below) to be eligible to take the exam.
3. Required documentation (detailed on page 3) must be included.
4. All payments must accompany the application.
5. Additional sheets may be attached as needed.
6. Complete all sections of the application. Incomplete applications will be returned unprocessed and the application fee will not be refunded.

In the case of an eligibility question or audit, all documentation will be requested and the RACC reserves the right to audit any and all documentation. Within 2-3 weeks of submitting the application, you will be notified of your eligibility to take the exam.

Prerequisites for Application

Eligibility for the CRA examination is based on a point system, with **seven (7) points needed to be eligible to take the examination**. Points are earned through a combination of experience, education, and/or credentials as follows:

- **Experience (maximum of six (6) points):** One point is credited for each year of experience as an imaging administrator. Experience is defined as management, supervisory, or administrative experience in human radiology, radiation therapy, or medical imaging with responsibility for activities in the following five (5) domains:
 - **Asset Resource Management**
 - **Fiscal Management***
 - **Human Resource Management***
 - **Operations Management**
 - **Communication and Information Management**

Note: *Fiscal and Human Resource domain requirements may be met through experience outside of imaging.

- **Education (maximum of four (4) points):** Applicants for the CRA examination must have either: (a) at least one (1) point earned through education, or (b) have a minimum of ten (10) years experience without an education point. Points are credited as follows:

Education	Discipline	Point Value
High School	n/a	0
AA <u>or</u> AS degree (non-imaging)	Any	1
AA <u>or</u> AS <u>or</u> Certificate program in radiology, MRI, sonography, radiation therapy, or NM	Hospital-based or college-based (ARRT, RDMS or CNMT) program in radiology, magnetic resonance imaging, sonography, radiation therapy, or nuclear medicine	2
BA/BS	Any	3
Masters or Doctorate degree	Any	4

Note: Education points are *not* cumulative for each level of education, only the point value for the highest education applies. For example, if you have both a Certificate and a BS degree, you may only claim the 3 points earned for holding a BS degree.

- **Credentials (maximum of one (1) point—credentials not required):** The credential must be imaging related and from a nationally recognized credentialing authority. It must be current as of the time you take the CRA examination. Credentialing is not required for exam eligibility. Examples include:
 - ARRT (American Registry of Radiologic Technologists)
 - ARDMS (American Registry of Diagnostic Medical Sonographers)
 - NMTCB (Nuclear Medicine Technology Certification Board)
 - RCC (Radiology Certified Coder)

Application Submission and Contact Information

CRA Program, c/o AHRA, 2 Mount Royal Ave, Suite 201 Marlborough, MA 01752
 Phone: (978) 443-7591, Fax: (978) 443-8046, E-mail: CRA@CRAinfo.org, Web site: www.CRAinfo.org

APPLICATION

Applicant Name

Title of Present Position

Organization

Preferred Address (This address is business home)

City

State

Zip

Telephone (business home cell)

E-Mail

How did you hear about the CRA credential?

Exam Administration

Exam window you are registering for: Month/Year: _____

Approximately 1-2 weeks after the test application *deadline*, candidates will receive an email from Scantron containing information for scheduling the exam date and location within the exam window.

Cancellation Policy

- Cancellation or transfer of a scheduled CRA exam appointment must be made at least 5 business days in advance through Scantron's website and is subject to a \$100 handling fee.
- No partial or full refunds will be available for transfers or cancellations made less than 5 business days before an exam.
- Application and late fees are not refundable under any circumstances.
- Additional fees and restrictions may apply and are listed on our website, www.CRAinfo.org.

Payment

- The non-refundable application fee is \$100
- CRA exam fees are as follows:
 - **AHRA Members:** the exam fee is \$325.00 and a **total of \$425.00** (plus late fee when applicable) must accompany the application
 - **All other applicants:** the exam fee is \$500.00 and a **total of \$600.00** (plus late fee when applicable) must accompany the application
- Applications postmarked or sent electronically after the published exam application deadline must also include an **additional \$50 late fee**. See our website at www.CRAinfo.org for current application deadlines.
- Required **documentation** for points toward **all** prerequisites **must** accompany this application.

NOTE: If this is not your first time taking the CRA exam, email CRA@CRAinfo.org to receive a CRA Retake Application.

Mark here if applying for the AHRA Education Foundation CRA Scholarship

Check enclosed (*make payable to AHRA*)

Credit Card Payment: Visa MasterCard American Express In the amount of \$_____

Account number

Expiration Date

Cardholder Name

Signature

Experience

_____ Number of Points Claimed toward CRA Eligibility - **maximum 6 points** (7 with 10 or more years of experience).

See page 1 for details on applicable experience.

