



## CONGRATULATIONS!

On behalf of ARRT's staff and its Board of Trustees, I extend my congratulations to all Registered Technologists (R.T.s), past and present.

For a century, you've been the reason we exist. We've worked together to ensure that people who need medical imaging, interventional procedures, and radiation therapy receive the very best care.

Gold standard patient care is more than an aspiration. Thank you for your dedication to your patients and your profession. We appreciate your efforts.

Sincerely,

Paul A. Larson, M.D., FACR
Immediate Past President, ARRT Board of Trustees



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### Jerry Reid Leaves Indelible Mark on the Profession

Jerry Reid, Ph.D., ARRT CEO, will retire at the end of 2022, after 44 years with us. From instituting the job analyses that form the basis of our exams, to helping develop our Continuing Qualifications Requirements, Reid has left an enduring legacy.

We asked him to reflect on his career—and his future.



#### Q: What gives you the most satisfaction about your career?

Being part of something bigger than myself. Accomplishing individual goals can be gratifying, but collaborating with others to accomplish shared goals is even more satisfying.

When I started as Director of Psychometric Services, the Board shared a vision of enhancing our existing certification programs and then expanding the number we offered—things R.T.s requested. With support and enthusiasm from the Board and R.T. community, we updated our test development and psychometrics practices in my first five years. Shortly thereafter, we began rolling out 12 additional certification programs and state licensing examinations.

Expanding our focus from obtaining certification and registration to include maintaining certification and registration has enhanced the value of the R.T. credential. I'm extremely proud of all we've accomplished together.

#### Q: What was your favorite part of any of the roles you filled?

When I started, there were only 12 employees. Everyone was involved in everything. In addition to facilitating the activities of item writers, exam committees, standard-setting panels, and job analysis committees, and processing exam results, I was the primary

Information Technology administrator and computer programmer. I was also a contributing writer/editor for our communications, and I did whatever else needed to be done. That included unloading trucks when they pulled up with test booklets from the printer.

It was fun having such a wide range of responsibilities, and it provided the perfect training for my next role, beginning in 1992, as ARRT's executive director/CEO. Although being part of a small staff was fun, overseeing the tenfold expansion of ARRT staff during the past four decades has been exciting as well. We now have staff with much deeper expertise in our functional areas. That has allowed us to expand our portfolio of credentialing programs, provide increased service to R.T.s, and professionalize our business practices.

#### Q: What was the most challenging thing you've overseen as ARRT's leader?

The pandemic. ARRT tries to be very systematic and methodical—setting goals, prioritizing, planning the steps to reach our goals, and executing plans in an organized fashion. Although ARRT had business continuity plans for various scenarios, none anticipated the widespread, immediate impact of the pandemic.

Our Board and staff adapted to conditions and pulled together to keep moving foward.

R.T.s were understanding as we adjusted operations, and we continued to provide certification and registration services with few interruptions.

I kept reminding myself that what we were going through was nothing compared to what R.T.s on the front lines were facing daily. My admiration for the people we credential—and their dedication to patient care—soared beyond its already lofty level.

#### Q: Is there anything you want to say to all R.T.s?

It's been a privilege to serve the profession. Your dedication to providing quality patient care has inspired me. I feel blessed to have met and worked with so many people of character and to have made so many wonderful friends. I look forward to witnessing (from the sidelines) how the profession continues to grow and evolve.

#### Q: What does retirement hold for you?

Spending more time with my immediate family—which spreads from the East Coast of the U.S. to Australia—is a top priority. So is traveling to places on my bucket list and spending more time enjoying them when I get there. I'll fill the rest of my time with golf, reading books on random topics (I'm fascinated with dragonflies), and taking a more leisurely pace through life.



## E ARRT CELEBRATES YOU!



As ARRT marks 100 years, we at ARRT recognize the nearly 350,000 R.T.s whose work is vital to health care. Whether we've worked with you, received care from you, or appreciated the care you provided to someone else, we thank you for your contributions.

See back cover for more.



I want to thank an R.T. for the compassionate care she provided to my friend who miscarried her twins. In telling about her experience, my friend mentioned how the kindness and support of the sonographer gave her comfort and made a big difference on one of the worst days of her life.

ANGELA POLK Exam Requirements and Psychometrics



I want to thank an R.T. for the incredible hard work and dedication required to provide quality care during a pandemic. I can only imagine the challenges and obstacles thrown their way daily.

