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Modernizing for Today
While Preparing
for Tomorrow



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CHRISTEN GANLEY

From Radiation Patient to Leader in Her Field

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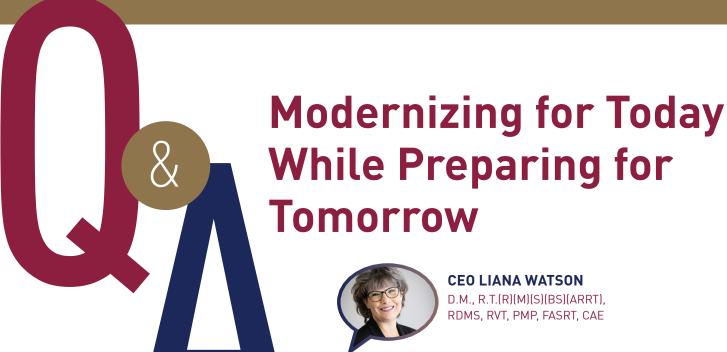
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Ed.D., R.T.(R)(CT)(MR)(QM)(ARRT), MRSO, FASRT

Cheryl, as Chair of Medical Imaging and Radiation Sciences at Arkansas State University, Janesboro, what do you tell students about the future of the profession?

A: I love our field because of its technological advances. I tell students to keep learning throughout their careers. For example, remote scanning technology didn't exist when I started, but it's evolving quickly. I tell students the future is wide open, especially for those interested in travel, sales, research, 3-D printing, technology, direct care, and more. I also acknowledge that it can be challenging for students and educators across the country because not everyone has the same access to technology or opportunities to practice certain procedures. However, I strive for excellence and encourage students to do the same. Students will need to keep expanding their skill sets to embrace future opportunities.

Liana, what kind of progress has ARRT made in the past year?

A: We've made progress in many areas, some that are "invisible," like strengthening our IT infrastructure and data security, and others that are visible, like the new Credential Status dashboard. We're moving applications from paper to online and expect to complete this transition in 2025. You can read more about our digital modernization efforts on page 4.

We've also expanded social media use for advocacy and increased participation in professional associations, and we've increased our investment in supporting future technologists through student leadership programs, which is crucial for developing tomorrow's leaders.

Q. What changes do you expect to see in 2025 and beyond?

Cheryl: I think you'll see ARRT engaging in more proactive discussions around issues like technology changes and workforce shortages. ARRT is balancing the dual needs of improving services today (making it simpler and easier for people to do business) while preparing for the patients and professionals of tomorrow. That requires a balancing act of time and resources for both.

Liana: We'll continue investing in modernizing our digital capabilities, updating our IT infrastructure, and simplifying our business processes. We'll be working to leverage ADA best practices on our digital platforms. We're also changing our fee structure by moving to a single fee system for annual renewals effective Jan. 1, 2026. The fee will be a flat \$65, regardless of the number of credentials held. We haven't increased that fee for eight years and we're providing notice a year in advance to prepare our stakeholders. Our fees have always been at the lowest end of the fee range for allied health professions, and with this change, ARRT will continue to remain at the low midpoint.

Cheryl: Educators will also see some changes in 2025. ARRT is focusing on the important role of educators and program directors through enhanced communications and outreach. Scan the QR code on the back of this magazine to visit Discover ARRT on You-Tube. This new video series explores topics of interest suggested by educators and program directors. They're a critical connector between students and ARRT, and we're thankful for all they do to support the profession!



ARRT is enhancing our digital capabilities to make it easier for R.T.s, candidates, and our partners to do business with us. Here are key highlights from the past year:



COLLECTING PHONE NUMBERS

We're in the process of collecting cell phone numbers. Ultimately, we plan to use this information to enhance security and give ARRT another option to communicate with candidates and R.T.s.



ONLINE FORMS

We're moving more than 20 forms online to make them easier to complete and save time. Previously, forms needed to be filled out by hand and faxed or mailed to us. Going forward, R.T.s will be able to see the real-time status of submitted forms in their online account and receive feedback quickly if ARRT needs more information.