- ▶ **A detailed job description or a detailed resume listing tasks by position must be attached for any positions for which you are claiming points toward CRA eligibility.**

Position Title:		
From:	To:	
Organization:		
City:	State:	Zip:

Position Title:		
From:	To:	
Organization:		
City:	State:	Zip:

Position Title:		
From:	To:	
Organization:		
City:	State:	Zip:

Position Title:		
From:	To:	
Organization:		
City:	State:	Zip:

Education

_____ Number of Education Points Claimed toward CRA Eligibility (at least one (1) point must be from education *unless* candidate has 10 or more years experience)

See page 1 for details on education point values.

- ▶ **A transcript, copy of the diploma/certificate, or letter from the school, indicating degree conferred must accompany your application.**

Institution Name:	
City:	State:
Discipline:	
Type of Degree/Certificate Name:	Year Received:

Credential

_____ Number of Credential Points Claimed toward CRA Eligibility - **maximum 1 point**

Credential must be current as of the time you take the CRA examination.

See page 1 for details on applicable credentials.

- ▶ **A copy of the wallet card or other official documentation indicating expiration date for the credential must accompany your application.**

Credential:	
Issuing Organization:	
Date Issued:	Expiration Date:

Felony Conviction

An applicant who has been convicted of, or pled guilty or “nolo contendere” to, a healthcare related felony is ineligible to sit for the examination.



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ATTESTATIONS

Applicants must sign and date the application form and agree to the conditions set forth therein.

The CRA program does not discriminate on any basis including race, sex, age, religion, national origin, sexual orientation or disability.

In making this application, I fully understand that it is an application only and does not guarantee eligibility for or certification as a Certified Radiology Administrator. I agree to submit to a multiple-choice examination and supply further information as determined by the AHRA Radiology Administration Certification Commission (RACC). I further understand and, by my signature, attest that I now and will in the future adhere to the CRA Code of Ethics and all CRA policies and procedures. I understand that any false statement or misrepresentation that I may make in the course of this application or in subsequent communications or submissions may result in the revocation of this application, denial of eligibility to sit for the examination, denial of certification or recertification, or the issuance of a complaint of violation of the CRA Code of Ethics.

I certify that the information I have provided in this application is complete and accurate to the best of my knowledge and belief. I authorize AHRA or its agents to contact my current and any former employers, educational institutions and credentialing bodies to verify the information provided and to inspect, copy, and retain records related to my application and eligibility. I waive any and all rights of confidentiality or privacy with regard to the release of all employment, education and credential information that accompany my application to become a Certified Radiology Administrator.

I hereby waive, and release AHRA, its Radiology Administration Certification Commission, and their respective officers, directors, members and representatives, from any claims arising from the use of such information by AHRA or its representatives for the purposes of evaluation of this application. I understand that AHRA and its representatives will reject any application that contains false or fraudulent information and that, in that event, I will not receive reimbursement of any fees paid nor credit for any examination given. If the fraud is discovered after the certification is awarded, I understand that certification can be revoked.

I understand that AHRA reserves the right to revise or update this application and the CRA Code of Ethics and that it is my responsibility to be aware of the current CRA requirements. I further understand that I am obligated to inform AHRA of changed circumstances that may materially affect my application. I understand and agree that if I am certified following acceptance of this application and successful completion of the examination, such certification does not constitute AHRA's warranty or guarantee of my fitness or competency to practice as a radiology administrator. I hereby waive and release AHRA, its Radiology Administration Certification Commission and their respective officers, directors, members and representatives from any claims arising from failure to award certification or recertification, or for suspension or revocation of certification in accordance with RACC policies and procedures. If I am certified, I authorize AHRA to include my name in a list of certified individuals, and agree not to misrepresent my certification status or its meaning. I further understand that AHRA is the owner of all right, title, and interest in and to the CRA designation and related AHRA trade names, service marks, and logos (collectively, "Marks"), and agree to use such Marks only as permitted by AHRA policies. I understand and agree that AHRA may also use anonymous and aggregate application and examination data for statistical and research purposes.

I understand that CRA certification, once earned, must be renewed every 3 years by meeting current continuing education requirements and submitting the current CRA renewal fee. The RACC retains the right to modify these requirements at any time.

I understand and by my signature below, agree to abide by the CRA Code of Ethics and the attestations and policies described above.

Applicant Signature _____ Date: _____

Submit ALL Pages of the Application, Documentation, and Any Additional Paperwork to:

CRA Program
c/o AHRA
2 Mount Royal Ave, Suite 201
Marlborough, MA 01752

Phone: (978) 443-7591, Fax: (978) 443-8046
E-mail: CRA@CRAinfo.org, Web site: www.CRAinfo.org