As times in our field change, so must the AVIR. We must position ourselves to be responsive to the needs of the membership and to the profession. What we are seeing right now is that support is becoming more difficult to attain. Not only are our vendor partners struggling financially, but the restrictions on what they can do in terms of supporting organizations like ours are becoming more stringent. As the funds dwindle, industry looks to support those organizations that they feel they can get the most “bang for the buck”, i.e. SIR, RSNA, ASRT. For this reason, we must increase membership. We need to stay strong as an organization both in terms of financial stability and to be an important organization to our vendor partners. We know that there are roughly 5000 interventional technologists who are registered with the ARRT, yet the membership of the AVIR stays at 1000 – 1200 every year. This doesn’t even take into account all those who are working in interventional labs and have not sought out advanced registration. Why are technologists not joining the AVIR? Personally, my affiliation with the AVIR has been a very satisfying experience. It’s not a very expensive organization by comparison to others out there. We have tried to compliment the needs of technologists on several levels. We hold the annual meeting and organize a regional meeting every year for those who like the camaraderie of interacting with other technologists. We support local chapters in their efforts to provide membership with educational events. We offer directed readings for those who don’t or can’t go to meetings. We offer a member’s forum (which incidentally is going live again very soon) so that techs can contact each other with practice issues. We have this newsletter, and we work diligently to ensure that the articles in it add value to the time spent reading them.

We have struggled with how to increase membership for a very long time. I remember that as we approached the year 2000, the goal was to have 2000 members in 2000. We did not make that. Several other efforts have been made recently to increase membership. We have mailed newsletters directly into labs instead of to individual members, hoping to increase awareness of our existence. We have affiliates to RSNA, ASRT, and PAD Coalition to name a few. We recently got on board with the Image Gently campaign. We have considered recruiting CT techs because of the increasing number of interventions that are done with CT guidance. We talk to radiologists all the time to encourage their staffs to join. I keep feeling like we are missing something very important that is simple. Just what is it that prevents one from joining an organization focused on the job one is performing? Is it the time that the job requires to begin with? Is it lack of knowledge that the organization exists? Is the expense associated with joining an organization? I would love to hear your ideas about how to increase membership. Please email me at ajb2m@virginia.edu or the home office with your ideas.
The 18th annual AVIR scientific AVIR conference was conducted on March 15-20, 2008 in Washington D.C. and this year marked the 20th anniversary for the AVIR organization. To celebrate this milestone, there were special celebratory events as well as two Gold Medal Lecturers.

The meeting space and set-up in the Renaissance Hotel was excellent, spacious, and enabled us to once again use the classroom setting (tables) in the lecture halls. The program was diverse, stimulating and included cutting-edge and interesting presentations. The goal of planning a well-rounded program to meet the needs of all interventional healthcare professionals was accomplished.

The Washington D.C. attractions were tremendous and many were within walking distance from the convention hotels. The old meeting schedule was reintroduced in D.C., with the meeting running from Sunday through Thursday morning. On Saturday, a neurointerventional workshop was scheduled in the morning and a PICC workshop was held in the afternoon. The new neurointerventional workshop included an anatomy review, current interventions, and a hands-on session using flow models.

Networking is always an important component when attending the annual meeting that attendees enjoy and find it valuable. At the DC meeting there were several product symposiums scheduled that allowed our corporate partners to highlight their products and educate the attendees on the latest technologies and products.

The Program Committee did an excellent job in the development of a high quality program that included lectures from outstanding speakers in the field, and the topics covered a wide variety of issues that impact our work in interventional everyday.
2009 San Diego Annual Meeting
You Can Meet, Greet and Eat

By Joni Schott, MBA, RT (R)(CT), FAVIR — Program Chair

Meet, greet and eat are three great reasons to attend the AVIR’s Annual Meeting in San Diego. First, you get to attend a meeting that is geared to your profession, Interventional Radiology. The speakers are usually the leaders in the field including Dr. Tony Venbrux, Dr. Buddy Connors, Eamon Hobbs and David Kumpe to name a few. These lectures range from the basic procedures to the latest cutting-edge procedures. The talks can be interactive, with lively discussions to follow, or perhaps a one-on-one talks with the speaker after the lecture. The Interventionalists recognize that the technologists are vital members of the team and they are genuinely interested in continuing education. If you are a new technologist to the field, then attending a national meeting of this caliber will help you pass your advanced certification in Vascular Interventional. You will also earn ASRT approved A/A+ continuing education credits, all 24 if you need them!

Although you sign up to go to the AVIR meeting, all sessions at ARNA and SIR are open to you, just make sure they are offering the credits that you need.

Greet old friends, peers, nurses and vendors at the AVIR Annual Meeting. Networking in this field is absolutely vital. We all need to share our experiences with The Joint Commission and the best practices. Just as an example, Bill Greear, an AVIR Past President and Fellow, e-mailed the other day with a tip about time-outs. Bill said where the “Time-Out” has to be an interactive practice where everyone stops (pauses) what they are doing and participates in the discussion. At his hospital, a physician was busy draping the patient and placing instruments on the patient during the process and this was considered “non-attentive” and therefore was not done properly and was inappropriate. They commented that everyone must

Continued...
stop, in other words “freeze” and pay attention to the
timeout procedure and comments. Their organization
did well overall, but they did get a violation for not freezing during the time out. Everyone in the field
has questions about on call policies, productivity and
short staffing. Through networking, you might be
able to implement changes in your work place. It is
just valuable to hear that other healthcare profession-
als have the same issues as you do and you are not the
only one with issues.

The best way to savor San Diego and the AVIR meet-
ing is to eat and drink your way through the city,
especially if your favorite vendor is supporting your
after hours educational needs. Whether you crave live
music, dancing, filet mignon or a fish taco, San Diego
help has the place to match your style. In the Gaslight
District, which is in walking distance from the Con-
vention Center (right down the 4 street), you may find
a neighborhood gem or a four star restaurant.

