

# Baseline Information Form

## Medical Radiation Technologist Database



College of  
Medical Radiation  
Technologists of  
Ontario

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Ordre des  
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### IMPORTANT INFORMATION

- The CMRTO has established a health human resource database (HHRDB) for medical radiation technologists (MRTs) in Ontario.
- As a member of CMRTO, you are required to provide additional information to the College, including information about the education and examinations you have completed and your practice as an MRT, in accordance with the by-laws of the CMRTO.
- This form collects the baseline information for each CMRTO member. After this initial collection of baseline information, you will be required to provide an update of your information at the time of your annual renewal of registration.
- Each member's information is entered into a secure database at the College. This information may be shared with Ontario's Ministry of Health and Long-Term Care (MOHLTC) in accordance with the *Regulated Health Professions Act*. It may also be shared with the Canadian Institute for Health Information (CIHI) for the purpose of a national database of medical radiation technologists. Attached is an information sheet about health human resources planning.
- The CMRTO by-laws governing the collection and use of member information, and the CMRTO Privacy Code, can be found on the website at [www.cmrto.org](http://www.cmrto.org).
- Complete the form and send it to the College at the address above as soon as possible, in the prepaid return envelope.
- You may contact the College if you have any questions about completing the form.

### 1. PERSONAL INFORMATION

The information in section 1 will be used by CMRTO for member identification purposes. Other than your postal code of residence, this information will not be provided to CIHI or MOHLTC. Complete this section as directed.

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Surname
Given name	
Telephone #	CMRTO #
Postal Code of Residence	Birth date: Month/Day/Year

### 2. LANGUAGES

Select and enter all languages in which you can provide professional services to patients

1. English <input type="checkbox"/> Yes <input type="checkbox"/> No	3.
2. French <input type="checkbox"/> Yes <input type="checkbox"/> No	4.

### 3. INFORMATION ABOUT YOUR CMRTO REGISTRATION, EXAMINATION(S) AND EDUCATION COMPLETED IN MEDICAL RADIATION TECHNOLOGY

Complete this section only for specialties of medical radiation technology in which you currently hold or have held a certificate of registration with the CMRTO.

Check (✓) the appropriate responses in the tables below.

#### a. CMRTO registration in a specialty of medical radiation technology

You are currently registered with the CMRTO as an MRT in at least one of the specialties of radiography, nuclear medicine, radiation therapy or magnetic resonance. Indicate below all your CMRTO specialty certificates, in chronological order (from earliest to latest), whether you currently hold a certificate of registration in that specialty or not.

	Initial Specialty	2nd Specialty	3rd Specialty
Specialty certificate with CMRTO (or its predecessor, the Board of Radiological Technicians)	<input type="checkbox"/> Radiography <input type="checkbox"/> Nuclear medicine <input type="checkbox"/> Radiation therapy <input type="checkbox"/> Magnetic resonance	<input type="checkbox"/> Radiography <input type="checkbox"/> Nuclear medicine <input type="checkbox"/> Radiation therapy <input type="checkbox"/> Magnetic resonance <input type="checkbox"/> I do not hold/have not held a second specialty certificate with CMRTO	<input type="checkbox"/> Radiography <input type="checkbox"/> Nuclear medicine <input type="checkbox"/> Radiation therapy <input type="checkbox"/> Magnetic resonance <input type="checkbox"/> I do not hold/have not held a third specialty certificate with CMRTO
Year you registered to practise in Ontario in this specialty			

#### b. Examination in a specialty of medical radiation technology

Indicate below the examination you successfully completed in order to meet the registration requirements for each of the specialties you listed in section 2a.

	Initial Specialty	2nd Specialty	3rd Specialty
Examination you successfully completed in each of the specialties you listed in section 2a. above.	<input type="checkbox"/> CAMRT (or its predecessor, the CSRT) <input type="checkbox"/> OTRQ <input type="checkbox"/> Neither of above, met requirement through a previous grandparenting provision <input type="checkbox"/> None of the above, met requirement through the examinations related to previously approved international programs	<input type="checkbox"/> CAMRT (or its predecessor, the CSRT) <input type="checkbox"/> OTRQ <input type="checkbox"/> Neither of above, met requirement through a previous grandparenting provision <input type="checkbox"/> None of the above, met requirement through the examinations related to previously approved international programs	<input type="checkbox"/> CAMRT (or its predecessor, the CSRT) <input type="checkbox"/> OTRQ <input type="checkbox"/> Neither of above, met requirement through a previous grandparenting provision <input type="checkbox"/> None of the above, met requirement through the examinations related to previously approved international programs
Year you successfully completed either the CAMRT or the OTRQ examination. If you did not complete either enter N/A			

### c. Initial education in a specialty of medical radiation technology

Indicate below the educational program you completed in order to meet the registration requirements for each of the specialties you listed in section 2a. If you completed a joint degree/diploma program indicate the degree.

