Massachusetts Society of Radiologic Technologists

Achievements in Continuing Education (ACE)





General Directions:							
 A \$35.00 processing fee must be included with each ACE request. This request MUST be submitted at least 30 days prior to the activity. Forms submitted less than 30 days prior are subject to rejection. 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	on						
Name of Facility or Sponsoring Organization							
Individual Responsible for Activity							
Mailing Address							
Daytime Phone Number			E-mail				
+ Speaker and Lectu	ıre Inform	ation (s	Separate forms must be	e submitted for each lecture)			
Speaker	E-mail (optional)						
Speaker's Certification / Credentials		Place of E	Employment				
Speaker's Area of Practice / Professional Experience							
Title of Lecture				Date of Lecture			
Location of Lecture							
Will this lecture be given more than once?	es No		Length of Activity				
Was Artificial intelligence (such as Cany part of the content for this CE a		enerate	Yes	No			

I attest that any AI-generated content was reviewed and verified by a human content expert

+ Learning (Objectives	and	Presentation	Outline
Objectives (What will participants learn as result of this lecture	a			

Outline (Describe presentation or activity content)

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

Date Received	Date Returned		
Course Material Status	Complete Incomplete	Number of Credits	
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 c e-mail the MSRT at $\underline{info@msrt-ma.org}$