



Mississippi Society of Radiologic Technologists
Affiliated with the American Society of Radiologic Technologists

Student Delegate Nomination Form

Program Name: _____ **Class Year:** _____

Nominee Name: _____

Nominee Permanent Address: _____

Nominee Email Address: _____ **Phone:** _____

DELEGATE REQUIREMENTS AND QUALIFICATIONS FOR NOMINATION:

1. Student member of the MSRT
 2. Student member of the ASRT during term, if elected
 3. Enrolled in a JRCERT accredited Radiologic Technology/Radiologic Sciences Program in the state of MS
 4. First year student in good academic standing with JRCERT accredited program
 5. Experience with student organizations and/or student leadership positions
 6. Complete the student position statement for participating in the MSRT as a Student Delegate
 7. Nomination signature from program official
-

DUTIES OF STUDENT DELEGATES:

Two (2) students are elected to serve as delegates to the Mississippi Society of Radiologic Technologists. They are elected by the students attending the MSRT annual conference. The Student Delegate shall:

1. Represent all students enrolled in radiography programs in the state of Mississippi
2. Attend Board meetings and inform the student body of issues facing the MSRT, and seek input from the students on those issues
3. Be available and vote on behalf of the student body
4. Serve as tellers during the final business meeting at the annual conference
5. Preside over the student meeting at the MSRT annual conference and assist in holding election for student delegates

Affirmation of Required Duties of MSRT Student Delegates

_____ Yes – I have read and agree to the duties of Student Delegate required for my nomination
Student Initials and participation as an MSRT student representative if elected.

ADDITIONAL NOMINEE INFORMATION:

Please list key leadership position(s) held as a student in your past or current educational career:

Student Position Statement: Please describe why you feel you are a good candidate and would want to be a part of the MSRT as a Student Delegate.

(Please Note: This information may be made available to all student members of the MSRT.
Optional – You may submit a photograph to be included with your position statement.)

Authorization/Release to Use Submitted Material and Photograph

_____ Yes – I hereby authorize the MSRT to make use of any material or photograph presented
Student Initials with this nomination form.

Signature, Nominated Student Delegate (Please Print Name) Date

NOMINATING PROGRAM OFFICIAL:

By signing this nomination form, I attest that the candidate agrees to serve as a Student Delegate for the MSRT if elected. I validate this student is enrolled as a first year student in our Radiologic Technology/Radiologic Sciences Program and is in good academic standing. I verify this student exhibits leadership skills and is a viable candidate to serve as an MSRT Student Delegate.

Signature, Nominating Program Official (Please Print Name) Date

Nominations must be emailed to the Student Liaison by **Friday, October 2nd**. No additional nominations will be accepted after this date. Please submit nomination form and attachments to:

MSRT Student Liaison
Adrian Brewer, R.T.(R), ARRT
Email: ambrewer12@outlook.com
Phone: 601-382-6431

If you have any questions regarding the nomination form or the MSRT Student Delegate information, please contact me.