	Initial Specialty	2nd Specialty	3rd Specialty
Level of initial education in medical radiation technology	<input type="checkbox"/> Post secondary certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> None – on the job training	<input type="checkbox"/> Post secondary certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> None – on the job training	<input type="checkbox"/> Post secondary certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master <input type="checkbox"/> Doctorate <input type="checkbox"/> None – on the job training
Year you completed the education or training			

Check (✓) the name of the institution(s) where you completed your initial education or training for each of the specialties you listed above, or if you completed your education outside Canada, provide the name of the country in the table below. If you completed a joint diploma/degree program select the name of the organization where the degree was achieved.

Name and location of educational or training institution	Initial education in 1st MRT specialty	Initial education in 2nd MRT specialty	Initial education in 3rd MRT specialty
<b>Ontario</b>			
Cambrian College of Applied Arts and Technology, Sudbury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collège Boréal d'art appliqués et de technologie, Sudbury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confederation College of Applied Arts and Technology, Thunder Bay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eastern Ontario School of X-Ray Technology, Kingston	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fanshawe College of Applied Arts and Technology, London	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laurentian University / Université Laurentienne, Sudbury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
McMaster University, Hamilton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mohawk College of Applied Arts and Technology, Hamilton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Queen's University, Kingston	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Michener Institute for Applied Health Sciences, Toronto (formerly called Toronto Institute of Medical Technology)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University of Toronto, Toronto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other educational institution in Ontario, for example regional cancer centres prior to Michener radiation therapy program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-the-job training in Ontario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name and location of educational or training institution	Initial education in 1st MRT specialty	Initial education in 2nd MRT specialty	Initial education in 3rd MRT specialty
<b>Other Canadian Provinces or Territories</b>			
British Columbia Institute of Technology, Burnaby, British Columbia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collège d'enseignement général et professionnel (CÉGEP), Ahuntsic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collège d'enseignement général et professionnel (CÉGEP) Dawson	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collège d'enseignement général et professionnel (CÉGEP) de Rimouski	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collège d'enseignement général et professionnel (CÉGEP) de Sainte-Foy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College of the North Atlantic, Newfoundland & Labrador	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross Cancer Institute, School of Radiation Therapy, Edmonton, Alberta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Brunswick Community College, New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northern Alberta Institute of Technology, Edmonton, Alberta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Queen Elizabeth II/Health Sciences Center, Halifax, Nova Scotia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation Therapy Program, Saskatoon Cancer Centre, Saskatchewan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red River College, Winnipeg, Manitoba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saskatchewan Institute of Applied Science and Technology (S.I.A.S.T.) Saskatoon, Saskatchewan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School of Radiological Technology, St John, New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School of Radiation Therapy, Allan Blair Cancer Centre, Regina & Saskatoon, Saskatchewan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School of Radiation Therapy at Cancer Care Manitoba, Winnipeg, Manitoba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Southern Alberta Institute of Technology, Calgary, Alberta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tom Baker Cancer Centre, School of Radiation Therapy, Calgary, Alberta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Université de Moncton, Moncton, New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University of New Brunswick, Fredericton & St John, New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University of Prince Edward Island, PEI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other educational institution in Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On-the-job training in Canada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Outside Canada</b>			
Name of country where education for 1st specialty was completed			
Name of country where education for 2nd specialty was completed			
Name of country where education for 3rd specialty was completed			

#### 4. FURTHER EDUCATION IN MEDICAL RADIATION TECHNOLOGY OR EDUCATION IN DIAGNOSTIC MEDICAL SONOGRAPHY

If you have **not** completed any bridging programs, further education, advanced certification or other certificates in medical radiation technology or education in diagnostic medical sonography - check this box and proceed to Section 5.