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**CEUs Are Our Back Bone**

**Do Not Forget the Changes**

**CE Credit for “A” Only, No More “B”**

All 24 CE credits required in a biennium or for CE probation must be
approved by a RCEEM and designated as Category A.

Category B credits, which have been allowed since the CE program began in 1995,
will not be counted for ARRT CE requirements if they are completed
on or after January 1, 2008.

Category B credits meet all of the criteria for Category A activities except they have
not been approved by a RCEEM, ARRT allowed Category B credits initially to
assure that sufficient opportunities existed for R.T.s to earn 24 credits each biennium.

Today’s wealth of CE opportunities eliminates the need for Category B credits.
Education Update – Directed Readings

By Jeff Kins, RT(R)(VI)

The Education Committee has been hard at work this summer reviewing articles from the Journal of Vascular and Interventional Radiology (JVIR) for directed readings for our AVIR members. The committee selects articles from the JVIR that we feel would be of interest to our techs, nurses, RAs and RPAs. Committee members read and review the selected articles, and comprise test questions for each article. The articles and tests are then submitted to the ASRT for CEU’s and, once approval is received, are posted on the website.

Articles currently under review include Clinical Failure after UAE, Cost Effectiveness in Permanent vs. Retrievable IVC Filters, PTA and Improvement of Quality of Life, Strategies for Improving Safety and Quality in the IR Suite, TIPS in Patients on Hemodialysis, and Zilver Stents in Iliac Arteries. Our goal is to post 12 articles per year on the website, which would satisfy the ARRT requirement for 24 CEU’s per biennium. And don’t forget, for added convenience members can now track all their CEU’s online.

Are there any particular areas of interest you would like to see as a directed reading? Or are you interested in getting involved with the education committee to assist with reviewing the articles? Feel free to email me at jkins@avir.org. We are always looking for involvement and input from our members. Remember the AVIR is our organization, and our success is directly related to the participation of our members. So get involved and help the AVIR reach our full potential.

AVIR Directed Reading
Available for Category A CE Credits

Access the AVIR Website www.avir.org
Articles and tests are posted under Members Only

Mail or fax the completed test to AVIR
12100 Sunset Hills Road
Suite 130 Reston, Virginia 20190
FAX 703.435.4390 PHONE 703.234.4055 E-MAIL info@avir.org

If you have suggestions for other AVIR projects, please let us know!
**California**  
**Los Angeles and Orange County AVIR**  
The Los Angeles and Orange County AVIR chapters held a successful Endovascular Diagnosis and Intervention Symposium on Sept 6, 2008 at St. Josephs Hospital, Orange County, CA. There were 37 participants with a 1:1 RN vs. RT ratio. The symposium offered 7 category A credits by the ASRT and 7 contact hours by the AACN.  

**Colorado**  
**Rocky Mountain**  
The 11th educational meeting for the Rocky Mountain AVIR Chapter was held Saturday May 10, 2008 at the Nighthorse Campbell Native Health Building on the Anschutz Medical Campus in Aurora, CO.  

**Michigan**  
**Great Lakes Chapter**  
The Seventh Annual Great Lakes Interventional Conference will be held September 12-13, 2008 in Ypsilanti, Michigan at the Eaglecrest Conference Center. This conference begins on Friday with Interesting and Disastrous cases. Saturday highlights new and innovating procedures in the IR lab. Anyone interested in becoming an officer or joining the chapter please contact Debbie Sepanski at debo@bex.net  

**North Carolina**  
**NCAVIR**  
After taking a year off, the NCAVIR is back on track. The NCAVIR had a one-day seminar worth 7 CE credits on May 3, 2008 at the Embassy Suites in Concord NC.  

**South Carolina**  
**SCAVIR**  
The 4th annual conference will be held on February 19-21, 2009. The meetings topics will be Intrainguinal Disease, Carotids and Stroke, Trauma and Oncology, Cardiology, and a New Devices section. A Difficult Care Breakfast Symposium will also be held each morning. Please check their website for more updates. www.scavir.org  

**Texas**  
**Lone Star State AVIR**  
The 2nd Annual LSSAVIR Educational Conference will be held on October 11, 2008 at The Hilton Garden Inn in beautiful downtown Austin, TX. There will be 8 CEUs offered. For more information please email or call Vincent or Dan at 254-724-5590 or 1-877-DEPT VIR; vgall@swmail.sw.org or dhaight@swmail.sw.org  

**Virginia**  
**VA AVIR**  
The Virginia AVIR Chapter is planning a meeting October 25, 2008 at the Great Wolf Lodge. This resort in Williamsburg, VA is one of the best places we have had this meeting. The meeting area is very spacious with great AV equipment and allows for easy interaction between participants and speakers. It will be in the fall with the colors of this beautiful southern city of Colonial Williamsburg. The meeting will offer 8 CEUs. Please contact program chair, Candi Mansfield at clmansfi@sentara.com.  

**Wisconsin**  
**SEW-AVIR**  
The Southeast Wisconsin AVIR Chapter will be holding their next meeting April 4, 2009 at the Clarion Hotel, Milwaukee, WI.  

The Oregon Health and Science University will be putting on their yearly Vascular and Interventional Educational Days meeting this November. This is the only meeting of its kind in the Pacific Northwest where the father of interventional radiology Charles Dotter practiced. This event is organized by the Dotter Interventional Institute and is specifically geared for technologists and nurses. You can make this into a one or two day event that will include a variety of activities included in your registration. This educational event is accredited by the ASRT and the California State Board of Nursing. For more info, please email mcwillid@ohsu.edu.
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AVIR Chapters Fall 2008

Chapter Benefits

In appreciation of those chapters providing a minimum of 7 hours of continuing education for the chapter attendees, the AVIR is going to extend one FREE registration to the San Diego AVIR meeting per chapter.

These category A credit hours will have to be approved by a RCEEM recognized by the ARRT and will need to be submitted to the AVIR office prior to 2008 SIR registration deadline.

Any questions concerning the formation of new chapters or existing ones please call the AVIR office at 703-234-4097.

