

The Nebraska Society of Radiologic Technologists

An Affiliate of the American Society of Radiologic Technologists



NSRT OFFICE NOMINATION FORM

All nomination forms must be received 2 hours prior to the Final Business session,
to be eligible for election.

Please type or print clearly.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

OFFICE BEING SOUGHT _____

DATE OF REGISTRY _____

DATE OF MEMBERSHIP IN NSRT _____

DATE OF MEMBERSHIP IN ASRT _____

GRADUATION DATE _____

EDUCATIONAL PROGRAM ATTENDED _____

CURRENT EMPLOYER _____

PRESENT POSITION _____

PREVIOUS EXPERIENCE (where, how long) _____

SPECIALIZED EDUCATION RECEIVED _____

PAST NSRT OFFICES/COMMITTEES HELD _____

Briefly explain why you are running for this office. (You may use additional pages if necessary)

If I am unable to be in attendance at the time of election, I do hereby agree to accept the office, if elected.

Date _____ Signature _____