##### a. Further advanced education completed in medical radiation technology

Complete this section to provide information on further advanced education you have completed in medical radiation technology, medical radiation sciences, medical imaging or radiation therapy. **Do not enter information you have already provided in section 2c.**

	1st Degree	2nd Degree	3rd Degree
Level of further advanced education completed in medical radiation technology	<input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master <input type="checkbox"/> Doctorate	<input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master <input type="checkbox"/> Doctorate	<input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master <input type="checkbox"/> Doctorate
Location and name of the institution of graduation or, if you completed the program outside Canada, the name of the country	<input type="checkbox"/> Canadian educational institution Name of institution: ----- ----- <input type="checkbox"/> International educational institution Name of country: ----- -----	<input type="checkbox"/> Canadian educational institution Name of institution: ----- ----- <input type="checkbox"/> International educational institution Name of country: ----- -----	<input type="checkbox"/> Canadian educational institution Name of institution: ----- ----- <input type="checkbox"/> International educational institution Name of country: ----- -----
Year of graduation from program			

##### b. Other certificates in an area of medical radiation technology

Complete this section to provide information on other certificates you have completed, in an area of medical radiation technology. The certificate should have included education with didactic and clinical components.

	1st Certificate	2nd Certificate	3rd Certificate
Other certificates obtained	<input type="checkbox"/> Bone mineral densitometry <input type="checkbox"/> Dosimetry <input type="checkbox"/> Breast imaging <input type="checkbox"/> Positron emission imaging (PET) <input type="checkbox"/> Computed tomography – nuclear medicine <input type="checkbox"/> Computed tomography – radiation therapy <input type="checkbox"/> Computed tomography – radiography <input type="checkbox"/> Other	<input type="checkbox"/> Bone mineral densitometry <input type="checkbox"/> Dosimetry <input type="checkbox"/> Breast imaging <input type="checkbox"/> Positron emission imaging (PET) <input type="checkbox"/> Computed tomography – nuclear medicine <input type="checkbox"/> Computed tomography – radiation therapy <input type="checkbox"/> Computed tomography – radiography <input type="checkbox"/> Other	<input type="checkbox"/> Bone mineral densitometry <input type="checkbox"/> Dosimetry <input type="checkbox"/> Breast imaging <input type="checkbox"/> Positron emission imaging (PET) <input type="checkbox"/> Computed tomography – nuclear medicine <input type="checkbox"/> Computed tomography – radiation therapy <input type="checkbox"/> Computed tomography – radiography <input type="checkbox"/> Other

**4. FURTHER EDUCATION IN MEDICAL RADIATION TECHNOLOGY OR EDUCATION IN DIAGNOSTIC MEDICAL SONOGRAPHY—CONTINUED**

	1st Certificate	2nd Certificate	3rd Certificate
Year of completion			
Issuer of certificate	<input type="checkbox"/> CAMRT <input type="checkbox"/> OTRQ <input type="checkbox"/> Other Canadian issuer <input type="checkbox"/> International issuer	<input type="checkbox"/> CAMRT <input type="checkbox"/> OTRQ <input type="checkbox"/> Other Canadian issuer <input type="checkbox"/> International issuer	<input type="checkbox"/> CAMRT <input type="checkbox"/> OTRQ <input type="checkbox"/> Other Canadian issuer <input type="checkbox"/> International issuer

**c. Certificates in diagnostic medical sonography**

Complete this section to provide information on certificates you have completed in diagnostic medical sonography.

Year of completion of medical sonography certification			
Issuer of medical sonography certification	<input type="checkbox"/> ARDMS <input type="checkbox"/> CARDUP <input type="checkbox"/> OTRQ <input type="checkbox"/> Other Canadian Issuer <input type="checkbox"/> Non-Canadian Issuer	<input type="checkbox"/> ARDMS <input type="checkbox"/> CARDUP <input type="checkbox"/> OTRQ <input type="checkbox"/> Other Canadian Issuer <input type="checkbox"/> Non-Canadian Issuer	<input type="checkbox"/> ARDMS <input type="checkbox"/> CARDUP <input type="checkbox"/> OTRQ <input type="checkbox"/> Other Canadian Issuer <input type="checkbox"/> Non-Canadian Issuer

**d. Bridging Programs in medical radiation technology for internationally educated MRTs**

Complete this section if you completed your education in medical radiation technology outside Canada and you completed a bridging program in Canada in medical radiation technology, for example, the Access and Options program at The Michener Institute.