Again, thank you for your support!
Major breakthroughs are occurring every day in the medical community. We are targeting Cancer Cells like never before. Uterine fibroids are being “eliminated” by a new, non-surgical approach. As long as technology advances, we will continue to educate ourselves as well as educate others.

Interventional Radiology (IR) has certainly come a long way. With the continuing advances in technology, we go from primary diagnostic procedures, to pre-surgical interventions, to thrombolytic therapy, to embolizations, to stents, to increasing the strength and support of spines…and the beauty of it all is that it does not stop here! All of this and more occurs daily in Interventional Radiology, and the only thing that our post-procedure patients leave with is a small 4x4 dressing or a Band-Aid!

Did you ever wonder what “outsiders” think of Interventional Radiology? What do they think goes on behind our walls? Whether in a large teaching hospital (which we have become accustom to), or a private community hospital, medical and non-medical groups alike have only a glimpse of what happens in the IR Dept. We can understand this more by the questions and statements that we hear every day.

So, in a large teaching hospital, here are our “Top 10” statements involving the misunderstandings of IR:

1. “I’ll hold it (voiding) until I can get out of bed… I haven’t had anything to drink since last night.”

2. “The patient can travel without a monitor, so we (ICU staff) left everything else back in his room.”

3. “I didn’t know that you did those (procedures) down there (IR).”

4. “Interventional Radiology does cases that last longer than 2 Hours!”

5. “I didn’t know that nurses worked in Radiology!”

6. “After you finish with our patient, will you be able to go home for the day (It was explained that there were 8+ cases to finish before the day was completed).”

7. “I don’t know if I can work like this”

8. “You (IR) do over 30 patient cases a day?”

9. “I didn’t come here to work like this (an employee’s ‘first’ day in IR, when a Patient arrested in the procedure room)”

…and the number 10 statement:

10. “So how is it possible for a patient to need an ICU bed one minute, and then be discharged home in the next minute!”

Obviously, by reading these statements and questions, we get the idea that there is much more to teach, and more information that continuously needs to be learned by the “outside world” about Interventional Radiology. So how do we educate those in our professions? How can we better improve the care of patients following an Interventional Radiology procedure? The quickest way would be to answer “10” questions:

1. What types of patients do you get in IR?
   Short, tall, big, small; patients in beds, stretchers, wheelchairs, and patients that “just walk in!”

2. Where do the patients come from?
   Any patient: Inpatient, outpatient, from inside the hospital or outside of the hospital; medical, surgical, oncology, ICU patient, floor patient, ED patient…each and any one of them can end up in the IR Dept.

3. What types of procedures do you do in Interventional Radiology?
   • Arteriograms- Running the extent of arterial and venous flow, we can track their path.
   • Embolizations- If bleeding needs to be stopped (whether from iatrogenic, traumatic, or from past medical history), we can block it.
   • Thrombolytic Therapy- Unblocking the clot…whether via “Ms Pacman” medication method or the “Roto Rooter” mechanical method, we will try our best to declog the clog.
   • Drains- Any place that needs to be drained, IR can probably get there…at least we can try!
   • Biopsies- “You need a sample when ?”
   • Foreign body extractions- If someone has inadvertently left a catheter tip or a coil tip in an area that it shouldn’t be in, we have the technology to remove it…not to mention the “fine finger work” that comes with the department!
7. **Who does the procedure?**
Trained teams consisting of an Interventional Radiologist, Registered Nurse, and Radiology Technologist will work together to complete the procedure as safely and as proficiently as possible.

8. **What are IR staff expected to know?**
The more you know about the patients, the easier it is to take care of them. Communication is the key to all members of the IR team, especially when it comes to patient care and safety issues. Each team member functions as a patient advocate ensuring his/her privacy, safety, and comfort.

9. **What type of background is necessary to become a member of the IR team?**
Knowing that requirements may vary in various hospital settings, the IR dept. strives for Radiology Technologist certification and BLS certification. The Radiology Nurse should have a minimum of 2-3 years of ICU experience and ACLS certification.

10. **Do you like working in Interventional Radiology?**
**YES.** As procedures continue to evolve, so does the scope of practice in Interventional Radiology. The skill in identifying potential procedural problems and their interventions are a part of each interventional team member's role. Communicating these issues, to other IR staff members and the patient's medical team, helps to ensure that each patient will be entering a safe, private, comforting, and caring area during their hospital visit.

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**Looking to Sit for the VIR Exam**

**REMINDER!**
ARRT Vascular Registry Review

J. Mancera, RT(CV)(VI)

Since the division of the CV exam and options fading on materials for ARRT VI prep the Advance Health Education Center has developed a vascular interventional review. This course covers the important aspects that will enable you to pass the exam. This two-day preparation review will highlight equipment, instrumentation, patient assessment, anatomy, physiology contrast pharmaceuticals and the latest procedures. This will also include a pre and post test preparing you to have a full understanding of the vascular interventional specialty. You can also acquire 16 category A credits by attending this valuable course. This is a great option for those individuals that did not attend the meeting for the CIR review.

To register for this course log onto:
www.AHEConline.com

**Date and Location:**
November 7-8 Fri-Sat Houston, Texas
AVIR Welcomes New Members

Active Associates

- David Brown, Fullerton, CA
- Lauren Cahoon, Prince George, VA
- Richard Cruz, Corona, CA
- Eric Dodson, Charlotte, NC
- Terri Dye, Monroe, NC
- Melissa Farr, Louisburg, KS
- Bryan Gilbert, Capistrano Beach, CA
- Lisa Girard, Barile, ON
- Melanie Godwin, Polkton, NC
- Ryon Govito, Cherry Hill, NJ
- Connie Gutana, San Diego, CA
- Peter Gutana, San Diego, CA
- Leighton Harmon, Kansas City, MO
- Veronica Hevian, Macon, GA
- Steven Jones, Palm Desert, CA
- Colleen MacInnis, Wyevale, ON
- Laura Maziarz, Chicopee, MA
- Catherine Morgan, Robbins, NC
- Lien Thi Nguyen, Houston, TX
- Thai Nguyen, Santa Ana, CA
- Maria Niblock, Warminster, PA
- Alejandro Ortiz, San Diego, CA
- Doreen Robinson, Costa Mesa, CA
- Lori Rovinsky, Laguna Hills, CA
- Brett Shoemaker, Ocean Springs, MS
- Wayne Taylor, Fallbrook, CA
- Farina Usman

