



armrit@msn.com

American Registry of Magnetic Resonance Imaging Technologists

www.armrit.org

Sign MRI CME Statement & Return Renewal Form for 2026/27/28

Do Not Send CME Certificates or Transcripts!

(Make changes to information on front or back of this form.)

Certificate#: _____ Expires: 12/15/2025 Email Address: _____

Contact#: _____ Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer, City & State: _____

Equipment Experience: _____

****MRI Continuing Medical Education Statement (must be signed):**

I certify that I have completed a total of **24 MRI CME Credits** some time in **2023, 2024, or 2025** and have them in my possession & available to present for unannounced Site-Visits by CMS, ACR, or other MRI Accrediting Organizations, and audits by the ARMRIT.

Signed: _____ **Date:** _____

Sign Here!

Important: an ARMRIT MRI Technologist who cannot document completion of the required CME credits upon demand is subject to immediate revocation of their certification.

****MRI CME Topics: related to Magnetic Resonance Imaging Technology, "MRI" must be in the title.**

Important: convicted of a felony or misdemeanor since last renewal? (circle one) **YES** or **NO**
If **YES**, submit details for review.

Renewal Fee due on or before Nov.15, 2025 \$300.00

Late Fee after Nov.15, 2025 \$50.00 ***Late Fees Apply!!!

****TOTAL from all Columns: _____

Pay by Credit Card: (Check one) MasterCard: _____ Visa: _____ Amex: _____ Discover: _____

Card Number: _____ Expiration Date: _____ Verification Code: _____
(On Back of Card)

Print Name on Card: _____

Authorized Signature: _____ Date: _____

or: Make Check or Money Order Payable to: **ARMRIT Mail: 2444 NW 8th Street, Delray Beach, FL 33445**
Return Entire Form: Email: armrit@msn.com or Fax: 561-265-5045

***Renewal is mandatory to maintain your Credential & Certification.**

****A Certificate & ID Card will not be released until MRI CME statement is signed.**

*****Late Fees Apply / Failure to Renew Will Lead to Revocation after March 15, 2026.**

****** Consult your Tax Advisor for Deductibility.**

Office Use only: Payment Method: Check#/MO#/CC Approval #: _____ Date: _____ Rev'd by: _____