

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 Radiation Protection

- | | <u>A</u> | <u>B</u> | <u>C</u> | <u>D</u> |
|-----|----------|----------|----------|----------|
| 1. | 0 | 0 | 0 | 0 |
| 2. | 0 | 0 | 0 | 0 |
| 3. | 0 | 0 | 0 | 0 |
| 4. | 0 | 0 | 0 | 0 |
| 5. | 0 | 0 | 0 | 0 |
| 6. | 0 | 0 | 0 | 0 |
| 7. | 0 | 0 | 0 | 0 |
| 8. | 0 | 0 | 0 | 0 |
| 9. | 0 | 0 | 0 | 0 |
| 10. | 0 | 0 | 0 | 0 |
| 11. | 0 | 0 | 0 | 0 |
| 12. | 0 | 0 | 0 | 0 |
| 13. | 0 | 0 | 0 | 0 |
| 14. | 0 | 0 | 0 | 0 |
| 15. | 0 | 0 | 0 | 0 |
| 16. | 0 | 0 | 0 | 0 |
| 17. | 0 | 0 | 0 | 0 |
| 18. | 0 | 0 | 0 | 0 |
| 19. | 0 | 0 | 0 | 0 |
| 20. | 0 | 0 | 0 | 0 |

- | | <u>A</u> | <u>B</u> | <u>C</u> | <u>D</u> |
|-----|----------|----------|----------|----------|
| 21. | 0 | 0 | 0 | 0 |
| 22. | 0 | 0 | 0 | 0 |
| 23. | 0 | 0 | 0 | 0 |
| 24. | 0 | 0 | 0 | 0 |
| 25. | 0 | 0 | 0 | 0 |
| 26. | 0 | 0 | 0 | 0 |
| 27. | 0 | 0 | 0 | 0 |
| 28. | 0 | 0 | 0 | 0 |
| 29. | 0 | 0 | 0 | 0 |
| 30. | 0 | 0 | 0 | 0 |
| 31. | 0 | 0 | 0 | 0 |
| 32. | 0 | 0 | 0 | 0 |
| 33. | 0 | 0 | 0 | 0 |
| 34. | 0 | 0 | 0 | 0 |
| 35. | 0 | 0 | 0 | 0 |
| 36. | 0 | 0 | 0 | 0 |
| 37. | 0 | 0 | 0 | 0 |
| 38. | 0 | 0 | 0 | 0 |
| 39. | 0 | 0 | 0 | 0 |
| 40. | 0 | 0 | 0 | 0 |