

Application for Registration

As a medical radiation technologist for a person who has completed a program in medical radiation technology in Ontario.
(To be received at least 90 days prior to the examination date)



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.	Date(s) of CMRTO examination
Original date of registration	Date passed failed
Date Application received	Proof of completion of educational program

APPLICATION FOR REGISTRATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	Surname	
Given names		
Previous surname(s)	Date of Birth (month/day/year)	
Name to appear on certificate		
Mailing address		
Postal code	Telephone (include area code)	E-mail

SPECIALTY

Indicate the specialty for which you are applying: Radiography Radiation Therapy Nuclear Medicine Magnetic Resonance

GENERAL INSTRUCTIONS

- Under the Medical Radiation Technology Act, 1991 and the Healing Arts Radiation Protection Act, 1980, you must be registered with the College of Medical Radiation Technologists of Ontario (CMRTO) in order to work as a medical radiation technologist in Ontario
- You must complete Part A of this application, have it signed by your program director and submit it to the CMRTO along with your application fee and documents, at least 90 days prior to your examination date
- The College requires proof that you have successfully completed your medical radiation technology program in the specialty. You can provide such proof by completing Part B of this application, or by providing a notarial copy of your certificate, diploma or degree, or an original or notarial copy of your academic transcript from your program. Part B of this application should be completed by you, then sent to your program director for signature and returned to the College after you have completed your program
- The College also requires proof that you have successfully completed the examination approved by the College Council (the CAMRT examination), prior to issuing a certificate of registration. The CAMRT will notify the College, or, you may submit the letter from the CAMRT confirming that you have successfully completed the examination as proof that you have met this requirement
- You may wish to make a copy of your completed application for your records
- Don't forget to complete both Parts A and B of the form before separating

APPLICATION FEE

The fee for submitting an application for a certificate of registration with the CMRTO is \$113.00 (\$100.00 fee, \$13.00 GST). This fee is for the processing of your application and is non-refundable, regardless of the outcome of the application process. Payment can be made by cheque, money order or by credit card. Make cheque or money order payable to the College of Medical Radiation Technologists of Ontario (CMRTO). If you are paying by credit card (Visa or MasterCard), please complete and submit the credit card payment form to the College. The credit card payment form is available on the College website (www.cmrto.org).

Attach application fee

DECLARATION OF CONDUCT

The College has a number of requirements for registration that relate to the past and present conduct of the applicant. One of these requirements is that the applicant's past and present conduct must afford reasonable grounds for the belief that the applicant:

- i. will practise medical radiation technology with decency, honesty and integrity, and in accordance with the law,
- ii. does not have any quality or characteristic, including any physical or mental condition or disorder that could affect his or her ability to practise medical radiation technology in a safe manner, and
- iii. will display an appropriately professional attitude.

You are required to answer these questions by indicating the true answer. Knowingly giving a false answer to any question is grounds for refusal of the application by the Registration Committee and is an offence under s. 92 of the Health Professions Procedural Code (Schedule 2 of the Regulated Health Professions Act, 1991). Any false or misleading statement, representation or declaration in or in connection with your application, by commission or omission, is cause for revocation of any certificate of registration that may be issued to you by the College.

If you answer yes to any of the questions, you must provide a detailed explanation on a separate piece of paper and include copies of all relevant documents in your possession. If you answer no to any of the questions a), b), c), or d) at the time of application, but the circumstances change before you are issued a certificate of registration, you must immediately inform the Registrar of the change of circumstances.

- a) Have you been found guilty of a criminal offence or of any offence related to the regulation of the practice of the profession? Yes No
- b) Are you the subject of a current investigation involving an allegation of professional misconduct, incompetency or incapacity in Ontario in relation to another health profession, or in another jurisdiction in relation to the profession or another health profession? Yes No
- c) 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
- d) Are you currently the subject of a proceeding involving an allegation of professional misconduct, incompetency or incapacity in relation to the profession or another health profession, either in Ontario or in another jurisdiction? Yes No
- e) Has a finding of professional negligence or malpractice been made against you? Yes No
- f) Do you have any quality or characteristic, including any physical or mental condition or disorder that could affect your ability to practise medical radiation technology in a safe manner?
Note: If you answer yes to this question f), please provide a detailed explanation and arrange for your treating physician(s) and/or other health professional(s) to send directly to the College a report on your condition or disorder setting out your diagnosis, course of treatment, current health and prognosis. Where appropriate, this report should indicate any accommodation(s) that your physician and/or health professional believes is necessary in order for you to practise in a safe manner. Yes No
- g) Is there any event, circumstance, condition or matter not disclosed in your answers to the preceding questions in respect of your character, conduct, competence or capacity that is relevant to the requirement set out above regarding your past and present conduct (refer to paragraphs i, ii and iii above)? Yes No

JURISPRUDENCE COURSE

You are required to have successfully completed a course in jurisprudence set or approved by the College. For this purpose, you must complete the CMRTO Legislation Learning Package and review the appropriate statutes, regulations, policies and guidelines which relate to the practice of medical radiation technology generally and to the specialty for which you are applying. Access the College website at www.cmrto.org - Resource Room - Jurisprudence Course to review the required documents and legislation and to print a Certificate of Completion. You are required to complete, sign and date this certificate and to submit the signed certificate with your Application for Registration form.

