

Notice of Change of Register Information



College of
Medical Radiation
Technologists of
Ontario

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GENERAL INSTRUCTIONS

- You may use this form to notify the CMRTO of any change of your information as it relates to the CMRTO register (except name change) by completing the form and submitting it to the CMRTO by mail or fax.
- You are required to notify the CMRTO within 7 days of any change of name, business address (for any place of practice), business telephone number (for any place of practice), home address, home telephone number, or mailing address.
- If you have changed your name, you are required to complete a Change of Name form and submit it to the College. The Change of Name form is available on the College's website or from the College upon request.
- Your name, registration status, business address and business telephone number, as well as other information listed in the Health Professions Procedural Code or by-laws of the CMRTO, is information which is available to the public. If you provide your home address as your business address, your home address will be information which is available to the public.
- Do not forget to complete section 1 and the sections applicable to the change of information, and sign the form.

SECTION 1

MEMBER INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname	Given Names
CMRTO Registration Number	Mailing Address: If you wish to change your mailing address, please indicate such by selecting one of the boxes below:
Date of Birth	<input type="checkbox"/> Home address <input type="checkbox"/> Business address for primary place of practice
Date of Change(s)	Email (optional)

SECTION 2

ELECTORAL DISTRICTS

The district in which you are entitled to vote may change, e.g.: the district in which you practise has changed; you are not practising and the district in which you reside has changed; or you are now a faculty member. If it is necessary or you are entitled to change your district, enter the district that indicates the CMRTO's current record of your electoral district under "Electoral District" and enter the new district from the list below under "New Electoral District".

District 1, Radiography, North

Districts of Kenora, Rainy River, Thunder Bay, Algoma, Cochrane, Timiskaming, Manitoulin, Sudbury and the city of Greater Sudbury.

District 2, Radiography, East

District municipality of Muskoka, districts of Parry Sound and Nipissing, united counties of Prescott and Russell, Stormont, Dundas & Glengarry, and Leeds and Grenville, the counties of Frontenac, Hastings, Lanark, Lennox & Addington, Prince Edward and Renfrew, and the city of Ottawa.

District 3, Radiography, Central

Regional municipalities of Durham, Peel and York, counties of Haliburton, Northumberland, Peterborough and Simcoe, the city of Kawartha Lakes and the city of Toronto.

District 4, Radiography, West

Regional municipalities of Halton, Niagara, Waterloo, the counties of Brant, Dufferin, Wellington, Essex, Bruce, Grey, Huron, Perth,

Lambton, Elgin, Middlesex, Haldimand and Norfolk, the restructured county of Oxford, the city of Hamilton and the municipality of Chatham-Kent.

District 5, Radiation Therapy

All of Ontario.

District 6, Nuclear Medicine

All of Ontario.

District 7, Faculty Members

All of Ontario.

Please note if you wish to change your electoral district to District 7, you must provide written confirmation from your Program Director that you are a faculty member of an educational institution in Ontario that grants a diploma or degree in medical radiation technology.

District 8, Magnetic Resonance

All of Ontario.

Electoral District

New Electoral District

SECTION 3

HOME AND BUSINESS ADDRESS AND TELEPHONE INFORMATION

Enter information below that the College currently has on file

Enter new information below

Home Address and Home Telephone Number	New Home Address
	New Home Telephone
Primary Place of Practice	New Primary Place of Practice
Business Name, Address and Business Telephone Number	New Business Name and Address
	New Business Telephone
Second Place of Practice	New Second Place of Practice
Business Name, Address and Business Telephone Number	New Business Name and Address
	New Business Telephone
Third Place of Practice	New Third Place of Practice
Business Name, Address and Business Telephone Number	New Business Name and Address
	New Business Telephone

Signed: _____

Date: _____