Year of completion of bridging program	
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**5. EDUCATION COMPLETED OUTSIDE OF MEDICAL RADIATION TECHNOLOGY**

If you have **not** completed any other education outside of medical radiation technology - check this box and proceed to Section 6.

Complete this section for further education you have completed and for which you have received a diploma, certificate or degree in fields of study outside of medical radiation technology. Complete information for only one program in each column.

	<b>1st Program</b>	<b>2nd Program</b>	<b>3rd Program</b>
Level of education achieved	<input type="checkbox"/> Post secondary certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master <input type="checkbox"/> Doctorate	<input type="checkbox"/> Post secondary certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master <input type="checkbox"/> Doctorate	<input type="checkbox"/> Post secondary certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master <input type="checkbox"/> Doctorate
Year of graduation			
Province of graduation, eg. ON, AB, BC			
Country of graduation if outside Canada (enter name)			
Field of study  <b>Check only one in each column</b>	<input type="checkbox"/> Health administration/management <input type="checkbox"/> Public administration/policy <input type="checkbox"/> Public health <input type="checkbox"/> Psychology <input type="checkbox"/> Health professions & related clinical sciences <input type="checkbox"/> Biological, biomedical sciences & physical science <input type="checkbox"/> Mathematics & statistics <input type="checkbox"/> Computer & information sciences and support services <input type="checkbox"/> Social sciences, arts & humanities <input type="checkbox"/> Education <input type="checkbox"/> Law <input type="checkbox"/> Business, marketing, management <input type="checkbox"/> General rehabilitation science <input type="checkbox"/> Kinesiology and exercise science <input type="checkbox"/> Gerontology <input type="checkbox"/> Engineering <input type="checkbox"/> Other field of study	<input type="checkbox"/> Health administration/management <input type="checkbox"/> Public administration/policy <input type="checkbox"/> Public health <input type="checkbox"/> Psychology <input type="checkbox"/> Health professions & related clinical sciences <input type="checkbox"/> Biological, biomedical sciences & physical science <input type="checkbox"/> Mathematics & statistics <input type="checkbox"/> Computer & information sciences and support services <input type="checkbox"/> Social sciences, arts & humanities <input type="checkbox"/> Education <input type="checkbox"/> Law <input type="checkbox"/> Business, marketing, management <input type="checkbox"/> General rehabilitation science <input type="checkbox"/> Kinesiology and exercise science <input type="checkbox"/> Gerontology <input type="checkbox"/> Engineering <input type="checkbox"/> Other field of study	<input type="checkbox"/> Health administration/management <input type="checkbox"/> Public administration/policy <input type="checkbox"/> Public health <input type="checkbox"/> Psychology <input type="checkbox"/> Health professions & related clinical sciences <input type="checkbox"/> Biological, biomedical sciences & physical science <input type="checkbox"/> Mathematics & statistics <input type="checkbox"/> Computer & information sciences and support services <input type="checkbox"/> Social sciences, arts & humanities <input type="checkbox"/> Education <input type="checkbox"/> Law <input type="checkbox"/> Business, marketing, management <input type="checkbox"/> General rehabilitation science <input type="checkbox"/> Kinesiology and exercise science <input type="checkbox"/> Gerontology <input type="checkbox"/> Engineering <input type="checkbox"/> Other field of study

6. EMPLOYMENT INFORMATION

**a. Complete this section to provide information on your first employment as a medical radiation technologist**

Year you first began practising in the profession after completing your education in medical radiation technology	
Country in which you first began practising as a medical radiation technologist	
Province, territory (if in Canada) or state (if in USA) where you first began practising as a medical radiation technologist	
Year of your first employment as an MRT in Canada	

**b. Complete this section to provide information on your most recent employment outside of Ontario as a medical radiation technologist**

Province, territory (if in Canada) or state (if in USA) where you most recently have practised medical radiation technology. If you have not previously practised outside of Ontario in the profession, enter N/A (not applicable)	
Country where you have most recently practised medical radiation technology	
Year you last practised outside Ontario in medical radiation technology	