ASHLEY RIHA R.T.(R)(T)(ARRT)Initial Certification



Radiation Therapists hold a special place in my heart due to specific treatment I had to undergo. They made me feel comfortable and at ease during the most scary, stressful point in my life.

JESSICA COURNOYER Continuing Registration



I enjoy working with R.T.s because their dedication and passion for the profession is inspiring.

LAURA AGUIRRE Continuing Registration



The most touching and proud moment for me as an ARRT employee is when Records receives letters from R.T.s who are retiring. Some of them are very emotional and express their gratitude for everything ARRT has done for them while they were R.T.s.

TIA SUTHERLIN Records



I am an R.T. who gets to work with R.T.s who are dedicated to the ARRT mission and who volunteer their time on our committees. They are positive, confident, and knowledgeable about the clinical work they do, and they freely share that knowledge with us.

SHELLEY COUTU B.A., R.T.(R)(M)(BS)(ARRT) Exam Requirements and Psychometrics

# THANK

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#### CENTURY OF RADIOLOGIC TECHNOLOGY

In November 1895, Wilhelm Conrad Roentgen discovered mysterious rays that could pass through most substances, casting shadows of solid objects. He named them X-rays, after the algebraic term for an unknown quantity. Soon, medical practitioners were using X-rays to identify bone structures, locate foreign objects in the body, and perform other types of medical imaging.

A year later, Antoine Henri Becquerel began to study radioactivity and look for natural sources of radiation. Marie Curie and Pierre Curie in 1898 discovered two radioactive elements: radium and polonium. By 1901, doctors were testing radium on skin lesions and using it to treat lupus and cancer at the Saint-Louis Hospital in Paris. Roentgen and the Curies would later win Nobel Prizes in Physics.

Their discoveries led to the job of X-ray technician—and now to the profession of radiologic technologist. Today's technologists work throughout health care, performing medical imaging, interventional procedures, and radiation therapy. Follow our timeline to see highlights from the profession's history. And visit arrt.org to see more!

1954

1922

The Radiological Society of North America (RSNA)—with support from the American Roentgen Ray Society and the American Society of X-Ray Technicians (now ASRT)—founds what is now The American Registry of Radiologic Technologists (ARRT).

ARRT administers our first Radiography exam to Sister Mary Beatrice Merrigan. After answering 20 essay questions and submitting 10 required radiographic films, she becomes ARRT's first R.T.

1936

Rose Marie Pegues, R.N., becomes the first Black R.T.

1943

Erminda R. Clarke, R.T., of Lincoln, Nebraska, becomes the first woman to serve on our Board of Trustees.

The ARRT exam eliminates sample X-rays. The next year, ARRT drops the essay component and moves to all multiple-choice questions.

1962

ARRT adopts the more inclusive term "radiologic technologist" over "X-ray technician."



1959 ARRT publishes its first Code of Ethics

1963 First ARRT Nuclear Medicine Technology exam

First ARRT Radiation Therapy exam

1896 Enrico Salvioni invents, Thomas Edison improves the first commercial fluoroscope to take radiographs (X-rays).

1913 William Coolidge invents the hot cathode X-ray tube, which is more dependable than previous versions and can treat deeper cancers.

**1914** Marie Curie invents a mobile X-ray unit, enabling medics to scan wounded soldiers near battlefields during World War I.

1928 The Second International Congress of Radiology defines an international unit of radiation exposure—the roentgen—which enables physicists to reliably compare doses and results.

GET YOUR FREE

1940s Radiographers conduct chest X-rays in schools, workplaces, and clinics, screening for tuberculosis before patients become seriously ill.

1945 Tests and deployment of atomic bombs help bring an end to World War II, broaden awareness of the effects of radiation, and lead to the use of atomic energy in nuclear medicine.

1958 U.S. cardiologist F. Mason Sones Jr. mistakenly injects the small vessels of a patient's heart with a significant amount of contrast dye. The error ultimately leads to modern cardiac imaging.

**1963** The first U.S. cyclotron begins operation at Washington University Medical School. By manufacturing radioisotopes, it reduces the need for natural radioactive sources.

#### 1990

ARRT adopts its Standards of Ethics.

#### 1969

Royce Osborn, R.T., becomes the first Black president of ASRT. Today, ARRT funds a scholarship program that honors him.

#### 1991

ARRT administers our first "advanced level" (now postprimary) exams.

1973

To commemorate ARRT's 50th anniversary, First Lady Patricia Nixon-a former radiographerinvites organizational representatives to the White House for tea.

