

Application Information Update



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

FOR ADMINISTRATION USE ONLY

CMRTO registration no.	Status
Original date of registration	Status

APPLICATION INFORMATION UPDATE

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Surname	Given names
Previous surname(s)		
Date of Birth (month/day/year)		
Home Address		
Postal Code	Telephone (include area code)	
Business or Employer's Name		
Business Address		
Postal code	Telephone (include area code)	

Choose one address for your mailing address: Home Business

Note that your business address is information that is available to the public. Therefore, if you provide your home address as your business address, it will be available to the public.

SPECIALTY

Radiography Radiation Therapy Nuclear Medicine Magnetic Resonance

DECLARATION OF CONDUCT

All applicants must answer the following questions. If your answer to any of the questions below is "yes", please give details on separate sheet of paper.

- a) Have you been convicted of a criminal offence or an offence related to the regulation of the practice of medical radiation technology? Yes No
- b) Have you been the subject of a finding of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction? Yes No
- c) Are you currently the subject of a proceeding for professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction? Yes No

DECLARATION OF COMPLIANCE

1. I agree to comply with the Regulated Health Professions Act, 1991, the Medical Radiation Technology Act, 1991 and regulations under either of those Acts, and the Standards of Practice of the CMRTO.
2. I understand that I must hold a current specialty certificate of registration with the CMRTO in order to practise medical radiation technology in my specialty in Ontario and that I cannot use the titles Medical Radiation Technologist-Radiography or M.R.T.(R.), Medical Radiation Technologist-Radiation Therapy, (Medical Radiation Technologist – Radiation Therapist) or M.R.T.(T.), Medical Radiation Technologist – Nuclear Medicine or M.R.T.(N.) or Medical Radiation Technologist – Magnetic Resonance or M.R.T.(M.R.) unless I hold the corresponding specialty certificate.
3. I understand that it is my responsibility to pay annual renewal fees and to submit the annual application for renewal to the Registrar of the College on or before my birthday every year.
4. I understand that it is my responsibility to notify the CMRTO by mail, fax or electronic mail 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.
5. I understand that my 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. I also understand that if I provide my home address as my business address, my home address will be information which is available to the public.

SIGNED CERTIFICATE

All applicants are required to sign and date the application information update form to indicate that all the information in the form is true. Send the completed form and registration fee to the College at the address on the front of the form.

"I certify that all the information in the above application and related documents is true. I acknowledge and understand that any false or misleading statement, representation or declaration in or in connection with my application, by commission or omission, is cause for revocation of any certificate of registration with the College of Medical Radiation Technologists of Ontario which may be granted to me. I also acknowledge and understand that the College of Medical Radiation Technologists of Ontario collects, uses and discloses personal information about me for regulatory purposes in accordance with the Regulated Health Professions Act, 1991 and the Medical Radiation Technology Act, 1991 and for the purposes described in the CMRTO's Privacy Code, including for the purpose of human resource planning and demographic, research and other studies. I authorize the College of Medical Radiation Technologists of Ontario to contact any authority, institution, association, body or person in any jurisdiction to verify the statements in my application and related documents and authorize any such authority, institution, association, body or person to release to the College any information relevant to the information set out in this application and related documents."

Applicant's signature:

Date (month/day/year)