**c. Complete this section to provide information on any active registrations in jurisdictions other than Ontario, in which you are currently registered to practise as a medical radiation technologist**

Other provinces, territories (if Canada) or state (USA) in which you are currently registered to practise in medical radiation technology eg. BC, VT, NY. If you are currently registered to only practise in Ontario, enter N/A (not applicable)	
Other countries where you are currently registered to practise in medical radiation technology	

**d. Complete this section to provide information on your employment in the last 12 months as a medical radiation technologist**

Enter the average of actual hours you usually work each week for your current employment in medical radiation technology. If you are employed in more than one facility enter the average of the total hours you work for all your employers to one decimal point, eg. 37.5, 60.0, 17.2					
Enter the total number of weeks you worked in the last 12 months across all employers. Do not include vacation, sick or leave time that was greater than one week in the total					
Do you practice at more than three practice sites or do you have more than three employers	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Enter the proportion of practice hours spent in each area of focus below. The total should reflect the percentages of the total hours across all employers					
Direct patient services	Teaching	Research	Administration	Other Activities	Total
%	%	%	%	%	<b>100%</b>

Check the box that describes your current employment status	<input type="checkbox"/> Employed in medical radiation technology <input type="checkbox"/> Employed in medical radiation technology, on leave <input type="checkbox"/> Employed outside of medical radiation technology <input type="checkbox"/> Retired (0 hours worked) <input type="checkbox"/> Unemployed (0 hours worked) <input type="checkbox"/> Working outside medical radiation technology and not seeking work in medical radiation technology
Check the box that describes your status if you are not currently employed in medical radiation technology	<input type="checkbox"/> Not applicable – currently employed in medical radiation technology <input type="checkbox"/> Seeking employment only in medical radiation technology <input type="checkbox"/> Seeking employment only in occupations other than medical radiation technology <input type="checkbox"/> Seeking employment in any occupation <input type="checkbox"/> Not seeking employment

**e. Complete this section for each employer (up to 3) where you are currently employed**

	Primary place of employment	2nd place of employment	3rd place of employment
Enter the province or state (if in USA) in which you are currently employed, eg. ON, AB, BC			
Enter the postal code of your employer (6 digit Canada Post)			
If you are employed outside of Canada enter the name of the country of employment			
Select the main age range of patients at each place of employment where you provide services  <b>Check only one</b>	<input type="checkbox"/> Paediatrics (0-17 yrs) <input type="checkbox"/> Adults (18-64 yrs) <input type="checkbox"/> Seniors (65 yrs and older) <input type="checkbox"/> All ages <input type="checkbox"/> Not applicable	<input type="checkbox"/> Paediatrics (0-17 yrs) <input type="checkbox"/> Adults (18-64 yrs) <input type="checkbox"/> Seniors (65 yrs and older) <input type="checkbox"/> All ages <input type="checkbox"/> Not applicable	<input type="checkbox"/> Paediatrics (0-17 yrs) <input type="checkbox"/> Adults (18-64 yrs) <input type="checkbox"/> Seniors (65 yrs and older) <input type="checkbox"/> All ages <input type="checkbox"/> Not applicable
Check the box that best describes your employment category.  <b>Check only one</b>	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Self-employed <input type="checkbox"/> Not applicable	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Self-employed <input type="checkbox"/> Not applicable	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Casual <input type="checkbox"/> Self-employed <input type="checkbox"/> Not applicable

