

POST-TEST INFORMATION

Upon Completion, Mail to: Radiologic Educational Services
P.O. Box 11820
Olympia, WA 98508

OR

Fax to: (512) 686-2428 *Please choose one option. Do NOT do both.*

(PLEASE ALLOW 1-2 BUSINESS DAYS FOR PROCESSING)

NAME:

ADDRESS:

CITY/STATE:

ZIP:

Required
ARRT or SS#:

DATE OF BIRTH:

/ /

DATE COMPLETED:

/ /

PHONE NUMBER:

*To be confirmed by postmark or fax date stamp

How would you like to receive your Certificate of Completion? Please select one option only.

☐ Please email certificate to me at: _____

☐ Please fax certificate to fax #: _____

☐ Please mail certificate to address above. (All certificates sent via USPS)

How did you hear about the Radiologic Educational Services Homestudy Program?

☐ SCANNER Magazine

☐ RT Image

☐ Google Search

☐ Informational Flyer

☐ Other: _____

☒ **YES! Please keep me informed about upcoming sales and new product announcements:**

E-MAIL ADDRESS:

COMMENTS/SUGGESTIONS: (optional)

ANSWER SHEET – Rad Tech’s Guide to Mammography

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
1.	O	O	O	O
2.	O	O	O	O
3.	O	O	O	O
4.	O	O	O	O
5.	O	O	O	O
6.	O	O	O	O
7.	O	O	O	O
8.	O	O	O	O
9.	O	O	O	O
10.	O	O	O	O
11.	O	O	O	O
12.	O	O	O	O
13.	O	O	O	O
14.	O	O	O	O
15.	O	O	O	O
16.	O	O	O	O
17.	O	O	O	O
18.	O	O	O	O
19.	O	O	O	O
20.	O	O	O	O
21.	O	O	O	O
22.	O	O	O	O
23.	O	O	O	O
24.	O	O	O	O

	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
25.	O	O	O	O
26.	O	O	O	O
27.	O	O	O	O
28.	O	O	O	O
29.	O	O	O	O
30.	O	O	O	O
31.	O	O	O	O
32.	O	O	O	O
33.	O	O	O	O
34.	O	O	O	O
35.	O	O	O	O
36.	O	O	O	O
37.	O	O	O	O
38.	O	O	O	O
39.	O	O	O	O
40.	O	O	O	O
41.	O	O	O	O
42.	O	O	O	O
43.	O	O	O	O
44.	O	O	O	O
45.	O	O	O	O
46.	O	O	O	O
47.	O	O	O	O
48.	O	O	O	O