

HHR Information Update Form

Medical Radiation Technologist Database



College of
Medical Radiation
Technologists of
Ontario

375 University Avenue
Suite 300
Toronto, Ontario
M5G 2J5

Ordre des
technologues en
radiation médicale
de l'Ontario

tel. 416.975.4353
fax. 416.975.4355
1.800.563.5847

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.
- 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.
- 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.
- This form can be completed on-line in the Member Services section of the website or you may complete this paper form and send it to the College at the address above. Please note that additional postage may be required.
- 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
2.	French	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.			
4.			

3. FURTHER EDUCATION IN MEDICAL RADIATION TECHNOLOGY OR EDUCATION IN DIAGNOSTIC MEDICAL SONOGRAPHY

If you have **not** completed further education, or other certificates in medical radiation technology or education in diagnostic medical sonography within the last 12 months – check this box and proceed to Section 4.

a. Further advanced education completed in medical radiation technology

Complete this section to update your information on further advanced education you have completed within the last 12 months in medical radiation technology, medical radiation sciences, medical imaging or radiation therapy.

	1st Degree	2nd Degree	3rd Degree
Level of further advanced education completed in medical radiation technology within the last 12 months	<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 update your information on other certificates you have completed within the last 12 months, 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 completed within the last 12 months	<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

3. 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 within the last 12 months.

	1st Certificate	2nd Certificate	3rd Certificate
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

4. BRIDGING PROGRAMS IN MEDICAL RADIATION TECHNOLOGY FOR INTERNATIONALLY EDUCATED MRTs

If you have **not** completed a bridging program, check this box and proceed to section 5.

Complete this section if you completed your education in medical radiation technology outside of 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

5. EDUCATION COMPLETED OUTSIDE OF MEDICAL RADIATION TECHNOLOGY

If you have **not** completed any other education outside of medical radiation technology within the last 12 months - check this box and proceed to Section 6.

Complete this section for further education you have completed within the last 12 months 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.

	1st Program	2nd Program	3rd Program
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 Check only one in each column	<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 percentage of the total hours across all employers					
Direct patient services	Teaching	Research	Administration	Other Activities	Total
%	%	%	%	%	100%

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 Check only one	<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. Check only one	<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>Check only one</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>Check only one</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>Check only one</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			
--	-----------------------	--	--	--

g. Select the major service areas in which you provide diagnostic or therapeutic services to patients at each place of practice. Check all that apply.

Areas of practice	Primary place of employment	2nd place of employment	3rd place of employment
General service provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acute care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geriatric care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palliative care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive primary care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic disease prevention and management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health and addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary maternity care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-secondary education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other area of direct service/consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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