USER-FRIENDLY R.T. DASHBOARD

We're continuing to improve our online dashboard for R.T.s and candidates.
We've added a new section highlighting important due dates along with new sections for students to view next steps when earning an ARRT credential. Recently we added Credential Status, a new feature that shows the status and any relevant messaging for each earned credential.



ONLINE APPLICATIONS

Today, nearly all candidates can apply online for credentials. By moving applications online and reducing paper processes, turnaround times are much faster, and applicants can receive feedback quickly through our Message Center. We'll accept paper applications through 2025.



REPORTING AND TRACKING CE

To make it easier for R.T.s to report continuing education (CE) credits when completing Continuing Qualifications Requirements (CQR) or earning a new credential, we're automatically adding applicable activities to biennial CE reporting. This saves time by eliminating the need to report those credits in multiple places.



uring her senior year of college, while planning for a career in higher education, Christen Ganley, MS, R.T.(T)(ARRT), received a diagnosis of a malignant brain tumor. Admitted to St. Jude Children's Research Hospital in Memphis, Tenn., she underwent brain surgery followed by a research trial to treat her tumor. Initially terrified, Ganley gradually transformed her fear into resilience. This determination, combined with her lifelong curiosity to understand how things work and a natural empathy for others would ignite a profound transformation and alter the trajectory of her life.

Captivated by Intricacies

As a child, Ganley crafted what she calls "mind maps"— tables and charts showing connections between things to understand how they work. While undergoing her own radiation therapy, she became captivated by the intricacies of the treatment. "It was so scientific and technical, and that drew me in," she explains. It was a pivotal moment.

It was also evident that Ganley had a natural ability to connect with her fellow patients. Kevin Rush, MHA, R.T.(R)(T) (ARRT), CRA, FASRT, her treatment team leader and now ARRT Chief Credentialing Officer, vividly recalls Ganley when she was a patient at St. Jude's. "Christen was an incredible patient. She had a special gift for rising above her own concerns to reach

out to other kids with comfort and care."

After three months, the cancer was gone. Ganley completed her geography degree and later earned another in radiation therapy, the treatment that saved her life. As a radiation therapy student at Baptist Health Sciences University in Memphis, Ganley's professor, Julie Lasley, Ph.D., R.T.(R)(T)(ARRT), noticed that while some students struggled to understand the patient's experience, Ganley was different. Recognizing this, Lasley encouraged her to consider teaching. "Christen understood the need for students to develop empathy toward their patients," she says.

Initially hesitant, Ganley considered the potential impact she could have on the future generation of radiation therapists. "Julie really pushed me to be a leader," she says.

Grit and Determination

After graduating, Ganley worked for five years as a radiation therapist in Boston. Then she received a call from her former professor, now the program director, encouraging her to consider applying for an open clinical coordinator role. She accepted the position and returned to school to pursue a master's degree in higher education administration. But the cancer also returned, this time impacting her spine.

She faced another surgery, more radiation, and a grueling rehabilitation process, all while continuing her studies. After beating cancer for a second time, she earned her degree while still serving as clinical coordinator. Ganley held this role for eight years before being promoted to program director, succeeding Lasley. "I'm not so much defined by cancer as I was refined by it," she says.

Caring for Hearts, Bodies, and Minds

Now, as a program director, Ganley shares stories with students about her battle, fears, and fortitude. She uses graphic organizers—the mind maps from childhood—to help them understand complex topics like brain tumors. "I let them tear it apart and connect the dots," she says. "That's synthesis—putting it all together like I did when I was a kid."

Her students learn not just about imaging and therapy techniques but also about compassion and care. They see the patient, not just the pathology. "I treat my students with empathy and strive to build the same trust that you'd have with a patient," she says.