1995

ARRT adopts biennial continuing education requirements to help ensure that R.T.s stay up to date with their knowledge.

#### 2005

ARRT launches a certification process for a new role, the Registered Radiologist Assistant (R.R.A.).

#### 2007

ARRT's Board of Trustees approves time-limited certification for all credentials awarded on or after Jan. 1, 2011. The decision leads to the Continuing Qualifications Requirements (CQR) process.

#### 1999

ARRT begins the transition to computer-based exams, enabling candidates to take an exam throughout the year at locations across the U.S.



ARRT and the Society for Imaging Informatics in Medicine form the American Board of Imaging Informatics (ABII), which offers certification to imaging informatics professionals.

#### 2022

ARRT and R.T.s celebrate a century of gold standard patient care.









First ARRT Cardiovascular Interventional Radiography\* and Mammography exams





1995 First ARRT MRI and CT exams



First ARRT Quality Management\* exam



2000 First ARRT Sonography exam



2001 First ARRT Vascular Sonography and Bone Densitometry exams





ARRT splits Cardiovascular Interventional Radiography exam and administers our first Cardiac Interventional Radiography and Vascular Interventional Radiography exams



2004 First ARRT Breast Sonography exam



2005 First ARRT R.R.A. exam

1967 Godfrey Hounsfield invents the CT scanner, which increases by 100 times the amount of information in each image. 1977 Raymond Damadian, M.D., along with Lawrence Minkoff and Michael Goldsmith, perform the first MRI body scan of a human being.

1983 Nuclear medicine specialist Henry Wagner Jr., M.D., uses a positron emission tomography (PET) scanner to take an image of a radioactive tracer in his own brain.

1986 Ultrasound technology improves, resulting in the first 3D image of a fetus. By the late 1990s, 4D ultrasounds can show movement in real time.

1991 John Belliveau presents images of human brain activity using functional MRI, a process that measures changes in blood flow that correspond with brain activity.

1995 DuPont Diagnostic Imaging introduces a system that converts X-rays into electronic data, making it possible to immediately view arteries in less than images on a screen instead of having to develop film.

2008 A new generation CT scanner makes it possible to take images of the heart and coronary one second.

2020 The worldwide COVID-19 pandemic severely disrupts every part of societyincluding health care as a whole and technologist education programs.

## IMAGINING THE FUTURE

One hundred years ago, you might have heard predictions that, in the 2020s, humans would use telepathy, or cars would be able to fly. Neither are true, but prognosticating is interesting.

As ARRT celebrates 100 years, we're thinking about the future. What's next?

## What Will Change in the Profession?

Travis Prowant, M.S.H.S., R.R.A., R.T.(R)(CV)(CT)(ARRT), ARRT Board of Trustees President, doesn't expect grand changes in the next five years. But, he says, "Medical imaging could affect ancillary services, such as the laboratory." Because emerging technology can scan at the nanometer level, for example, Prowant suggests that such scanning could eliminate some laboratory tests.

Kevin Rush, R.T.(R)(T)(ARRT), Senior Director of Credentialing Operations at ARRT, echoes Prowant's thought that the immediate future may look much like today. Still, he says, current trends will affect the future of many medical procedures, including imaging. For example, someone might position a patient in Kentucky while a technologist in Seattle uses remote access technology to do the scan.

Rush also foresees increased use of virtual reality (interactive, computer-generated simulation of an image or environment) in educational programs. "We'll see its use in classrooms and remote situations," he says.

Rush and Prowant both expect the emergence of artificial intelligence (Al) to help detect disease. "Al is the theory and development of computer systems able to perform tasks that usually require human intelligence," Rush explains, "such as visual perception, speech recognition, decision-making, and translation between languages."

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The immediate future may look much like today...Current trends will affect the future of many medical procedures.

## What Does the Profession Need to Watch for?

Rush says he's cautious about the push to diminish the importance of licensure and credentialing registration, because such changes could remove independent review of a technologist's knowledge and skills. "Such efforts might have an impact on the level of care patients receive," he warns. "Opponents argue that credentialing and licensure present unnecessary barriers that keep people from working in certain fields and merely protect those already certified or licensed."

He's also concerned about people who aren't R.T.s encroaching on the profession. "We continue to see midlevel providers—that is, nurse practitioners, physicians' assistants, etc.—pursuing the right to perform fluoroscopy without the proper training," he says. "Some are even pushing to be allowed to order and interpret images without a radiologist viewing those images." Prowant seconds this concern and says that R.T.s must use their voices to address encroachment.

