



## **ACCREDITATION SEMINAR**

**Registration Deadline is May 14, 2010**

**In conjunction with American Association of Medical Dosimetrists  
Annual Meeting being held June 13-17, 2010**

**When: June 12, 2010**

**Where: Hilton Minneapolis  
1001 Marquette Ave  
Minneapolis, MN 55403  
612-376-1000**

(Mention AAMD meeting to get conference room rates)

Participants are responsible for making their own hotel reservations and for all travel and lodging costs.

**Participants must attend the entire seminar  
to receive ECE credits.**

**Registration is limited to no more than 3 officials from  
any single program.**

### **Accreditation Seminar**

**(7.5 ECE Credits)**

**June 12 (8:00a.m. – 4:00p.m.)**

This track is appropriate for program officials and others who participate in the accreditation process and is particularly helpful for those who are in the process of preparing a self-study report. Participation in the seminar facilitates understanding of the JRCERT accreditation process, the JRCERT accreditation standards, and the Guide for Program Analysis. This workshop will also include the general theoretical background relative to outcomes assessment and activities to facilitate the design of an outcomes assessment plan.

### **Interim Report Session**

**June 12 (4:00p.m. – 5:00p.m.)**

JRCERT staff will discuss methods for preparing and submitting an Interim Report and participants will have an opportunity to ask questions.



## ACCREDITATION SEMINAR

**Registration Deadline is May 14, 2010**

**June 12, 2010**

**Minneapolis, Minnesota**

*Registration form must be filled out in its entirety to be considered complete. Incomplete registration forms will not be accepted. Registrations will not be accepted after May 14, 2010 or after all seats are filled.*

**Primary Discipline:**  Radiography  Radiation Therapy  Magnetic Resonance  Medical Dosimetry

**!!!There is a \$300 registration fee for Non Program Personnel from JRCERT accredited programs!!!**  
e.g. Deans, Campus Director, Director of Regulatory Operations

Full Name/Degree(s)/Credentials: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Program No. \_\_\_\_\_

Organization: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

TO BE COMPLETED BY NON-JRCERT ACCREDITED PROGRAMS

Address of Institution: \_\_\_\_\_

**PLEASE CHECK: I will also attend the Interim Report Session: Yes  No**

**IF THE MINIMUM PARTICIPANT NUMBER IS NOT MET BY  
MAY 14, 2010, THE SEMINAR WILL BE CANCELLED.**

**PLEASE DO NOT PURCHASE NONREFUNDABLE AIRFARES  
OR HOUSING UNTIL YOU HAVE RECEIVED AN E-MAIL  
CONFIRMATION FROM THE JRCERT FOR THIS EVENT.**

Please send completed registration form to: **JRCERT**  
20 N. Wacker Drive, Suite 2850  
Chicago, IL 60606-3182  
Fax - 312-704-5304

Participants are responsible for making their own hotel reservations and for all travel and lodging costs.