DIAGNOSTIC IMAGING TECHNOLOGIST
COMMITMENT TO CT CROSS-TRAINING PROGRAM

This Commitment Agreement is made and entered into by _____ (participant) and _____ (regional management).

1. The Medical Group agrees to provide access to the clinical training required to take the ARRT CT certification test.

2. The Diagnostic Imaging Technologist agrees to enroll in and successfully complete the didactic and clinical portions of the CT training program and accept assignment or reassignment as described in paragraph 1 for a minimum of 1 year from the completion of the CT training program. The official completion date shall be the final date of the clinical portion of the program.

3. For the duration of the program, the Diagnostic Imaging Technologist will:

   A. Receive his/her hourly rate of pay as a Diagnostic Imaging Technologist for all assigned clinical hours-worked in the CT department.

   B. Complete up to 400 clinical hours in CT at the sponsoring medical center and/or medical office locations.

   C. Successfully complete all required clinical competency checklists.

   D. Be responsible for meeting the continuing experience requirements (minimum total of 125 tests) for the ARRT advanced certification examination in Computed Tomography.

   E. Successfully complete each phase of the on-line didactic program.

4. The Diagnostic Imaging Technologist must complete the ARRT CT advanced certification examination as soon as possible but no later than 6 months following completion of the didactic and clinical portions of the training program. The official completion date shall be the final date of the clinical portion of the program.

5. If it should become necessary for the Diagnostic Imaging Technologist to take a similar course in the future to prepare for taking or re-taking the ARRT-CT advanced certification examination, he/she will be responsible for all expenses incurred for additional review courses.

Signing of the Agreement by the named Parties constitutes full understanding and acceptance of the terms set forth.

_____   _____

Signature of Participant   *Date*

_____   _____

Signature of Regional Manager   *Date*