ASSOCIATION OF COLLEGIATE EDUCATORS IN RADIOLOGIC TECHNOLOGY
P.O BOX 150287
OGDEN, UT 84415-0287
http://acert.org
Federal Tax ID #26-4794233

INSTITUTIONAL MEMBERSHIP APPLICATION
OCTOBER 1, 2011 TO SEPTEMBER 30, 2012

☐ **Membership Renewal** ☐ **New Membership Application**

$150.00 **Institutional Membership Fee** includes all faculty, adjunct faculty, supervisors in all affiliates providing clinical education, and current enrolled students. Return completed application with $150.00 fee payable to ACERT.

Please type or print

_____ _____
Name of University or College | Department /Division / Program Name

_____ _____ _____
Name of Department Chair/Program Director | Degree (i.e. Ph.D MEd, MS, BS) | Credentials (i.e. RT(R)(M) CNMT, RDMS)

_____
Mailing Address

_____ _____ _____-_____
City | State | Zip Code

(____)-_____-_____ ext. _____ (____)-_____-_____
Office Phone Number | Fax Phone Number

_____ _____
E-mail Address | Program Web Site

☐ Yes ☐ No Do you give permission to be listed as an Institutional Member on the ACERT web page?

Programs Offered	Degree Awarded	Number of Faculty		# Students Enrolled	# Affiliate Clinical Sites
		Didactic	Clinical		
Radiography					
Nuclear Medicine					
Radiation Therapy					
Dosimetry					
Mammography					
CVT					
CT					
MRI					
Quality Management					
Sonography					
Other					

____ Number of Clinical/Adjunct Technologists/Sonographers in all affiliates supervising students.

The undersigned supports and upholds the ACERT's Constitution and Bylaws.

_____ _____
Signature, Department Chair/ Program Director | Date