Clinical Associates

- Angelica Araujo, Diamond Bar, CA
- Oscar Cariaga, Yorba Linda, CA
- Sandy Chung, Orange, CA
- Lisa Cuccarese, Fullerton, CA
- Kimberly Elko, Anaheim, CA
- Judith Emory, Corona, CA
- Dana Kanfoush, Greensboro, NC
- Patty MacGill, Spring Valley, CA
- Babette Ortiz, San Diego, CA
- Judith Stanfield, Chesapeake, VA
- Ferdanand Yadao, Chino Hills, CA

Apply to Become an AVIR Fellow

By Jeff Kins, RT(R)(VI)

The AVIR, like many other organizations, has an established fellowship category for members who have made significant strides in our field and organization. AVIR fellows include individuals who have dedicated themselves to striving for quality and improvement in interventional radiology as leaders, educators, authors and committee members.

The AVIR Fellowship recognizes Interventional Radiographers who demonstrate a continuing pursuit of excellence in the IR profession. The commitment begins at the hospital level, moves on to the local AVIR chapter and national levels. A point system is used to evaluate the contributions of the candidate in three areas: Personal qualifications (education, experience), contributions to the AVIR (national and local chapters), and contributions to the profession (other than AVIR). Once the minimum amount of points is reached, an application may be submitted to the Fellowship Committee for review. The Fellows Award is presented at the annual meeting, with next year’s being held in San Diego in March 2009.

Do you think you have the qualifications to become an AVIR Fellow? If so, go to www.avir.org and download the application from the members section. If you have any questions, email me at jkins@avir.org and I would be happy to assist you.

Newsletter Advertising Rates & Production Schedule

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Associated Sciences Program at RSNA 2008

REFRESHER COURSES
Sponsored by the Associated Sciences Consortium
(Each refresher course is approved for 1.5 AMA PRA Category 1 Credits™
and Category A+ credit for technologists)

Monday, December 1
AS21 8:30 AM – 10:00 AM
Radiation Dose: Are We at Crisis?
— Protecting Our Personnel
Karen J. Funegan, MS, RT(R)(CV), FAWIR, Moderator
A) Radiation Risk in Interventional Radiology
John F. Angle, MD
B) The U.S. Radiologic Technologists
Cohort Study of Occupational Ionizing Radiation Exposure
Bruce H. Alexander, PhD
AS22 10:30 AM – 12:00 PM
Radiation Dose: Are We at Crisis?
— Protecting Our Patients
Susan Crowley, BAppSc(MI), MRT(R), MA (Ed), Moderator
A) Low-Dose CT: Practical Applications
Narinder S. Paul, MD
B) Pediatric Dose
Donald P. Frush, MD
AS23 1:30 PM – 3:00 PM
Preventing Radiology Errors
Ellen Lipman, MS, RT(R)(MR), Moderator
A) Communication Is the Key
Kathy Scheffer, RN, MN, CRN
B) Minimizing the Risk
Christine J. Lung, CAE
AS24 3:30 PM – 5:00 PM
Fusion Imaging
Valerie R. Cronin, CNMT, Moderator
A) Cross-Training Nuclear Medicine Technologists
Mark Wallenmeyer, MBA, CNMT, RT(N)
B) Fusion Imaging Related to Treatment Interventions
Amish N. Raval MD, FRCPC

Tuesday, December 2
AS31 8:30 AM – 10:00 AM
Why Imaging Network Deployments Are Behind Our Non-Health Care IT Brethren
Judy LeRose, RT(R), Moderator
Stuart Gardner
AS32 10:30 AM – 12:00 PM
Design That Makes a Difference: Solutions for Today’s Radiology Environment
Morris A. Stein, FAIA, FACHA, Moderator
Morris A. Stein, FAIA, FACHA
Bill Rostenberg, FAIA, FACHA
Steven C. Horii, MD
AS33 1:30 PM – 3:00 PM
Radiology’s Role: When Disaster Strikes!
Valerie R. Cronin, CNMT, Moderator
A) Mass Casualties
Douglas M. Coldwell, MD, PhD
B) Lessons Learned from Weather Disasters
Edward I. Bluth, MD
C) Disease
Narinder S. Paul, MD
D) Radiological Events
Douglas W. Fletcher, PhD
AS34 3:30 PM – 5:00 PM
Satisfying Our Diverse Patient Needs: Unique Like Everyone Else
Arlene M. Adler, Med, RT(R), FAERS, Moderator
Bettye G. Wilson, MA, Ed, RT (R)(CT), RDMS, FASRT
Petr K. Shams-Avari

Wednesday, December 3
AS41 8:30 AM – 10:00 AM
Imaging in the Operating Room
Charles Stanley, CRA, RT(R)(CT)(MR), Moderator
A) Multimodality Imaging in the Operating Room
Ferrese A. Jolesz, MD
B) Multidisciplinary Imaging in the Operating Room
Michael D. Bake, MD
AS42 10:30 AM – 12:00 PM
Current Regulatory Impacts on Compliance
Judy LeRose, RT(R), Moderator
A) Deficit Reduction Act
Melody W. Mulak
B) Stark III
Barbara Rubel, MBA

AAPM/RSNA BASIC PHYSICS LECTURE FOR THE RADIOLOGIC TECHNOLOGIST
(Approved for 1.25 AMA PRA Category 1 Credits™ and Category A+ credit for technologists)
Monday, 1:30 pm – 2:45 pm
CT Technology: Cone-Beam and Dose Considerations
Douglas E. Pfeiffer, MS, Moderator
Dinma Cody, PhD
Michael P. McNitt-Gray, PhD
The Shari Ullman Gold Medal Award
By Karen Finneagan, MS, RT(R)(CV) FAVIR

The Gold Medal Lecture is one of the premier events of the AVIR Annual Meeting. An active member of the Interventional Radiology field is invited to present the lecture, whether it is a physician, technologist, nurse or other medical professional. The award was established to promote professionalism within the AVIR and honor an individual that made a significant contribution to both the profession and to the organization. The first lecture was presented at the 1998 annual meeting by Dr. Barry Katzen. Now it only seems fitting to recognize a true professional in the field of IR by naming the award in her honor, “The Shari Ullman Gold Medal Award”.

