

The Rotating Anode

SUMMER 2020



**Take note:
Virtual Annual
Business
Meeting via
Zoom,
11 a.m.
Saturday,
Oct. 10**

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Vacant

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Interested in contributing to
the *Anode*?

Contact: Jen Smith

Email:

jen.smith.rtr@gmail.com

(Please put *Anode* in the subject
line)

Official Publication of the
Kansas Society of Radiologic
Technologists

Denise Orth, Executive Secretary
1702 Mermis Ct.
Hays, KS 67601

2020 Annual Business Meeting

The 2020 Annual Business Meeting of the Kansas Society of Radiologic Technologists will be held virtually via Zoom at 11 a.m. Saturday, Oct. 10. This business meeting was to have been part of the annual convention in April, which first was postponed and then cancelled because of COVID-19. Items on the agenda include voting for the proposed budget; the president-elect, who will become president of the KSRT at the 2021 annual convention; and categories for the image competition.

Watch your email for the instructions for logging in and how to vote.

Members who still receive a print copy of *The Rotating Anode* will be mailed a printed ballot before the meeting to participate in the voting.

BOARD OF DIRECTORS MEETING MINUTES

10 a.m. March 28

Online meeting

(Editor's note: The Executive Committee did not meet separately. Also, much has changed since this meeting in March – particularly the complete cancellation of the annual convention.)

Call to order: The meeting was called to order at 10:09 a.m.

Voting members present: Ronda Sunnenberg, president; Brian Ralph, chairman of the board; Toni Caldwell, immediate past president; Harmony Ibarra, president-elect; Kenny Rounkles, vice president; Katilyn Slaton, professional development chair; Kelly Denton, western area representative; Megan Rucker, education chair; Jen Smith, secretary-treasurer and editor of *The Rotating Anode*; and Denise Orth, senior ASRT delegate and executive secretary.

Non-voting member present: Susan Dumler, professional development vice chair; Judy Lynch, and Kyle Ibarra, nominations chair.

Approval of January minutes: Minutes are approved as written.

Financial report: Denise presented the financial report through March 24. The report showed income of \$20,180.72 and expenses of \$19,208.67 for a total of \$972.05. The net worth report showed a checking account balance of \$12,592.23 and certificates of deposit worth \$343,883.67 for a total net worth of \$56,475.90. Brian moved to accept the financial report as presented. Judy seconded the motion. Motion approved.

Old business:

Affiliate Development Program update: Ronda, Toni and Denise need to put out a report. We need to determine our requirements for the website to find a company to manage it for us. Toni has a person who also manages websites and will get in touch with them. Susan reached out to someone as well.

Radiology Council update: We have to nominate four people to the Board of Healing Arts for the general position. Two more people to nominate are needed.

Legislative: 1861 Consulting bought out Hein Law. The contract is due May 31. Toni will call Derek Hein to determine how to proceed with adding RRAs to our bill. Megan moved for Toni to reach out to Derek Hein to pursue a contract for 2020-21, Brian seconded the motion. Motion approved.

Convention:

New date: Megan reached out to the hotel and convention center. Sept. 10-12 is open and Megan has a contract for these dates. The contract is the same except for the room block. The new hotel room block has been expanded to more rooms. There was discussion of moving the convention to the fall and having a student symposium in the spring which rotates through the educational program facilities. Brian moved that the convention be held Sept. 10-12 with the 2021 convention being a fall meeting.

Denise seconded the motion. Motion approved. Denise will check with ASRT regarding email blasts. Before convention, the society will send out a postcard to notify people of the new convention dates and point them to the website for the brochure.

Scholarships and awards: Katilyn and Susan decided to award essay and image competition prizes. For the scientific exhibits, students will be invited to bring them to the fall convention for judging. Regarding scholarships, Radiology and Nuclear Medicine told us to keep the money and use it at convention. Ronda will email Melinda regarding scholarship winners.

Speakers: Megan has emailed them about the postponement.

New business:

Induction of new board: Elections will be done in the fall.

Convention refunds: A member has asked for a refund of the convention fee of \$160. Ronda is contacting vendors and sponsors to determine who would like a refund.

Announcements: The summer board meeting will be in July after the ASRT Annual Governance and House of Delegates meeting. Ronda will send out potential dates.

Adjournment: Judy moved to adjourn and Toni seconded. Motion approved. Meeting adjourned at 11:46 a.m.

