### Mississippi Society of Radiologic Technologists Presents

#### LIMITED X-RAY MACHINE OPERATORS 101 / 201

## MISSISSIPPI REQUIREMENTS FOR Limited X-Ray Machine Operators:

THIS Educational Session is approved by the RADIATION ADVISORY COUNCIL (RAC) of the MS BOARD OF HEALTH! The Rules and Regulations of the Board of Health require 12 hours of initial education and 12 hours of continuing education every two years. This 12 hour program meets the requirements of the Mississippi State Board of Health for operators of X-ray equipment who are not ARRT certified.

### COST \$ 120 FOR ATTENDEES

#### **REFUNDS**

Requests for refunds must be received at least one week before the training session is held. A \$ 25 handling fee will be withheld if request is submitted within the six dates before the session. A participant may transfer to another class **ONE TIME** with one week's notice without penalty.

### TRANSFERRING REGISTRATION FEE TO ANOTHER PARTICIPANT:

Employers may transfer a registration fee from one employee to another by notifying the Training Coordinator by the deadline. Otherwise the employee will be scheduled for a future training site.

#### **REGISTRATION**

Only those pre-registered will be admitted. **No on-site registrations will be admitted.** Each attendee must submit a completed registration form and money postmarked by the deadline set for each session. Make as many copies of the registration form as needed.

#### PERMIT APPLICATIONS

Everyone must apply for a permit with the Mississippi State Board of Medical Licensure. MSRT has agreed to give you a permit application so you may apply. This application must be submitted to the MS State Board of Medical Licensure, not the MSRT.

#### SPACE IS LIMITED

Participants are confirmed on a first come basis. If filled, you will be contacted for a future training session. A confirmation notice will be mailed once the class has been confirmed as being made. A home address is preferred on the form. Please include an e-mail address for ease of contact.

#### WHO CONDUCTS THE TRAINING SESSIONS?

Seasoned Radiologic Technologists registered with the ARRT from your local area who have been specially trained for these sessions.

#### WHAT THE SEMINAR COVERS

- I. Radiation Protection (6 hours)
  - A. Biologic Damage Potential
  - B. Patient Protection
  - C. Personal Protection
- II. Medical Imaging (3 hours)
  - A. Production of Radiation
  - B. Prime Factors of X-Ray Beam
  - C. Control of Scatter Radiation
  - D. Exposure Systems
- III. Radiographic Positioning (3 hours)
  - A. Standard Terminology
  - B. General Considerations
  - C. Positioning Considerations
  - D. Proper Positioning

#### **CERTIFICATES ISSUED**

**Non-ARRT Technicians:** You will be issued a certificate of completion of the required 12 hours educational session and your attendance will remain documented by the M.S.R.T for a period of three years.

# REGISTRATION FORM (One Required for Each Participant) MSRT Limited X-Ray Machine Operators 101 / 201

| Name  | Phone ( )   | E-Mail   |  |  |
|---|---|--|--|--|
| PLEASE PRINT NAME CLEARLY   |   |  |  |  |
| Address HOME ADDRESS PLEASE   | City  | State Zip  |  |  |
| HOME ADDRESS PLEASE   |   | C'4  |  |  |
| Employer  |   | City   |  |  |
| Check One [ ] Non- ARRT registered and Copy of current State  |   | n seminar for State Requirement.   |  |  |
| [ ] Non- ARRT registered . Th   | is is my first training session, X-Ray 101. ${f M}$ ${f u}$   | st have physician signature verifying  |  |  |
| that you are employed   | at his/her facility.  |  |  |  |
|   |   |  |  |  |
| CHECK THE TRAINING SESSION  |   |  |  |  |
|   | [ ] Jackson (398) Limit 32  | [ ] Jackson (401) Limit 32   |  |  |
| Jan 24, 2014 6pm - 10pm   | March 9, 2014 Spm - 10pm  | May 16, 2014 6pm - 10pm  |  |  |
| Pagistration Doadling: 1-10-14  | March 8, 2014 8am - 5pm<br>Registration Deadline: 2-21-14   | May 17, 2014 8am - 5pm<br>Registration Deadline: 5-2-14  |  |  |
|   | 6 (Resource Building, once inside turn left   |  |  |  |
|   | niles, Turn right on River Oaks Drive) (Lim   |  |  |  |
| ,   | , ,   | ,  |  |  |
| [ ] Tupelo (397)  | [ ] Tupelo (400)  |  |  |  |
| Feb 21, 2014 5pm - 9pm  |   | April 25, 2014 5pm – 9 pm  |  |  |
| Feb 22, 2014 8am - 5pm  | April 26, 2014 8am – 5 pm   |  |  |  |
| Registration Deadline: 2-7-14   | Registration Deadline: 4-1  | 1-14   |  |  |
| itawamba Commu  | nity College – Tupelo, MS - TBA   |  |  |  |
| [ ] Meridian (395) Limit 25 Feb 7, 2014 5:30pm-9:30pm Feb 8, 2014 8am - 5pm Registration Deadline: 1-24-14 Rush FoundationHospital 1314 19 <sup>th</sup> Avenue, Meridian 1 <sup>st</sup> Floor Classroom | [ ] Ocean Springs (396) Feb 7, 2014 6pm - 10pm Feb 8, 2014 8am - 5pm Registration Deadline: 1-24-14 Ocean Springs / Biloxi Location – TBA | [ ] Southaven (399) Limit 32<br>April 4, 2014 6pm – 10pm<br>April 5, 2014 8am – 5pm<br>Registration Deadline: 3-21-14<br>Holiday Inn – Southaven, MS<br>280 Marathon Way- 662-349-0444 |  |  |
| Make Checks or Money Orders Payable to  | o: MSRT Educational Foundation \$   | 120 Each Attendee.   |  |  |
| Deturn Degistration Form and no resent but he   | an deadline to  |  |  |  |
| Return Registration Form and payment by the MSRT Educational Foundation   | ie deadilile to.  |  |  |  |

