

THE CONNECTICUT PODIATRIC MEDICAL ASSOCIATION - RADIOLOGY COURSE

THURSDAY, SEPTEMBER 22, 2011, FROM 8:30 A.M. - 12:00 P.M.

CPMA will hold its bi-annual **Radiology Certification Course** at the Bishop's Corner Meeting & Conference Center, located at 15 Starkel Road in West Hartford, Connecticut. There is still time to sign up!

According to state law, assistants are not allowed to take x-rays in a Podiatric office unless they have taken a certification course.



- ◆ The course will consist of a half-day classroom program.
 - ◆ A packet of material will be emailed ahead of time to each registrant. However, the material is for *reference only*. Some information in the packet will be discussed in class while other sections will be for *reference only*.
 - ◆ **The important information will be taught in class and the examination will be based on classroom instruction.**
 - ◆ **Do not** use the packet of material as a textbook. It is meant for *reference only*.
 - ◆ After the program is presented, you will be ready to take the exam. The exam will be given at the conclusion of the course.
 - ◆ The instructor will give personal tutoring to those in the class who may not be comfortable with all information presented.
 - ◆ Attendees are welcome to arrive early and join us for coffee and refreshments.
 - ◆ A “Podiatric Assistant Radiology Office Training Requirements” form must be completed. This is to certify that the podiatrist in your office has trained you on his/her x-ray machine. This form **must** be completed and **signed** prior to the course and must be given to a CPMA representative prior to the exam. Please keep a copy of the form for your records and bring a copy with you to the exam. A copy will be included with course materials at time of registration.
 - ◆ Included in the registration fee: continental breakfast, morning break, exam and one reference manual.
 - ◆ If a non-member podiatrist chooses to become a member of CPMA by the time their assistant attends the course, the registration fee will be changed to \$165. For a membership application, please contact CPMA or visit WWW.CPMA.ORG.
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THE CONNECTICUT PODIATRIC MEDICAL ASSOCIATION RADIOLOGY COURSE

REGISTRATION FORM

Name of Assistant Attending Course: _____

Address: _____

City/State/Zip: _____

Office Telephone Number: _____

Email Address: _____

I am registering for the Thursday, September 22, 2011, Radiology Certification Course:

- Assistant of CPMA/APMA Member.....**\$165**
- Assistant of Non-CPMA Member..... **\$285**

MasterCard/VISA/AMEX: _____

Exp. Date: _____

Name on Card: _____

Signature: _____

Name of DPM or Office: _____

Registration is on a first come, first served basis.

Payment must accompany the registration form.

Make checks payable to: **CPMA**

or

pay by credit card: CPMA accepts AMEX, MasterCard or Visa.

Please pass this on to any Assistant who has not taken the course.

FAX registration form to: **860-586-7550**