LEGAL CONTRACT EMAIL VOTE

May 14-16

The Board of Directors discussed via email the KSRT's legal contract with 1861 Consulting (formerly Hein Law) for lobbying and monitoring for legislative issues of interest to the society. The contract remains the same as in previous years, \$3,600 at a rate of \$600

per month, with an additional cost of up to \$500 for extraordinary expenses.

Denise Orth moved that the society approve the contract, Jen Smith seconded, the vote passed unanimously.

RISK VS. BENEFIT OF COMPUTED TOMOGRAPHY

By Brenlee Yingling, Washburn University
Second-place essay

Abstract

There are many risks and benefits to computed tomography (CT) but not many people think of those risks when getting a scan done. CT can be very beneficial in diagnosing many medical problems but the risks sometimes outweigh these benefits. Patients need to realize the radiation dose they receive during a CT scan potentially can cause long-term effects and increase the risk of cancer if being scanned regularly. Pregnancies and contrast are other risks of CT scans, and adverse effects can be present. Many people do not realize diagnostic imaging has been used more than necessary, and steps need to be taken to reduce the overuse of CT scans. Patients need to be educated on the risks and benefits before getting an exam done, and the more that these circumstances are talked about, the more likely changes will be seen.

When it comes to diagnostic radiology, every examination has risks and benefits. With computed tomography (CT), there is growing concern about radiation risks the patient is exposed to with each exam. Many people are beginning to believe some of the risks, like cancer, may outweigh the benefits when it comes to CT imaging. But overall, the benefits still are astounding and often exceed the risks. Some techniques can be used to reduce radiation dose to the patient, but doses are still high in most cases. Some benefits of CT include determining when surgeries are necessary, reducing the need for exploratory surgeries, improving cancer diagnosis and treatment, and guiding treatment of common conditions like injuries, cardiac disease, and strokes. One risk is that test results may demonstrate an incidental finding, which can lead to unnecessary procedures and additional tests that can cause future harm. Another troublesome risk in diagnostic radiology is the radiation exposure, which can lead to future cancer if a patient is scanned regularly.

Computed tomography provides a different view of anatomy than a regular x-ray can show. When looking at a CT, it shows a cross-section of the anatomy. What is special about CT is that there is an entire series of pictures and each one can be divided into different slices. Each slice can be viewed separately or looked at all together. CT provides three-dimensional images, which makes everything easier to visualize and diagnose. The CT imaging process is becoming one of the fastest ways to diagnose patients and also can detect small abnormalities better than other imaging options (Alsafi, 2016). CT is known best for diagnosing cancer, but it also is used to diagnose circulatory diseases, aneurysms, blood clots, kidney stones, and injuries to the head, skeletal system and internal organs. Some other advantages of CT imaging include rapid acquisition of images, a wealth of clear and specific information, and a view of a large portion of the body. No other imaging procedure can

combine all these advantages into one session like CT can (What are the benefits of CT scans).

Radiation safety is a huge part of all radiographic imaging and is becoming a concern when it comes to computed tomography. CT is the largest contributor to radiation exposure and is becoming one of the most popular diagnosing techniques in diagnostic radiology. There are many ways to reduce dose when it comes to CT, like scan parameters, restricting exam protocols, and only scanning the area needed for diagnosis (Alsafi, 2016). Everyone is exposed to some naturally occurring background radiation every day. The average person in the United States receives an estimated effective dose of 3 millisieverts per year from naturally occurring radiation. When compared to CT imaging, one low-dose CT scan of the chest is comparable to 6 months of natural background radiation, and a regular-dose CT scan of the chest is comparable to 2 years of natural background radiation (CT Scans and Cancer).

Radiation dose from CT scans varies from patient to patient. The dose depends on the size of the body part being examined, the type of procedure, and the type of CT equipment and its operation. When assessing the risks of developing future cancer as a result of exposure to radiation, it is important to look at the body part that is being exposed, the person's age when they were exposed, and the individual's gender. It is also important to note that no amount of radiation can be considered risk free. Research has shown that for anyone person the risk of radiation-induced cancer is actually much smaller than the natural risk of cancer. There is also little research regarding risk estimates for the level of radiation exposure from diagnostic radiology procedures because obtaining statistically accurate evidence would require studying millions of people for many years (What are the radiation risks from CT?).