- Attach the signed Certificate of Completion of the course in jurisprudence set or approved by the College of Medical Radiation Technologists of Ontario.

LANGUAGE FLUENCY

You are required to be able to speak and write either English or French with reasonable fluency.

- a) Are you able to speak and write reasonably fluently in English so that you can offer professional services to patients in that language? Yes No
- b) Are you able to speak and write reasonably fluently in French so that you can offer professional services to patients in that language? Yes No
- c) Would you prefer to receive documentation and services from the College in English or French? English French

CITIZENSHIP

You are required to be a Canadian citizen, **OR** a permanent resident, **OR** authorized under the Immigration and Refugee Protection Act (Canada), to engage in the practice of medical radiation technology.

- a) Are you a Canadian citizen?
If you are a Canadian citizen, attach a copy of your birth certificate or proof of Canadian citizenship. Yes No
- b) Are you a permanent resident of Canada?
If you are a permanent resident of Canada, attach a copy of your certificate of landing or permanent resident card. Yes No
- c) Are you authorized under the Immigration and Refugee Protection Act (Canada) to engage in the practice of the profession?
If you are authorized to engage in the practice of the profession under the Immigration and Refugee Protection Act (Canada), attach a copy of your work permit. Yes No
- Attach a copy of your birth certificate, proof of Canadian citizenship, certificate of landing or permanent resident card, or work permit. If any of these documents are in another name, you must provide proof of name change.

RECORD OF PROGRAM IN MEDICAL RADIATION TECHNOLOGY

You are required to complete a program in medical radiation technology in one of the specialties which program is listed in Schedule 1 or Schedule 1.1 of Ontario Regulation 866/93 as amended, or offered in Ontario and considered by the College Council to be equivalent to a program listed in Schedule 1 or Schedule 1.1 of the regulation.

Name of institution	Date started	Date completed (month/day/year)
Name of program		

SIGNED CERTIFICATE

All applicants are required to sign and date the application form to indicate that all the information in the application and related documents is true. Send the completed form, documents and application fee to the College at the address on the front of the form. If your application is complete, you will receive notice from the College of your application status. If your application is incomplete, it will be returned to you.

"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 that may be issued to me by the College of Medical Radiation Technologists of Ontario. 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)
-----------------------	-----------------------

TO BE COMPLETED BY TRAINING INSTITUTION (PROGRAM DIRECTOR):

I hereby certify that the above-named student is expected to complete his/her medical radiation technology program in the specialty indicated above, as prescribed by the College of Medical Radiation Technologists of Ontario, on _____ (date).

Program director's signature	Expected CMRTO/CAMRT examination date (month/day/year)
Print name	Date signed (month/day/year)

Application for Registration

As a medical radiation technologist for a person who has completed a program in medical radiation technology in Ontario.
(To be received after the program is completed)



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

GENERAL INSTRUCTIONS

The College requires proof that you have successfully completed a program in medical radiation technology in one of the specialties which program is listed in Schedule 1 or Schedule 1.1 of Ontario Regulation 866/93 as amended, or offered in Ontario and considered by the College Council to be equivalent to a program listed in Schedule 1 or Schedule 1.1 of the regulation.

Part B of this application should be completed by you, then sent to your program director for signature and returned to the College after you have completed your medical radiation technology program in the specialty. Don't forget to separate Part B before submitting Part A of the form to the College. Part B may be mailed or faxed to the College.

APPLICATION FOR REGISTRATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname		
Given names		
Previous surname(s)	Date of Birth (month/day/year)	
Mailing address		
Postal code	Telephone (include area code)	E-mail

SPECIALTY

 Radiography

 Radiation Therapy

 Nuclear Medicine

 Magnetic Resonance

RECORD OF PROGRAM IN MEDICAL RADIATION TECHNOLOGY

Approved Medical Radiation Technology program attended in Ontario	Commencement and completion dates of program	
Name of institution	Date started	Date completed (month/day/year)
Name of program		

TO BE COMPLETED BY TRAINING INSTITUTION (PROGRAM DIRECTOR)

I hereby certify that the above-named student successfully completed his/her medical radiation technology program in the specialty indicated above, as prescribed by the College of Medical Radiation Technologists of Ontario, on the date indicated below. I understand that the College of Medical Radiation Technologists of Ontario will be relying upon this validation as evidence of the applicant's successful completion of a medical radiation technology program in the specialty offered in Ontario and listed in Schedule 1 or Schedule 1.1 of Ontario Regulation 866/93 as amended, or offered in Ontario and considered by the College Council to be equivalent to a program listed in Schedule 1 or 1.1 of the regulation.

Program director's signature	Date program successfully completed (month/day/year)
Print name	Date signed (month/day/year)