Ganley says, "I feel like I've continued to be a caregiver, just in a different capacity caring for their minds, instead of their bodies." Her childhood mind maps have matured—now they help educate and touch the hearts of those she teaches.







hortly after Wayne Stenzel finished X-ray school, he was contemplating going to college to study physics. But a drive through Rochester, Minn.—home to the world-famous Mayo Clinic—set him on a different path. "If I could work at Mayo," he recalls thinking, "that might be really interesting."

Stenzel submitted an application, and the rest is history—nearly 40 years' worth. The senior MRI technologist has earned a stellar reputation for his commitment to quality, safety, and positive patient experiences. And, after all this time, he assures: Working at Mayo remains interesting.

SEQUENCE SPECIALIST

During most of his Mayo tenure, Stenzel has worked with MRI—a modality still in its infancy when he was hired in 1983.

"I've grown up with it," Stenzel says. "When I started, there were three sequences you could run on an MRI scanner. Now, there are about 40." When it comes to those sequences, Stenzel's expertise extends well beyond the basics. He often modifies scans to meet providers' and patients' specific needs. "Set protocols don't always show us what we need," Stenzel says. "And some patients can't tolerate the time it takes to do normal scans. So, sometimes, we have to go way off the beaten path to get good images."

BLENDING THE TECHNICAL WITH TLC

Stenzel is always eager to share what he knows. The "walking encyclopedia"—as one coworker calls him—routinely fields questions from fellow technologists. Often, he augments his answers with hand-drawn diagrams on sticky notes.

"If someone asks why or how we do something, I try to show, in simple terms, the physics behind it," Stenzel says. "I like getting down to the nitty-gritty about how things work. Sometimes it takes two or three stickies. But I try to help if I can."

I want to give them [patients] the best possible exams.

Stenzel's diligence is largely motivated by his concern for patients. "I want to give them the best possible exams without wasting a lot of their time," he says. That sensitivity is also apparent during interactions in the MRI suite. Stenzel recognizes the value of blending his technical proficiency with a little TLC.

"I see when people are nervous," Stenzel notes, "so, I try to make them laugh." One factor influencing Stenzel's compassionate approach: He relates to a common source of anxiety among MRI patients. "I'm extremely claustrophobic," Stenzel reports. "I truly empathize with people who experience that, because I know it's real."

BLUEPRINT FOR MRI TECHNOLOGIST

Thanks to Mayo's partnerships with medical equipment manufacturers, Stenzel has had ample opportunities to explore game-changing innovations and hone cutting-edge tools. For example, his department was among the first to use MR angiography to examine blood vessels. Stenzel's involvement helped refine the technology before its broader rollout.

Today, Stenzel devotes the bulk of his time to an interventional MRI practice he helped build over the past dozen years. Mayo uses MRI-quided ablations to treat prostate cancer, liver cancer, and vascular malformations. Some procedures—including lymphangiograms—rely on coordinated use of both MRI and ultrasound.

"Without Wayne, this complex practice wouldn't be possible," says Mayo radiologist Daniel Adamo.

"Wayne's attention to detail is second to none," adds Mayo sonographer Adam Peterson. "He treats each team member with the utmost respect and professionalism and each patient like a member of his own family. He's come in early and stayed late more days than I can count. He's the blueprint for everything you could want in an MRI technologist." 🌑

GOLD STANDARD 2024 WINNER

Arianna Apodaca, BSRT, R.T.(T)(ARRT)

TURNING PERSONAL EXPERIENCE INTO COMPASSIONATE **PATIENT CARE**



At age 19, college sophomore Arianna Apodaca knew what she wanted to do. She'd completed an internship in high school where she observed radiologic technologists. She had relatives who worked in radiation oncology. And her family had an extensive history of cancer. So, when it came time to choose a major at Texas State University, she applied to the school's radiation therapy program.

Three weeks later, Apodaca got crushing news: A biopsy showed Stage 2 triple negative breast cancer. From there, she charted a challenging, yet inspiring path—toward remission, a career, and a role as a passionate advocate for women disproportionately affected by a brutal disease.