It is hard to really find the right place to begin to tell the Shari Ullman story as told by Mary Kaye O’Brien, last year’s Gold Medal recipient.

Shari has been involved in the field of Interventional Radiology for 25 years, a field that she loved being a part of. Shari’s focus has always been about what was best for the patient and was a true patient advocate in every sense of the word. Although Shari’s career path took her into a management role, her true passion was the patient and until her retirement in 2000 was involved in direct patient care. Even when Shari retired she couldn’t stay away and worked part time helping with billing, JCAHO preparation and policies and procedures.

Shari is an amazing woman whose heart and soul is the center of anything she does. You can be assured that if you want something done, Shari is the right person for the job. Shari loves to be involved and is passionate about what she does.

If you go back to the beginning of the AVIR you will find that Shari Ullman was one of the founding members. She played a large role in planting the roots of this organization and has remained active with the AVIR Board until 2003. In the early years of the organization Shari was instrumental in the development and implementation of the by-laws and policy and procedure manual. At any Board Meeting you could be sure that she kept the Board on track with exactly what by-law or policy was needed for a critical decision. Shari has held several positions on the AVIR Board which included: Secretary / Treasurer, Vice President, President, external liaison. She was the AVIR liaison and was instrumental for moving the Care Bill forward to Capital Hill.

If you asked those of us who worked with her for many years on the AVIR Board of Directors to describe Shari on the top of the list would be “Best Friend” followed by loyal, dedicated, detailed, funny, compassionate, committed; the list would go on and on. We would also say she is head strong on doing the right thing and standing up for what she believes in. Many of us still like to kid Shari, even today, that the financial stability of the AVIR is due to the fact that she would never allow money to be spent without a 20 page legal document.

Shari is what the Gold Medal Award stands for: excellence in the Profession of Interventional Radiology, a true professional who has made a substantial contribution to both IR and the AVIR. The AVIR Board of Directors felt that it was fitting to rename the Award in honor of a truly incredible and deserving individual…Shari Ullman.

Attention All Writers
The Interventional Informer is offering $100 to the best article.

This will be awarded four (4) times a year. These articles should be originals. No limit in size, but they must pertain to Interventional Radiology.

Just Submit your article with name and address for the AVIR Board of Directors to review.

Best of luck!

Editors Award Winner
AVIR would like to acknowledge the following writer for their publication in the past issue.

Fall 2008
Rebecca Lassiter
ARRT Post Primary Test
Board Nominations
By Jeff Kins, RT(R)(VI)

Seeking Board Candidates

Now is the time! If you have served as a member on an AVIR standing committee you are eligible to run for the AVIR board of directors. As a board member you will be required to attend the annual meeting in San Diego March 2009. You will also be required to attend three additional board meetings (Summer, Fall, Winter). Your term will end at the 2010 annual meeting.

As a board member, you have the opportunity to facilitate change. Change in regulations, by responding to governance issues. Change in educational topics, assisting with the annual meeting you will have input on hot new topics in IR. You will also be able to respond to member comments and concerns to facilitate change that will move the organization forward keeping IR technologists informed and up-to-date on the newest procedures and regulations.

It's not too late.
Submit your candidacy form now!

Award of Excellence
Your Turn
By Jeff Kins, RT(R)(VI)

We all work with that one special IR Tech. That one that always volunteers to take the extra call, work late, or do whatever else is necessary to get the job done. The one that always knows where all the supplies are, anticipates the Radiologists’ needs, and keeps the day running smooth. The one whose confident smile and easy-going demeanor always seems to ease the fears of patients and their families. Why not nominate him or her for the Award for Excellence?

The Award for Excellence is presented annually by the AVIR to one outstanding Interventional Radiographer. The prestige of this award lies in the fact that the winner is nominated by his or her peers. The application does not have to be completed by an AVIR member, but by anyone who feels that the nominee goes above and beyond the call of duty and demonstrates a dedication to his or her job and profession.

Every year the AVIR receives applications from several worthy candidates, and the competition often comes down to the smallest details. The Award for Excellence committee reviews each application, narrows down the field, then contacts the final nominees for a telephone interview. Choosing only one winner is usually a very difficult job because of the high quality of nominees. The Award is then presented at the annual meeting, which will be held in San Diego in 2009.

If you know of someone that you would like to nominate for next year’s Award for Excellence, just fill out the application form in this issue or go to www.avir.org and download the application. The minimum requirements for the nominee include at least one year of continuous membership in the AVIR and must be involved with direct patient care. Deadline for submission is November 1, 2008.

If you have any questions feel free to contact me at jkins@avir.org and I would be happy to guide you through the admission process. Help us recognize our best and brightest Interventional Radiographers.

Member’s Forum

The AVIR member’s forum is returning.

The new forum will be available in the member’s section later this year. Members will be able to discuss Joint Commission issues, procedures, comment on supplies, and other topics as posted by members.

Look for the new member’s forum later this year.

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The new forum will be available in the member’s section later this year. Members will be able to discuss Joint Commission issues, procedures, comment on supplies, and other topics as posted by members.

Look for the new member’s forum later this year.
2008-2009 AVIR Board of Directors

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From left to right: Connie Groves, Jaime Nodolf, Viki Allenbach, Karen Finnegan, Jeff Kins, Anita Bell, Dave Douthett, Leona Benson, Joni Schott
To be eligible to run for elected office, candidate must have served on an AVIR committee for at least one year and must have kept his/her membership current.

