



Letter of Attestation for Student Presenter

Student Name:
Presentation Title:

Date:

TSRT 91st Annual Meeting and Clinical Symposium
April 9th 2021
Conducted Virtually in 2021

ATTN: **Request for Approval** (RFA@asrt.org)
American Society of Radiologic Technologists
CC: Texas Society of Radiologic Technologists Inc.

I have evaluated the presentation entitled _____,
authored by _____. Based on my qualifications
and professional integrity, I attest that this presentation meets the ASRT's requirements of
accuracy, professionalism, and satisfactory quality promoting education and competency
standards. Therefore, I submit this letter of attestation to request the approval of this
presentation for the continuing education of medical imaging professionals and/or radiation
therapists. I may be reached by the following contact information:

email (_____), **phone** (____) _____ - _____, **ext.** _____

for to any questions or concerns pertaining to the student and information identified in
this correspondence.

Respectfully,