	Primary place of employment	2nd place of employment	3rd place of employment
<p>Check the box that best describes your full time/part time status.</p> <p><b>Check only one</b></p>	<input type="checkbox"/> Full-time (greater than or equal to 30 hours a week) <input type="checkbox"/> Part-time (less than 30 hours a week) <input type="checkbox"/> Casual (no fixed hours) <input type="checkbox"/> Not applicable	<input type="checkbox"/> Full-time (greater than or equal to 30 hours a week) <input type="checkbox"/> Part-time (less than 30 hours a week) <input type="checkbox"/> Casual (no fixed hours) <input type="checkbox"/> Not applicable	<input type="checkbox"/> Full-time (greater than or equal to 30 hours a week) <input type="checkbox"/> Part-time (less than 30 hours a week) <input type="checkbox"/> Casual (no fixed hours) <input type="checkbox"/> Not applicable
<p>Check the box that best describes your major function.</p> <p><b>Check only one</b></p>	<input type="checkbox"/> Diagnostic and/or therapeutic services (direct patient care) <input type="checkbox"/> Administration/management <input type="checkbox"/> Information systems/PACS <input type="checkbox"/> Teaching, medical radiation technology related <input type="checkbox"/> Research <input type="checkbox"/> Other major function <input type="checkbox"/> Not applicable	<input type="checkbox"/> Diagnostic and/or therapeutic services (direct patient care) <input type="checkbox"/> Administration/management <input type="checkbox"/> Information systems/PACS <input type="checkbox"/> Teaching, medical radiation technology related <input type="checkbox"/> Research <input type="checkbox"/> Other major function <input type="checkbox"/> Not applicable	<input type="checkbox"/> Diagnostic and/or therapeutic services (direct patient care) <input type="checkbox"/> Administration/management <input type="checkbox"/> Information systems/PACS <input type="checkbox"/> Teaching, medical radiation technology related <input type="checkbox"/> Research <input type="checkbox"/> Other major function <input type="checkbox"/> Not applicable
<p>Check the box that best describes your position or role.</p> <p><b>Check only one</b></p>	<input type="checkbox"/> Staff technologist <input type="checkbox"/> Supervisor <input type="checkbox"/> Charge technologist or team leader <input type="checkbox"/> Manager <input type="checkbox"/> Radiation safety officer <input type="checkbox"/> Consultant <input type="checkbox"/> Information system specialist or PACS administrator <input type="checkbox"/> Quality management specialist <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Educator <input type="checkbox"/> Researcher <input type="checkbox"/> Sales <input type="checkbox"/> Other <input type="checkbox"/> Not applicable	<input type="checkbox"/> Staff technologist <input type="checkbox"/> Supervisor <input type="checkbox"/> Charge technologist or team leader <input type="checkbox"/> Manager <input type="checkbox"/> Radiation safety officer <input type="checkbox"/> Consultant <input type="checkbox"/> Information system specialist or PACS administrator <input type="checkbox"/> Quality management specialist <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Educator <input type="checkbox"/> Researcher <input type="checkbox"/> Sales <input type="checkbox"/> Other <input type="checkbox"/> Not applicable	<input type="checkbox"/> Staff technologist <input type="checkbox"/> Supervisor <input type="checkbox"/> Charge technologist or team leader <input type="checkbox"/> Manager <input type="checkbox"/> Radiation safety officer <input type="checkbox"/> Consultant <input type="checkbox"/> Information system specialist or PACS administrator <input type="checkbox"/> Quality management specialist <input type="checkbox"/> Owner/Operator <input type="checkbox"/> Educator <input type="checkbox"/> Researcher <input type="checkbox"/> Sales <input type="checkbox"/> Other <input type="checkbox"/> Not applicable
<p>Are you involved in the training of MRT students?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**f. Complete this section only if you provide direct diagnostic or therapeutic services to patients. Check (✓) all areas in which you provide direct patient care that apply to each of your place(s) of current employment identified above.**

	Areas of practice	Primary place of employment	2nd place of employment	3rd place of employment
008	Magnetic resonance imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
018	Nuclear medicine (general)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
028	Radiation therapy (general)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
038	Radiography (general)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
048	Angiography/interventional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
058	Bone mineral densitometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
068	Brachytherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
078	Breast imaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
088	Computed tomography (CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
089	Computed tomography simulator (CT/Sim)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108	Positron emission tomography (PET)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109	Positron emission tomography/computed tomography (PET/CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118	Simulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128	Single photon emission computed tomography (SPECT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129	Single photon emission computed tomography/computed tomography (SPECT/CT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
138	Treatment planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
148	Diagnostic medical sonography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
166	Other area of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify the main area of your practice for each place of employment by entering the 3 digit number from the left hand column above.

	Main area of practice			
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## 7. DECLARATION OF CONDUCT

Under subsection 85.6.2 of the Health Professions Procedural Code, Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA), there is a mandatory reporting obligation for a member to report a finding of professional negligence or malpractice made against the member to the CMRTO.

Has a finding of professional negligence or malpractice, which may or may not relate to your suitability to practise, been made against you?  Yes  No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for taking the time to complete this form. Please return the completed form to the CMRTO in the prepaid return envelope.