#### What Will Happen at ARRT?

Rush says that ARRT will continue thinking about how best to serve students coming into the profession. "We'll need to accommodate both students who desire to earn more than one credential upon graduation and educational programs that make such options accessible," he says.

#### Gaming's Influence

He's also thinking about the intersection between the profession and gaming. "There's a generation that's growing up fully immersed in gaming," he says. "Introducing interaction and 'leveling up' seen in games could be educational tools for test administrators and credentialing bodies."

Regardless of what the future has in store, ARRT looks forward to ushering in 100 more years of gold standard patient care.



I AM THE GOLD STANDARD WINNER, 2022

#### From Adversity to Opportunity

In 2014, a back injury forced Kyle Kearsley to consider a new career. Then an MRI found that a pituitary adenoma was causing his chronic fatigue. By 2020, after leaving his work to focus on being a caretaker, he was on the verge of homelessness.

Some people might have felt lost following such adversity, but Kearsley saw the challenges as opportunities. "You have to be adaptable in the way that you approach things," he says. That adaptability, along with ambition, has brought Kearsley many new experiences during his short tenure in the profession. Because of his efforts, colleague Raelynn Carrell, R.T.(R)(T)(CT)(ARRT), CMD, nominated him for the I Am the Gold Standard award.

## Taking on New Opportunities

Kearsley's back injury led him to radiologic technology. He earned credentials in Radiography, CT, and Radiation Therapy by 2019. Today, he's completing a graduate program in dosimetry.

During a relatively brief career, he's taken on a lot. He's served on many American Society of Radiologic Technologists (ASRT) committees—including the ASRT Commission, the Radiation Oncology-Safety Stakeholders Initiative, and the Radiation Therapist Editorial Review Board. He was also a Student Leadership representative for New York state, a participant in the ASRT Student Leadership Development program and ASRT Leadership Academy, and an editor of the New York State Society of Radiologic Sciences' newsletter. He's a published writer and an adjunct lecturer. "I'm constantly working to improve myself," he says.

He's also a mentor for professionals and students. "Students will have an immeasurable impact on future students and on patient care," he says. "We must cultivate a community of gold-standard professionals."

Carrell says, "Kyle is the first individual I've ever seen devote themselves so completely to their craft at such an early stage in their career. He's a one-of-a-kind person who radiates positivity. The way his energy changes the environment for the better is unlike anything I've ever seen."

## Treating Patients Like Family

As a traveling technologist, Kearsley takes on temporary roles around the country. Wherever he goes, his approach to patient care remains constant. "I want to treat patients as I would treat one of my most beloved family members or friends," he says.

He adds that his attention to detail, self-reflection, a positive mindset, and easing patients' anxieties all make for effective care. And that approach extends to colleagues and students. For example, he tries to support colleagues on stressful days, and he puts extra effort into interactions with students. "I push the focus on patient care to new technologists and hope that they carry that forward to their patients. I like to see colleagues strive to become the best versions of themselves," he says.

## Connecting Where It Matters

Kearsley says that relationships with patients make his work feel meaningful. "I love when I run into a patient and can see the difference that I've made for them," he says. "They're so appreciative. It's wonderful."





I AM THE GOLD STANDARD WINNER, 2022

I AM THE GOLD STANDARD WINNER, 2022

#### Getting to the Heart of Care

They call it the widow maker: a heart attack that blocks the left main artery or the left anterior descending artery. "A lot of times, you don't make it out," says Tina Taylor, a Cardiovascular Specialist and Educator at UNC REX Healthcare in Raleigh, North Carolina.

That's probably why she still remembers a patient she treated years ago. "As they rolled him into the room, they were doing CPR," she recalls. "We started taking our pictures and saw that it was a left main blockage. We had to work really quickly."

#### A Team of "Plumbers"

In a career spanning almost 30 years—including 23 at UNC—Taylor has seen countless patients. She and her team call themselves "plumbers," she says, because much of their work involves opening blockages and restoring blood flow to the arteries. "We use a balloon to make room for the stents," she says. "Once we place our wires and stents, that creates a scaffold that keeps the artery from closing back up."

Her skill in patient care, combined with her efforts to educate other staff members, are the reasons her supervisor, Mariann Lannon, B.S.N., RN-BC, nominated Taylor for an I Am the Gold Standard award.

