

Achievements in Continuing Education (ACE)

Individual Request for ACLS and College Courses



General Directions:

1. A \$15.00 processing fee must be included with each ACE request.
2. The following items must be attached to this completed form:
 - College Courses:** You must include a syllabus or course description and a copy of your transcript with a "C" or better. The transcript must indicate if credits earned are quarter semester credits or semester credits.
 - Advanced Cardiac Life Support (ACLS) Training Approval:** You must include a copy of ACLS/PALS/Instructor or Instructor trainer card from the American Heart Association, American Red Cross, or American Safety and Health Institute.
3. Completed forms must be returned via:
 E-mail: info@msrt-ma.org | Mailing Address: P.O Box 541590 775 Main Street Waltham, MA 02451

To be completed by the MSRT administrator Paid Yes No Pay Online (processing fee applicable)

+ Contact Information

Name

Mailing Address

Daytime Phone Number

E-mail

Licensed Modality

Radiography

Mammography

Nuclear Medicine

Ultrasound

CT

MRI

CV/Interventional

Radiation Therapy

Other

+ Identification of Activity (Separate forms must be submitted for each course)

Type of Activity

Title of Activity

Faculty/Instructor

Date(s) of Activity

Length of Activity

Location

Semester Completed (for college courses)

+ This Section is for ACE Councilor Use ONLY (Do Not Fill Out)

Date Received

Date Returned

Course Material Status

Complete

Number of Credits

Incomplete

Valid from

until this date

MSRT Approval Number

Approved by

Category A/ARRT
Agreement

For Attendees licensed in the State of MA only

Topic Category

REQUEST NOT APPROVED

Explanation Attached

If you have any questions regarding this form, please e-mail the MSRT at info@msrt-ma.org