



**8. Fellowship:**

Institution Name: \_\_\_\_\_ Program Director's Full Name \_\_\_\_\_  
 City \_\_\_\_\_ State or Province \_\_\_\_\_ Country \_\_\_\_\_ Begin Date (Month/Year) \_\_\_\_\_ Completion Date (Month/Year) \_\_\_\_\_

**9. Subspecialty Areas of Interest:** Mark **one** circle to indicate primary specialty. Mark **all** applicable squares for areas of interest.

- |   |   |   |  |                                       |
|---|---|---|--|---------------------------------------|
| <input type="checkbox"/> Breast/Mammography   | <input type="checkbox"/> Gastrointestinal         | <input type="checkbox"/> Magnetic Resonance | <input type="checkbox"/> Oncologic Imaging   | <input type="checkbox"/> Radiobiology |
| <input type="checkbox"/> Cardiac Radiology    | <input type="checkbox"/> Genitourinary            | <input type="checkbox"/> Molecular Imaging  | <input type="checkbox"/> Pediatric Radiology | <input type="checkbox"/> Research     |
| <input type="checkbox"/> Chest                | <input type="checkbox"/> Head & Neck              | <input type="checkbox"/> Musculoskeletal    | <input type="checkbox"/> Physics             | <input type="checkbox"/> Ultrasound   |
| <input type="checkbox"/> Computed Tomography  | <input type="checkbox"/> Health Policy & Practice | <input type="checkbox"/> Neuroradiology     | <input type="checkbox"/> Professionalism     | <input type="checkbox"/> Vascular     |
| <input type="checkbox"/> Diagnostic Radiology | <input type="checkbox"/> Informatics              | <input type="checkbox"/> Nuclear Medicine   | <input type="checkbox"/> Quality Assurance   | <input type="checkbox"/> Other        |
| <input type="checkbox"/> Emergency Radiology  | <input type="checkbox"/> Interventional           | <input type="checkbox"/> OB/GYN             | <input type="checkbox"/> Radiation Oncology  |                                       |

**10. Practice Location:**

University \_\_\_\_\_ Name of University \_\_\_\_\_ City \_\_\_\_\_ State or Province \_\_\_\_\_  
 Hospital \_\_\_\_\_ Name of Hospital \_\_\_\_\_ City \_\_\_\_\_ State or Province \_\_\_\_\_  
 Freestanding \_\_\_\_\_ Name of Practice \_\_\_\_\_ City \_\_\_\_\_ State or Province \_\_\_\_\_

**11. Professional Licensure for Associate Members:**

Must be a current member in one of the RSNA Associated Sciences Consortium organizations. Please provide a copy of member verification if you are applying as one of the following:

**ARCHITECTS, EDUCATORS, HOSPITAL AND RADIOLOGY ADMINISTRATORS, RADIOLOGY BUSINESS MANAGERS, RADIOLOGIST ASSISTANTS, RADIOLOGIC TECHNOLOGISTS**

- American Institute of Architects-Academy of Architecture for Health (AIA-AAH)
- American Society of Radiologic Technologists (ASRT)
- Association for Medical Imaging Management (AHRA)
- Association for Radiologic and Imaging Nurses (ARIN)
- Association of Vascular and Interventional Radiographers (AVIR)
- Canadian Association of Medical Radiation Technologists (CAMRT)
- College of Radiographers (CoR)
- International Society of Radiographers & Radiological Technologists (ISRRT)
- Radiology Business Management Association (RBMA)
- Section for Magnetic Resonance Technologists-International Society for Magnetic Resonance in Medicine (SMRT-ISMRM)
- Society of Nuclear Medicine Technologists Section (SNMTS)

**Certification:**

Please provide a current copy of certificate from one of the following:

**DENTISTS**

American Board of General Dentistry

**MEDICAL DOSIMETRISTS**

Medical Dosimetrist Certification Board

**REGISTERED NURSES, NURSE PRACTITIONERS**

Current copy of appropriate state board of nursing licensure

**PHYSICIANS, PHYSICISTS, RADIOLOGIC SCIENTISTS (board eligible)**

American Osteopathic Board of Radiology  
 American Board of Oral and Maxillofacial Radiology  
 Member boards of the American Board of Medical Specialties

**PHYSICIAN ASSISTANTS**

National Commission on Certification of Physician Assistants

**SONOGRAPHERS**

American Registry for Diagnostic Medical Sonography

**VETERINARIANS**

American College of Veterinary Radiology

**12. Current Society Memberships:**

**13. I agree to abide by the current bylaws and any revision thereof:**

I certify that the foregoing statements are true and complete to the best of my knowledge and belief, and understand that any willfully false statement is sufficient cause for rejection of this application or the termination of the membership.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Applicant Signature

Opt for online only journals  Radiology  Radiographics  RSNA News  
 By opting for online publications only, you will not receive print copies of the publication(s) indicated.

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- Select One Category:** See reverse side for category qualification
- |   |   |
|---|---|
| <input type="checkbox"/> Active (Board-certified North America) \$450 | <input type="checkbox"/> Associate (Board-eligible) \$450 |
| <input type="checkbox"/> International Members \$450                  | <input type="checkbox"/> Associate (Non-Physician) \$225  |
| <input type="checkbox"/> Add print journals for \$90                  | <input type="checkbox"/> Add print journals for \$80      |

Checks must be drawn on a U.S. bank in U.S. dollars payable to RSNA. By sending your check to us, you authorize RSNA to convert the check into an electronic funds transfer. Please be aware that your bank account may be debited the same day we receive your payment.

Mail to: **RSNA** TEL 1-877-RSNA-MEM *Outside of U.S. & Canada* 1-630-571-7873  
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 Oak Brook, IL 60523-2251 [membership@rsna.org](mailto:membership@rsna.org)

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