"Tina moves through complex cases effortlessly, giving physicians complete confidence in her skills," Lannon says. "She earned respect from her peers, myself, and some of the most prominent cardiologists and vascular surgeons in the country."

## Providing Care and Teaching Others

Taylor's introduction to health care occurred during high school, when she volunteered as a candy striper in the radiology department at a local hospital. She graduated from Fayetteville Technical Community College, then earned her Radiography credential in 1994 and her Cardiovascular Interventional Radiography credential in 2000.

"As a student, watching technologists assist physicians in getting access to the arteries," she explains, "I knew that was exactly what I wanted to do when I finished school."

Taylor also creates learning materials and educational presentations for her peers. When UNC's heart and vascular program expanded, she learned procedures that were new to the team, such as abdominal aorta run-offs and mesenteric stenting. "Tina would delve deeply with the physicians, learning every skill and detail necessary to perform at the top level," Lannon says.

"But it wasn't enough for her to learn the new information. She wanted to elevate the entire team, and she worked countless hours to accomplish that."

## "The Best Feeling in the World"

Although she enjoys training other staff members, Taylor says her passion is working with her team in the cardiac catheter lab. "When patients come in with a heart attack," she says, "and we're able to get that artery open and relieve the pain, it's the best feeling in the world."

Especially when you're able to save a life—which is what happened with the patient she described above. "We were able to get the artery open," she says. "He was so grateful that he later spoke at one of our conferences. He knew how fortunate he was."

#### Seeking Something Bigger

For Scott Jackson, patient care goes well beyond the Golden Rule. "It's not just treating people how you'd like to be treated," he says. "It starts the minute a patient walks through the door."

The CT Technologist—and newly named Radiology Operations Manager—at Kaiser Permanente in Lutherville, Maryland, says he brings a welcoming and positive energy when he meets someone. "I want patients to feel like family," he says. "I ask about their life, where they went on vacation, how their kids are. By the time I finish with them, I've provided them with a smile."

#### Above and Beyond

Jackson has cared for military personnel in the field, for athletes on professional sports teams, and for people with urgent medical needs facing life-or-death circumstances. Sometimes, he says, attentive patient care can save a person's life.

For example, he recalls a young man who came to him for what Jackson termed a "routine outpatient" exam. Instead, the images revealed a dissecting aneurysm. "I called the urgent care department to let them know of the situation," he recalls. "I notified the radiologist to read the exam stat. And I burned the CD to expedite the patient getting to the hospital."

The patient had surgery that day. Months later, he approached Jackson at Home Depot and thanked him for saving his life. "Those stories let me know I'm making an impact on people's lives," Jackson says.

## Providing Holistic Care

In his 22 years in the profession, Jackson says he's honed his approach to seeing patients. "Patient care is holistic," he says. "You've got to make your patients feel at ease."

That means helping a patient stay calm during a scan. It might mean answering questions, assisting with difficult IV insertions, and accompanying patients to their next hospital appointment.

Jackson says he brings fun and confident energy to his work. "When I meet a patient, I think, 'Let me make this enjoyable for you," he says. "And it sounds like the craziest concept. But if a person sees you smile and feels your energy, they're going to pick up some of it."

#### Giving Back

Jackson's desire to go above and beyond extends outside of work. He volunteers to mentor students, where he emphasizes his approach to holistic care. In fact, one of his former mentees, Isaiah Edwards, R.T.(R)(CT)(ARRT), nominated Jackson for the I Am the Gold Standard award.

"He always reminded me that we're dealing with people who are going through unfortunate times, and we need to be as compassionate as possible," Edwards says.

In addition, Jackson was a volunteer technologist with the Washington Nationals for 15 years (he received a World Series ring for his service). And he's spent numerous seasons with other professional teams.

Being a part of something larger, Jackson says, is what patient care is all about. He was stunned to learn he'd won a Gold Standard award. "The award creates a higher standard to hold yourself to, and it's humbling," he says.

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#### Gold Standard Patient Care

That's what R.T.s aspire to. It's your turn to nominate a gold standard colleague or yourself.

ARRT's I Am the Gold Standard awards recognize R.T.s who shine in the profession—whether that's through exceptional patient care, innovations in quality and safety, or advocacy for the profession.

Feel good. Praise your colleagues. Nominate someone or yourself for I Am the Gold Standard this January.

MAKE YOUR NOMINATION THIS WINTER



IAmTheGoldStandard.com

CONVERSATIONS IN THE

## COMMUNITY













#### We're Out in the World

Look at some of the events we've participated in lately.