Children are at a higher risk of future issues because they are more sensitive to radiation and have a longer life expectancy than adults. Children are more sensitive to radiation because they continue to grow and their cells divide at a rapid pace. This gives them a greater chance of developing radiation-related cancers. One study showed that someone who had multiple CT scans before they were 15 years old had an increased risk of developing leukemia, brain tumors, or other cancers in the decades after the scans. But the risk of cancer from a single CT scan is minimal. Only about 1 in every 10,000 scans may result in cancer in a child (CT and Cancer).

Many advancements in radiation protection are being made. The Image Gently campaign, launched in 2008, and it was developed to raise awareness about ways to reduce pediatric radiation dose. Other similar campaigns have since been launched. The Image Wisely campaign specifi-

Continued on Page 6

cally focuses on adults and ways to increase awareness of radiation protection techniques.

Another risk many patients feel strongly about is having diagnostic imaging while pregnant. The obvious choice when pregnant is to use ultrasound or MRI, but at times CT may be needed. Radiation from a normal CT scan is not known to cause harm to a fetus. There is a slight risk to the fetus when an abdominal or pelvic CT exam is done, but a fetus exposed to CT has about a 1 in 1,000 greater chance of developing cancer as a child. The level of risk has not yet been proven and possibly could be nonexistent (CT Safety During Pregnancy).

Another risk of CT imaging is the use of contrast agents. Many CT scans use iodinated contrast and some patients are allergic to this contrast. Typically, reactions to IV contrast are observed in 5 to 8 percent of patients. Mild reactions can include a feeling of warmth, nausea and vomiting. These typically do not require immediate treatment. Severe life-threatening reactions occur in 1 in every 75,000 people. Before iodinated contrast is injected, the patient's creatinine should be checked because the contrast is toxic to the kidneys and their function (Saljoughian 2012).

Advancements are being made with CT imaging that continue to reduce the risk of the exam and clearly show that the benefits are far more important. One way these advancements are being made is by increasing the diagnostic capabilities of CT and lower doses than are required. Keeping the ALARA principle (As Low As Reasonably Achievable) in mind helps meet or exceed the standards set by the Image Gently campaign (Long p. 333).

When going into CT's benefits for patients, it is best to not just look at the benefits as a whole. The diagnosing capabilities CT has for patients is astounding, especially when it comes to cancer. CT is the best option for diagnosing lung cancer. People who underwent an annual screening with low-dose chest CT had a 20% reduction in lung-cancer-related death compared to screening with a chest x-ray. Individuals at a high risk of lung cancer now have full Medicare coverage of low-dose CT screenings (Qui 2015). The benefits of CT outweigh the risk because early detection of lung cancer is key. Although the patient will be regularly exposed to radiation through the annual CT scan, it still exhibits more benefits.

Many articles state that CT is performed too often when its use is not likely to help the patient or change the care. According to Miglioretti and Smith-Bindman (2011), 50% or more patients may have incidental findings on some types of CT imaging. Then physicians need to diagnose the problem further and order other follow-up procedures, which lead to more costs and additional radiation exposures. In 2009, more than 400 patients received eight to 30 times the normal radiation dose from a CT scan for stroke diagnosis (Miglioretti & Smith-Bindman, 2011). These

patients experienced short-term effects from the radiation, and the long-term risks are still unknown. In order to reduce the overuse of CT, it is important for physicians to order fewer CT scans, ensure the test is right for the patient, and ensure alternative exams are not an option.

Overall, the use of CT imaging has risks and benefits, but everyone thinks of the benefits and puts the risks on the back burner. This should not be the case, as some risks have long-term effects and can be prevented. CT scans can diagnose cancer and many other forms of illness, but providers need to consider the risks when ordering scans that may not have long-term benefits. Radiation doses received during a CT scan are often very high, and preventative measures need to be taken to reduce exposure levels. Pregnant patients should consider the risks of getting a CT scan. All patients should be screened for adverse reactions to iodinated contrast. More measures can be taken to reduce overuse of CT scans, and the more that people talk about the risks, the more likely changes will be made.

Works Cited

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LEGISLATIVE UPDATE

By Toni Caldwell, legislative chair

Kansas Updates

Senate Bill No. 341 – An act concerning health and healthcare; relating to the practice of naturopathy; licensure and regulation of naturopathic doctors; scope of practice. This was the second time that naturopaths have tried to be able to use diagnostic imaging to treat or diagnose patients. This bill would have allowed them to use ultrasound or fluoroscopy. The KSRT intervened and the bill failed.