BALANCING TREATMENT AND TRAINING

Even before her diagnosis, Apodaca knew plenty about her illness—an aggressive cancer particularly common among young Black women like herself. She'd lost her mom to the disease just a year and a half earlier. Other relatives had battled it, too. So, when Apodaca got her Texas State acceptance, loved ones advised her to focus on her health.

"Everybody wanted me to take time off," she says. "But that wasn't an option for me. School is what kept me mentally OK. I just kept saying, 'I'm graduating in 2021.'"

She did—with honors—despite balancing her studies with chemotherapy, radiation, and a double mastectomy. After starting a clinical rotation at Texas Oncology in San Antonio—where she'd previously undergone chemotherapy, herself—she had a recurrence. That led to a period of giving and receiving cancer treatments at the same facility—sometimes on the same day.



"I'd work at the clinic, get chemo, try to recuperate over the weekend, and be back the next week," she recalls. "When I started radiation, I was the first patient of the day. I'd get off the table, throw my scrubs on, and treat everybody else.

"It felt like I was on a hamster wheel," she admits. "But it was also nice because everybody there knew me. They were excited to see me during treatment and to see me pass my comps. I felt like I had the whole office's support."

AN INSPIRING ADVOCATE

Apodaca also found that she could support and motivate her patients—in a unique way.

"Some patients told me they felt like giving up," she says. "That's when I'd disclose my story. I'd say, 'I'm getting treatment now, too. If I can do it at 21, you can do it at 64.' I saw a lot of mindsets change."

Since then, Apodaca's influential voice has continued to resonate in news stories, on podcasts, and at schools and events

throughout the U.S., where she routinely speaks about her personal journey and the importance of early cancer detection for women of color. She also serves as a parttime internship coordinator for Touch, The Black Breast Cancer Alliance, helping students from historically Black colleges and universities use social media to promote clinical trial opportunities.

CARING FOR THE WHOLE PERSON

In remission since 2021, Apodaca earned her ARRT radiation therapy credential that same year and began working as a radiation therapist for Austin CyberKnife, a cancer treatment center at the University of Texas in Austin. She specializes in stereotactic radiosurgery (SRS)—a procedure that uses higher radiation doses—and smaller fields—than standard radiation treatments.

SRS also requires longer sessions than other therapies. That allows Apodaca time to forge relationships with her patients, through conversations, hugs, laughter, and an occasional unorthodox morale-boosting effort—like organizing "Tacky Tourist" and "Mathletes vs. Athletes" dress-up days at the clinic.

"Arianna addresses each patient's emotional, social, and personal challenges," raves her supervisor, Mindy Cooper, Austin CyberKnife lead radiation therapist. "The dedication, empathy, and compassion she brings to her work make an enormous impact. Grateful patients say she brings an ease to what would otherwise be a daunting experience. She understands firsthand that battling cancer is a roller coaster of fears and triumphs."

s manager of nuclear medicine for AUniversity Hospitals in Cleveland, Ohio, Patrick Wojtylak is—in a sense—following in his father's footsteps.

"I'm the son of a salesman," Wojtylak explains. "To get referrals, I go out and talk to oncologists. I travel to their clinics. I ask them what they want. They laugh, because not many radiology managers set up meetings with them. But I build relationships. I really want them to use nuclear medicine."

LOVE AT FIRST SIGHT

Wojtylak's persistence stems from personal passion. "I love nuclear medicine," he says. The fascination took hold decades ago, during an X-ray school rotation. "The whole idea of using a radioactive isotope to show the physiology of people's organs just wowed me," he recalls. "It was love at first sight."

From there, Wojtylak earned his ARRT credentials in radiography and nuclear medicine technology and then joined University Hospitals in 1996. He began as an R.T., became a supervisor in 2005, acquired a health administration master's degree in 2021, and, in 2022, accepted his current enterprise manager position. Today, he oversees more than 100 radiologic technologists at 14 hospitals and two dozen outpatient imaging facilities spread across northeastern Ohio.