Candidates are sought for the following elected positions on the AVIR Board: (check only one)

__ President-Elect (1 year) to President (1 year) to Immediate Past President (1 year): 3-year term
__ Secretary /Treasurer (1-year term)
__ Director-at-Large (1-year term)

Name__________________________________________________________________________________
First  Middle  Last   Suffix (Jr., Sr. etc)  Credentials
Home Address___________________________________________________________________________
Street Address, RR#, Apt. #, etc
City      State   Zip Code
Place of Employment_____________________________________________________________________

Work Address___________________________________________________________________________
Dept./ Mail Code  Street Address, PO Box, etc
City      State   Zip Code
Phone _________________________________________________________________________________
Home       Work   Ext.
Fax __________________________________________________________________________________
Home       Work
Email address __________________________________________________________________________
Home      Work

Education completed/Registration/Licensure/Advance Certification:
___RT(R)     ___CV
___Baccalaureate degree (BA, BS, etc.)   ___Master’s degree (MA, MS, etc.)
___Other (please list other credentials)  ___Associate degree

Present Position / Title __________________________________________________________________

Former positions held (include dates)________________________________________________________

Number of years in CV / Interventional Radiology___________________________________________

Percentage of time spent in CV/Interventional Radiology________________________%  

Continued →
Current professional activities/organizations:
Chapter/Local
State/Regional
National
Past professional activities/organizations
Other activities/organizations/honors/offices held

Please explain, in 200 words or less, why you are interested and qualified for the office you are seeking. Give reasons for your candidacy. Also describe future goals and/or your vision for the AVIR. (Please submit typed response on a separate sheet of paper)

CANDIDATE DECLARATION:
I am an Active member of the AVIR. If elected, I agree to serve the term of my office, fulfill the duties of the office in accordance with the AVIR Bylaws and Policies and Procedures, and attend all required meetings.

Signature______________________________ Date____________________

Please complete this form and mail with your professional resume/curriculum vitae and a passport-type photo to:
AVIR
Suite 130
12100 Sunset Hills Road
Reston, VA 20190

Questions or concerns? Please contact the AVIR office:
Phone: 703.234.4055
Fax: 703.435.4390
Email: grobinson@drohanmgmt.com
2009 AVIR Award for Excellence

Nomination Form
Please type or print.

I would like to nominate the following AVIR member as a candidate for the 2009 AVIR Award for Excellence:

Nominee (Candidate) Information:

Name of Candidate:_________________________________________________________________________(Credentials)
Home Address:_____________________________________________________________________________
Home Phone:__________________________________
Place of Employment:________________________________________________________________________
Work Address:______________________________________________________________________________
Work Phone:___________________________________ Work Fax:___________________________________

IMPORTANT: Is candidate currently aware that you have placed their name in nomination for this award? (This will help us determine how to proceed when we contact them for information and interview.)
Yes    No

Nominated by:

Name:____________________________________________________________________________________ (Credentials) (Work Position)
Home Address:_____________________________________________________________________________
Phone:____________________________________________________________________________________
Work Address:______________________________________________________________________________
Work Phone:___________________________________ Work Fax:___________________________________

Relationship to Candidate (How do you know this person? For how long?):_________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Signature of Nominator________________________________________________ Date__________________

Submission Deadline: November 17, 2008
Digital Imaging

Digital imaging is the most common type of imaging today. Many institutions are replacing old angiographic equipment with state of the art digital imaging equipment. Since digital imaging is computerized, you may hear a few new terms. A pixel is a picture element (the dots that make up the screen). Pixel drop out can be described as black spots in the image. If you take the pixels and group them together, you have the image matrix. The matrix with digital imaging is usually 512 by 512 or 1024 by 1024, representing the number of pixels in the image. With 1024 by 1024, you have better resolution (a clearer image), because you have more pixels in the same amount of space. In medical imaging digital images contain various shades of gray. These shades of gray are the frequency or dynamic range, which is the total amount of contrast on the image (maximum light to dark).

A digital exposure works differently than acquiring an exposure with a film changer. The exposure is made using an x-ray tube just like with taking a film. But instead of going to a film, the radiation that exits in the patient is picked up by the image intensifier (II) or in a newer room the Flat Detector (FD). The image intensifier changes the different intensities of radiation exiting the patient into different intensities of light. The light is picked up by the TV camera and amplified. The TV camera may contain a charge-coupled device (CCD) which is a solid state device that converts visible light into electrons. The TV camera forms the image by
electronically scanning a target. The video signal is sent to the
digital processing unit. It is then routed to a
monitor containing a

cathode ray tube. The
cathode ray tube (CRT) is
the device in the monitor
or TV that makes it
possible to make a visible
image.

During the amplification process the image can be converted
in the digital to analog converter. This only happens if you have an
analog monitor. Most of the newer monitors are digital and this
step is bypassed. Digital monitors have a higher resolution than
analog monitors. The image processor also reads the signal, and
the image is displayed and/or stored. Digital images can be stored
many ways: electronically, optical disk, hard disk, or tape. Digital
images can also be selectively hard copied to film.

The digital image can be degraded by noise. The noise can be
from fluctuations in the photon intensity (quantum mottle) or by
noise from the television chain (electronic noise). There can also be
excessive lag that causes ghosting. Ghosting is when the image that
you are viewing also has information from the previous image.

The digital image can be manipulated many ways. Window and
level adjustments can be made in post processing. By adjusting the
window width you can control the density and vary the contrast.
The image can be enhanced to better show small details using edge
enhancement.

Patient motion can be eliminated or decreased by remasking
the image or pixel shifting. Using image zoom/magnification can
also magnify areas of the image. Bony anatomy can be slowly added
back into the image using landmarking. When performing
angioplasty or superselective catheter placement you can use road
mapping. Road mapping provides a DSA image with the artery filled with a subtraction of the contrast.