Senate Bill No. 463 – This bill would have allowed dentists to use hand-held portable x-rays systems. The KSRT intervened because the bill did not limit it to dentists and would have allowed anyone to utilize these systems anywhere. The bill also included: not using shielding, little training, no continuing education, and the use of these units anywhere including waiting rooms, hallways, and health fairs. The bill failed.

Senate Bill No. 464 – This bill required specific insurance coverage for diagnostic examinations for breast cancer. KSRT had no action on this, but the bill failed.

The KSRT Legislative committee is working on radiologist assistant legislation and updating older statutes (concerning student licensures, exempt statues) and possibly adding limited scope. RT Day on the Hill was postponed because of the COVID-19 pandemic.

Federal Updates

A coalition of radiologic science associations urged leaders in U.S. House and Senate to take six key steps to stabilize and support the health care delivery system during the COVID-19 crisis.

In a letter dated May 8, the coalition asked the leaders to confront the public health and economic implications of the crisis by taking the following steps:

1. Provide additional direct, focused financial support to physician and non-physician practices and their management partners, hospitals, and ASC's across the health care delivery system.

2. Waive budget neutrality for the Medicare payment changes for evaluation and management services that are slated to be implemented on Jan. 1.

3. Support all essential medical imaging and radiology workers including radiographers, sonographers, computed tomography technologists, radiation therapists and nuclear medicine technologists by providing HEROES/ hazard pay.

4. Reduce liability for health care workers and emergency responders in this crisis.

5. Temporary waiver of prior authorizations during the pandemic/state of emergency.

6. Delay appropriate use criteria.

Members of the coalition included the American College of Radiology, the American Society of Radiologic Technologists, the Association for Medical Imaging Management (AHRA), the Association for Quality Imaging, the Center for Diagnostic Imaging, Medical Imaging & Technology Alliance, Radiology Business Management Association, Society of Diagnostic Medical Sonography and Society of Nuclear Medicine & Molecular Imaging.

ASRT working on hazard pay legislation

The ASRT and five other radiologic science organizations are working on a series of federal legislative measures covering hazard pay initiatives for frontline health care workers.

The group includes ASRT, the American College of Radiology, American Society for Radiation Oncology, Society of Nuclear Medicine & Molec-

ular Imaging, Society of Interventional Radiology and Association for Quality Imaging. Combined, the organizations have nearly 300,000 members.

In particular, the alliance is working to secure key changes to House Resolution 6484, the Hazard Pay for the Frontlines During Health Emergencies Act. The act includes medical imaging professionals, but excludes radiation therapists among the essential health care workers eligible for hazard pay benefits.

The importance of radiation therapists was outlined in a letter to the sponsors of the legislation. "Radiation therapists are essential frontline health care workers who work in the field of radiation oncology. Oncologic care has been greatly impacted by the pandemic given the even greater threat imposed to immunosuppressed cancer patients. Cancer care is in the middle of an intersection between the desire to safeguard a vulnerable patient population from COVID-19 while providing the cancer patient the necessary treatment."

ASRT and its partners applaud the bill's sponsors as they included medical imaging professionals to the list of essential frontline workers. However, radiation therapists should be added to the list as they continue to provide life-saving treatments during the ongoing pandemic.

Missouri Legislation

The committee assigned by the Governor continues to work towards a bill for licensure in Missouri.

Thank you

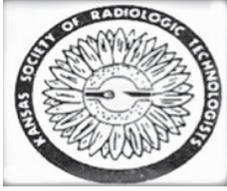
As always, we value your input and many thanks to those who have helped when we put out the call. Your advocacy for your profession is what makes it possible to keep our profession strong and free from encroachment.



KANSAS SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Scholarship Application Checklist

- Kansas Society of Radiologic Technologists member
 - Scholarship application
 - Essay.
- Students: Official transcript in a sealed envelope and letter of recommendation from clinical instructor or other supervising technologist.
- Technologist: Copy of ARRT card and letter of recommendation from a radiology technology colleague.
- All materials should be in one envelope and postmarked by Feb. 1.
 - Mail to:
Denise Orth, RT(R)(M), FKSRT
KSRT Executive Secretary
1702 Mermis Ct.
Hays, KS 67601
- Winners will be notified and must attend the Kansas Society of Radiologic Technologists Spring Convention to receive the scholarship.