- 01. 2021 I Am the Gold Standard recipient Roberto Telleria, R.T.(R)(CV)(CT)(ARRT), met with ARRT CEO Jerry Reid, Ph.D., during his trip to #RSNA21.
- 02. ARRT Trustees Beth Weber, M.P.H., R.T.(R)(ARRT), RDMS, CRA, FASRT, Deborah Rubens, M.D., FACR, FAIUM, FSRU, and Liana Watson, D.M., R.T.(R)(M)(S)(BS)(ARRT), RDMS, RVT, FASRT, PMP, CAE, exhibit at AIUM 2022 promoting ARRT's credentials.
- 03. Karyn Estrada, MBA, R.T.(N)(CT)(ARRT), CNMT, attended #SNMMI22 to support the field of #NuclearMedicine as ARRT's Nuclear Medicine Technology Relationship Manager.

FOLLOW US!





Search for us on Facebook and LinkedIn: The American Registry of Radiologic Technologists

Find us on Instagram @theofficialarrt

**04.** ARRT loves engaging with students, program directors,

05. Paul Larson, M.D., FACR, ARRT Immediate Past President

value of ARRT certification and registration at #ASRT22.

educators, and R.T.s at conferences! Pictured are some fellow

Midwesterners from Minnesota and Wisconsin at #SNMMI22.

of the Board, enjoyed meeting with attendees and sharing the

### Participate in #RTsAreMore

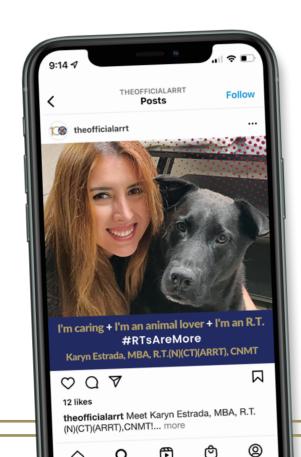
#### A Social Media Campaign: Featuring You!

In celebration of 100 years of R.T.s delivering gold standard patient care, ARRT has launched a social media campaign called #RTsAreMore.

We're inviting you to tell us why **#RTsAreMore** and to help us acknowledge and celebrate all you do. Submit your #RTsAreMore story and help us celebrate you across social media. Don't worry! It's quick and easy. We'll ask for a photo, your name and credentials, and a few succinct phrases to describe your "more!" ARRT will create social media posts, like this one featuring Karyn Estrada, MBA, R.T.(N)(CT)(ARRT), CNMT, and we'll tag you on social so you can share with your network.

SUBMIT YOUR STORY







## THE AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS®

1255 Northland Drive St. Paul, MN 55120



I enjoy working with R.T.s because they are passionate about the profession. I want to thank R.T.s for being patient advocates and focusing on patient care.

J.J. POWELL
M.S.A.S., R.T.(R)(S)(ARRT),
RDMS, RVT
Education Requirements

I want to thank an R.T. for being kind and calm when I was having a procedure I was concerned about.

TINA SORENSON
Initial Certification

I want to thank R.T.s for continuing to provide quality patient care in the midst of the pandemic.

JODI CRIST B.S., R.T.(R)(ARRT) Ethics Requirements I want to thank an R.T. for catching a disease before it became malignant. Without R.T.s, my father wouldn't be here today.

ZACH RAZO Continuing Registration

Many of our R.T. volunteers go above and beyond our expectations and repeatedly impress us with their dedication. I thank all of our volunteers for their time, enthusiasm, and invaluable service to ARRT.

**SARA CORPRON**Exam Requirements and Psychometrics

R.T.s are on the front lines of medical imaging and radiation therapy. They should be held in high regard for all they do.

ERIC GRIER, Ph.D. Government Affairs

I want to thank R.T.s for all the hard work and dedication they put into obtaining ARRT credentials. The knowledge, skills and qualifications needed to obtain an ARRT credential let me know that they are providing excellent patient care.

ALINA CABRERA
Initial Certification

R.T.s are an integral part of the health care team. The scans and procedures they perform help physicians diagnose and treat patients, rule out potential health problems, and save lives.

NICOLE WHITE Ethics Requirements

The American Registry of Radiologic Technologists promotes high standards of patient care by recognizing qualified individuals in medical imaging, interventional procedures, and radiation therapy. Headquartered in St. Paul, Minnesota, ARRT evaluates, certifies and annually registers approximately 350,000 radiologic technologists across the United States.