Rita Fraser,RT(R)

339 HWY 348

Guntown, MS 38849 Phone: 662-869-1369

Fax: 662-869-1904

E-mail: <u>fraser5719@bellsouth.net</u>

Space is limited.

Registrants will be seated on a first come basis.

You must Pre-Register

Disclaimer: For non-ARRT individuals attending this seminar, it is the intent of this seminar to meet the requirements established in the Mississippi law regulating operators of x-ray equipment and to provide basic radiation protection education to better protect the patients and operators of x-ray equipment. It is NOT the intent of this seminar to produce proficient operators of x-ray equipment in those people attending that have little or no prior experience in performing x-ray examinations.

## REGISTRATION FORM (One Required for Each Participant) MSRT Limited X-Ray Machine Operators 101 / 201

| Name       |   | Phone ( )                      | E-Mail _                  |                          |  |
|------------|---|--------------------------------|---------------------------|--------------------------|--|
|            | PLEASE PRINT NAME CLEARLY   |                                |                           |                          |  |
| Address    |   | City                           | State                     | Zip                      |  |
|            | HOME ADDRESS PLEASE   |                                |                           | r                        |  |
| Employer _ |   |                                | City                      |                          |  |
| Check One  | [ ] Non- ARRT registered and attending<br>Copy of current State Permit      |                                | ucation seminar for Sta   | ate Requirement.         |  |
|            | Non- ARRT registered . This is my fi  | rst training session, X-Ray 10 | 1. <b>Must have</b> physi | cian signature verifying |  |
|            | that you are employed at his/he   | •                              |                           |                          |  |
| CHECK TH   | IE TRAINING SESSION YOU PI  | LAN TO ATTEND:                 |                           |                          |  |
|            | [ ] Jackson (403) Limit 32  | [ ] Jackson (405) Lii          | mit 32                    |                          |  |
|            | Sept 26, 2014 6pm - 10pm  | Nov 7, 2014 6pm -              | 10pm                      |                          |  |
|            | Sept 27, 2014 8am - 5pm<br>Registration Deadline: 9-12-14                   | Nov 8, 2014 8am - 9            | 5pm                       |                          |  |
|            | Registration Deadline: 9-12-14  | Reg. Deadline: 10-24           | -14                       |                          |  |
|            | River Oaks Hospital, Flowood, MS (Resource Building, once inside turn left) |                                |                           |                          |  |
|            | (I-55 to Lakeland Dr [east] about   | · ·                            | •                         | Limit 32)                |  |
|            | [ ] Tupelo (404)<br>Oct 3, 2014 5pm – 9 pm                                  | [ ] Southaven (402)            | (Limit 32)                |                          |  |
|            | Oct 3, 2014 5pm – 9 pm  | August 22, 2014 6pr            | n - 10pm                  |                          |  |
|            | Oct 4, 2014 8am – 5 pm  | August 23, 2014 8ar            | n - 5pm                   |                          |  |
|            | Registration Deadline: 9-19-14  | Registration Deadline          | e: 8-8-14                 |                          |  |
|            | Itawamba Community College  | Holiday Inn - Southav          | ven, MS                   |                          |  |
|            | Tupelo, MS – TBA  | 280 Marathon Way- 66           |                           |                          |  |

Make Checks or Money Orders Payable to: MSRT Educational Foundation \$120 Each Attendee.

Return Registration Form and payment by the deadline to:

MSRT Educational Foundation Rita Fraser,RT(R) 339 HWY 348 Guntown, MS 38849

**Guntown, MS 38849 Registrants will be seated on a first come basis. Phone: 662-869-1369**You must Pre-Register

Fax: 662-869-1904

E-mail: fraser5719@bellsouth.net

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