KANSAS SOCIETY OF RADIOLOGIC TECHNOLOGISTS

Scholarship Application

Deadline is Feb. 1

I. Applicant Certification

I certify that I am a U.S. citizen, U.S. national or U.S. permanent resident, that this application information provided is true and correct to the best of my knowledge. I understand that any false statements made herein will void this application, and I will be ineligible for support from the KSRT Scholarship Fund. I hereby authorize the release of all information contained in this application packet as may be required to determine my eligibility for a scholarship. I hereby waive my rights to review any documents pertaining to my scholarship application once submitted.

Signature of Applicant

Date

II. KSRT Member

I am a member. Years of membership _____

I am sending in my membership now.

III. Personal Information

Mr. Ms. Name _____
Last First MI

Mailing Address _____
Number/Street (Apt#) City State Zip

E-mail _____

Phone (_____) _____

ARRT Certifications _____ ARRT #: _____

IV. Educational Information

Radiologic Science Program _____
Name of Institution City/State

Program Director _____

Email Address _____ Phone (_____) _____

Anticipated Graduation date _____ / _____ GPA _____
Month Year

Program Type

- Certificate Program
- Associate degree program
- Bachelor's program

Area/Concentration

- Medical Imaging
- Nuclear Medicine
- Vascular
- Radiation Therapy
- Sonography
- Other _____

V. Letter of recommendation

Name: _____

Position: _____

Email address: _____

VI. Essay

Please provide a one-page typed essay describing why you deserve this scholarship. For objectivity purposes, do not include any statements that would identify your school/instructors or yourself. The essay shall be 12 point font Arial with single spacing and 1-inch margins.

Applications will not be considered if not complete. Please submit application and transcript to:
Denise Orth, KSRT Executive Secretary
1702 Mermis Ct., Hays, KS 67601

APPLICATION FOR MEMBERSHIP

THE KANSAS SOCIETY OF RADIOLOGIC TECHNOLOGISTS

By submitting this form, you are agreeing to abide by the Bylaws of the Kansas Society of Radiologic Technologists. You are also acknowledging the information submitted is correct and accurate. Dues must accompany this application.

FULL NAME _____
First Middle Initial Last Credentials

Street City State Zip

DOB _____ Email _____
Month Day Year

Phone Number () _____ Date of application _____

Check membership category.

- ACTIVE MEMBER: DUES \$50.00/Year
Certified by ARRT and Member of ASRT and practicing in the field of radiologic technology.
MUST SUBMIT COPIES OF ARRT AND ASRT CARDS
ASSOCIATE A MEMBER: DUES \$50.00/Year
Certified by ARRT and practicing in the field of radiologic technology.
COPY OF ARRT CARD MUST BE SUBMITTED.
ASSOCIATE B MEMBER: DUES \$50.00/Year
Persons practicing in the field of radiologic technology not certified by the American Registry of Radiologic Technologists and are not registry eligible; or, those persons interested in promoting the purposes and functions of the KSRT, but are not eligible for Active, Associate A, Life, Senior or Student membership.
SENIOR MEMBER: DUES \$25.00/Year
Certified by ARRT and 65 years old or more.
SEND COPIES OF ARRT CARD AND BIRTH CERTIFICATE OR DRIVER'S LICENSE.
STUDENT MEMBER: (STATUS APPLIES TO PRIMARY PROGRAM OF STUDY) DUES \$25.00/Year
Enrolled in an approved school of radiography for a MINIMUM of 24 months.

PRESENT EMPLOYMENT or SCHOOL: _____

STUDENTS ONLY: Date of Enrollment _____ Anticipated Date of Graduation _____

Continuous Renewal _____ New applicant _____ (PLEASE CHECK ONE)

Graduate Bridge Program: Certificate must be returned with membership renewal application and dues stated on certificate. Valid for primary program of study.

The KSRT values our volunteers! Which of the following would you be interested in volunteering for?

Circle all that apply: Committee Officer Speaker

"The Rotating Anode" is available electronically for all new members.

I would like to contribute to the Scholarship Fund for the amount of \$ _____ in addition to my dues. This DOES NOT qualify as a charitable deduction OR professional expense for tax purposes.

PLEASE RETURN TO:

Denise K. Orth Executive Secretary, KSRT 1702 Mermis Court Hays, KS 67601 KSRT.exsec@gmail.com
Pay with PayPal or make checks/money orders payable to the KSRT. No partial dues accepted.
\$25.00 CHARGE FOR ALL CHECKS RETURNED FOR INSUFFICIENT FUNDS!

ADDRESS SERVICE REQUESTED

KANSAS SOCIETY OF
RADIOLOGIC TECHNOLOGISTS
1702 MERMIS CT.
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