**Automatic Pressure Injectors**

When visualizing blood vessels, you want to have a steady even flow of contrast. This can be achieved by using contrast injectors (electromechanical injectors). An injector consists of the syringe (to hold the contrast), a heating device (to reduce contrast viscosity), the motor drive (drives the plunger into the syringe), and a control panel (to tell the injector what to do). You first fill your syringe with contrast, attach your injector tubing and then purge all the air out of the system. The air is purged by hitting the side of the syringe while going forward with the motor drive. After purging all the air, the other end of the injector tubing is connected to the catheter by two people. One person is sterile to hook up to the catheter and the other person is non-sterile to go forward with the motor drive. After you have the tubing connected to your catheter, you would set up your PSI (pounds per square inch) on the control panel. This is the amount of pressure that the catheter can take, this information can be found on the catheter packaging. Then set up any injector delay (there is usually some, to permit a mask image) and set your flow rate and volume. Volume is how much contrast you want to inject and flow rate is the rate the contrast flows. At times you may want the injector to slowly come up to the PSI. You can achieve this by setting a linear rate rise; this is a gradual rise of the PSI.

**Injector Flow Rate Formula:**

\[
\frac{\Delta P (\pi r^4)}{8 \mu (L)} = \text{pressure drop} \quad \text{radius} \\
\text{viscosity} \quad \text{length}
\]

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**Editor’s Note**

David S. Douthett, RT (R) (CV)

The goal of this editor is to create a journal with articles from you and our fellow partners in Interventional Medicine. These can be formal or in an abstract form. They can be Matrixes, outlines, or charts. It could just be a note from your chapter meeting. The attempt is to share information with each other in order to make our profession stronger.

Members can at anytime request copies of anything we publish or post. Our office is open for your networking and needs. We encourage comments to the editor or anyone on the board. Please also check the web site for all the member benefits.

This is your interventional informer for what is happening around the world. We have members presently in North and South America, along with Europe and Asia. We will ship anywhere we have members. The more support you give your journal the stronger we become. Anything sent in that is interventionally related, will be published. In this issue you will have information to help create a better CE portfolio. You will get some information to help for planning for the annual meeting and certainly do not miss any of the regional meetings that are going on. Also I have published a piece from the study guide disk that is available to all members. We will try to copy an interesting chapter periodically in the Informer. We have started with Chapter 1 (see page 20).
Pi radius cubed times the pressure drop across the catheter divided by eight times the viscosity of the contrast times catheter length.

Medrad Injector (ceiling mounted, control panel in control room)
VA Puget Sound Medical Center Seattle, WA

AVIR Term Match
The first 3 to fax in the correct answers will win a Complimentary Registration to the Annual Meeting!

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Binary restenosis</td>
</tr>
<tr>
<td>2</td>
<td>De novo lesion</td>
</tr>
<tr>
<td>3</td>
<td>In-stent restenosis</td>
</tr>
<tr>
<td>4</td>
<td>Primary assisted patency</td>
</tr>
<tr>
<td>5</td>
<td>Primary patency</td>
</tr>
<tr>
<td>6</td>
<td>Primary stenting</td>
</tr>
<tr>
<td>7</td>
<td>Restenosis</td>
</tr>
<tr>
<td>8</td>
<td>Secondary patency</td>
</tr>
<tr>
<td>9</td>
<td>Target lesion revascularization (TLR)</td>
</tr>
<tr>
<td>10</td>
<td>Target vessel revascularization (TVR)</td>
</tr>
</tbody>
</table>

A Any “clinically driven” repeat percutaneous intervention of the target lesion or bypass surgery of the target vessel
B Patency rate for a given time frame that includes reintervention (usually pta)
C Stenting all lesions that fulfil angiographic criteria for percutaneous intervention
D Any “clinically driven” repeat percutaneous intervention or bypass surgery performed on the target vessel
E Renarrowing of an artery following a revascularization procedure
F Patency rate observed at a specific time after an intervention
G Patency rate observed based on end-point (no reintervention)
H When in response to implanting a stent the vessel walls thicken and the inner lining grows over the stent and occludes the vessel, restricting blood flow
I Used to summarize a group of patients simply as having or not having restenosis, restenosis is defined as >50% renarrowing of an artery that was previously treated
J A lesion not previously treated
<table>
<thead>
<tr>
<th>Meeting/Society</th>
<th>Acronyms</th>
<th>Website</th>
<th>Dates</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Houston 2008 Endovascular Neuroradiology</td>
<td>LINC Course</td>
<td><a href="http://www.linccourse.org">www.linccourse.org</a></td>
<td>Oct. 11-16, 2008</td>
<td>Houston, TX</td>
</tr>
<tr>
<td>Western Neurological Society</td>
<td>WNRS</td>
<td><a href="http://www.wnrs.org">www.wnrs.org</a></td>
<td>Oct. 16-19, 2008</td>
<td>San Diego, CA</td>
</tr>
<tr>
<td>SVIN Second Annual Meeting</td>
<td>SVIN</td>
<td><a href="http://www.svin.org">www.svin.org</a></td>
<td>Oct. 24-16, 2008</td>
<td>Miami Beach, FL</td>
</tr>
<tr>
<td>39th Annual Cardiovascular Conference at Snowmass</td>
<td>SCAI</td>
<td><a href="http://www.scai.org/drtt1.aspx">www.scai.org/drtt1.aspx</a></td>
<td>May 6-9, 2009</td>
<td>Las Vegas, NV</td>
</tr>
<tr>
<td>The Sanctuary of Endovascular Therapy</td>
<td>SC AVIR</td>
<td><a href="http://www.scavir.org">www.scavir.org</a></td>
<td>2009</td>
<td>Kiawah Island, SC</td>
</tr>
<tr>
<td>4th Dotter Institute Interventional &amp; NeuroInterventional Park City Conference</td>
<td></td>
<td><a href="mailto:mcowillid@shsu.edu">mcowillid@shsu.edu</a></td>
<td>Feb. 19-22, 2009</td>
<td>Park City, UT</td>
</tr>
<tr>
<td>ICCA 2008: International Course on Carotid Angioplasty &amp; Other Cerebrovascular Interventions</td>
<td></td>
<td><a href="http://www.iccaonline.org">www.iccaonline.org</a></td>
<td>Dec. 4-6, 2009</td>
<td>Frankfurt, Germany</td>
</tr>
<tr>
<td>New Horizons in Cardiovascular Treatments</td>
<td></td>
<td><a href="http://www.ccfcme.org/newhorizons08">www.ccfcme.org/newhorizons08</a></td>
<td>Dec. 11-13, 2009</td>
<td>Shanghai, China</td>
</tr>
<tr>
<td>International Stroke Conference</td>
<td>ISC</td>
<td>strokeconference.americanheart.org</td>
<td>Feb. 18-20, 2009</td>
<td>San Diego, CA</td>
</tr>
<tr>
<td>Techniques in Interventional Radiology</td>
<td>TIR</td>
<td><a href="http://radiologycme.stanford.edu/dest/">http://radiologycme.stanford.edu/dest/</a></td>
<td>Feb. 19-21, 2009</td>
<td>Lake Tahoe, CA</td>
</tr>
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<td>Cardiovascular Research Technologies</td>
<td>CRT</td>
<td><a href="http://www.crtonline.org">www.crtonline.org</a></td>
<td>March 4-6, 2009</td>
<td></td>
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<tr>
<td>Association of Vascular Interventional Radiographers</td>
<td>AVIR</td>
<td><a href="http://www.avir.org">www.avir.org</a></td>
<td>March 7-12, 2009</td>
<td></td>
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<tr>
<td>Society of Interventional Radiology</td>
<td>SIR</td>
<td><a href="http://www.sirweb.org">www.sirweb.org</a></td>
<td>March 7-12, 2009</td>
<td></td>
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<tr>
<td>Vascular &amp; Endovascular Controversies Update</td>
<td></td>
<td><a href="http://www.cxsymposium.com">www.cxsymposium.com</a></td>
<td>April 4-11, 2009</td>
<td></td>
</tr>
<tr>
<td>Angioplasty Summit: TCT Asia Pacific 2009</td>
<td></td>
<td><a href="http://www.summit-tctap.com">www.summit-tctap.com</a></td>
<td>April 22-24, 2009</td>
<td></td>
</tr>
</tbody>
</table>
MEMBERSHIP APPLICATION
for Membership year July 1 - June 30
(Please print or type)