It wouldn't be surprising if Wojtylak relied heavily on modern technology to interact with his sizeable staff. But that's not how this son of a salesman rolls. "I make it a habit to travel and talk in person," he says. Sometimes, that entails driving 90 miles at the drop of a hat to acknowledge an employee's concern and discuss potential solutions. "I like to sit with people and listen," Wojtylak says. "Being face-to-face makes a difference."

Wojtylak has also made a difference by pushing for accreditation from the American College of Radiology and the Society of Nuclear Medicine and Molecular Imaging (SNMMI), which named University Hospitals one of its first Clinical Radiopharmaceutical Therapy Centers of Excellence. "Securing accreditations takes a lot of extra work," Wojtylak notes, "but it shows patients that

GOLD STANDARD 2024 WINNER

Patrick Wojtylak, MHSA, R.T.(R)(N)(ARRT)

GOING (ABOVE) ABOVE & BEYOND



we go above and beyond, and that our equipment and technologists meet the highest standards."

"Patrick is our accreditation champion," declares University Hospitals chief medical physicist David Jordan, Ph.D., who's collaborated with Wojtylak for more than a decade. "He drives quality and safety efforts uniformly across the enterprise."

PIONEER + ADVOCATE

Woitvlak advocates for nuclear medicine outside his institution, as well. He serves on SNMMI committees, publishes in peer-reviewed journals, and speaks at industry events. In both 2023 and 2024, he earned the SNMMI's Professional Development Award for best presentation by a technologist.

I like to sit with people and listen. Being face-to-face makes a difference.

By pursuing prizewinning research, Wojtylak helps University Hospitals pioneer cutting-edge treatments. Recently, for example, Wojtylak's team began using an imaging agent to detect the amount of amyloid plague in the brain. The procedure helps determine if patients with dementia are eligible for a therapy that may slow the disease's progress—and even restore some depleted functions. "We can scan multiple times to track the treatment response." Woitvlak reports. "For our neurology group, this is a game changer. And we're the only place in Ohio doing it."

PATIENT-CENTERED CARE

To help his organization further stand out, Wojtylak spent the past two years spearheading an ambitious standardization initiative aimed at optimizing the patient experience. University Hospitals serves a region that includes Cleveland's urban core and extends into Ohio farming communities. Wojtylak wants to provide all area patients with comparable nuclear medicine services, equipment, and protocols—regardless of whether they visit a regional hospital or an academic medical center.

"We're pushing for patient-centric care," he says. "People don't want to drive 50 miles to the city and pay \$20 to park every time they need a test. We want to deliver the newest, most relevant treatments at every site. We're here to serve our entire community—the poor, the rich, the young, and the old. That's our job. It's what we're supposed to do. And I love it."



355,968 R.T.s hold credentials in one or more of our 15

R.T.s hold credentials

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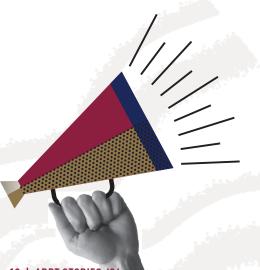




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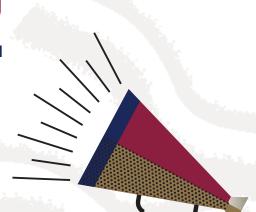
13,700

people view our website each day.



ARRT SPENDS MORE THAN

a year supporting the profession and advocating for greater recognition of medical imaging and radiation therapy professionals.



AT A GLANCE



In the past year, item writer volunteers submitted more than

2,800

QUESTIONS

to be considered for ARRT exams.



WE HAVE MORE THAN

1,075

VOLUNTEERS

with representation from across the country, including nearly every state, and all 15 disciplines.





of organizations surveyed strongly prefer or require an ARRT credential.

Source: 2023 Preferred Credentials in Medical Imaging and Radiation Therapy (ARRT)

70%

of R.T.s say that ARRT credentials make them more marketable to employers.

Source: 2022 Perception Survey (ARRT)









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