Membership Category: (Select only one, see reverse side for category descriptions/requirements.)

☐ Active ($60/yr)  ☐ Clinical Associate ($50/yr)  ☐ Student ($30/yr)  ☐ International ($85/yr)
(Submit ARRT certification or Canadian equivalent.)

☐ Corporate Associate ($50/year)

☐ Mr  ☐ Mrs  ☐ Ms
First Name _____________________________________________  Middle Initial ______________
Last Name _____________________________________________________________________ Generation ________________
(JR., Sr., II, III)

Credentials ________________________________________________ Licensure ______________________________________
Degree(s) _________________________________________________ Registration(s) _________________________

Preferred Address: ☐ Home  ☐ Work
Home Address ________________________________________________
City ______________________________________________________ State _____________  Zip ________________________
Phone ___________________________ Fax __________________________ Email ____________________________________
(Email addresses are used only for official AVIR business)

Work Address ________________________________________________
City ______________________________________________________ State _____________  Zip ________________________
Phone ___________________________ Fax __________________________ Email ____________________________________
(Email addresses are used only for official AVIR business)

Length of time as tech __________________________ Area of Expertise __________________________________________

Size of Institution (# of beds) _________________ ☐ Private  ☐ Academic

Number of exams performed at this institution:  Vascular ____________________ Interventional ________________

Are you a member of: ARRT: ☐ Yes  ☐ No  ASRT: ☐ Yes  ☐ No
NOTE: If YES, please attach photocopy of membership card(s)

List other professional organizations that you are a member of _____________________________________________

Related Interests (CQI, Teaching, Publishing, etc.) _____________________________________________________

STUDENT MEMBERS ONLY
Director _______________________________ Program Address ________________________________________________
City _____________________________________________ State _____________  Zip ______________  Phone ___________

Payment information: ☐ Check Enclosed  ☐ AMEX  ☐ MasterCard  ☐ Visa

Acct Number: ___________________________________________ Exp __________________

Name on Card: ___________________________________________ Signature: ___________________________________
The Association of Vascular and Interventional Radiographers (AVIR) is the national organization of healthcare professionals within Vascular and Interventional Radiology and involved in standard of care issues, continuing education and related concerns.

Who Can Become a Member of AVIR?

**Active:** Radiographers with a primary focus in Vascular and/or Interventional Radiology. Active members must be ARRT registered or have Canadian equivalent. Submit copy of certification with application.

Dues are $60 per year. Membership renewable annually each July.

**Associate:** Related healthcare professionals working with or having a special interest in Vascular and/or Interventional Radiology, including Nurses, Medical/Cardiovascular Technologies and Commercial Company Representatives.

Dues are $50 per year. Membership renewable annually each July.

**Student:** Students in certified programs for Vascular and/or Interventional Radiographers.

Dues are $30 per year. Membership renewable annually each July.

**International:** Healthcare professionals working or having special interest in CIT and who reside outside of the United States and Canada. This category includes, but is not limited to, medical technologists, radiologic technologists, registered nurses, licensed practical nurses, Physicians and commercial company representatives.

Dues are $85 per year. Membership renewable annually each July.

Why Is Joining AVIR Important?

The AVIR is dedicated to you and is a powerful advocate for the special interest and concerns of healthcare professionals working in Vascular and Interventional Radiology. We acknowledge the importance of continuing education, establishing high standards of practice and care, certifying Vascular and/or Interventional Radiographers, and establishing a nationwide network for obtaining information and/or employment opportunities.

What Opportunities Does AVIR Offer?

- Professional growth
- Society of Interventional Radiographers (SIR) Annual Meeting
- Exchange of information and ideas
- AVIR Annual Meeting
- Continuing education opportunities
- Quarterly newsletter
- Local chapter involvement
- National membership directory

AVIR

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Address Service Requested