

Notice of Resignation



College of
Medical Radiation
Technologists of
Ontario

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Ordre des
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GENERAL INSTRUCTIONS

- You may complete this form and fax or mail it to the College of Medical Radiation Technologists of Ontario (CMRTO), as notice of your resignation from the College.
- The annual fee cannot be refunded if you are a member for only a portion of the year.
- The CMRTO will send you written confirmation of receipt of your notice of resignation. The effective date of your resignation is the date of receipt by the CMRTO of your notice of resignation or the date of resignation completed in the 'Notice of Resignation' section, whichever is later.
- If and when you wish to reinstate your membership in the CMRTO, you will need to complete an application for reinstatement. Contact the CMRTO to determine the amount of your registration fee, as it will be pro-rated to your birthday.
- You will be eligible for reinstatement if you submitted a written resignation during the year in which you stopped working in Ontario, and, at the time you apply for reinstatement, you can provide proof that you practised the profession competently within the previous five years (either in Ontario or in another province or country). If at that time you have not practised the profession within the previous five years, contact the CMRTO regarding the reinstatement process.

MEMBER INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. Surname	Given Names
CMRTO Registration Number	Date of Birth
Mailing Address	
City	Province
Postal Code	Telephone Number (include area code)
Email (optional)	

SPECIALTY(IES)

<input type="checkbox"/> Radiography	<input type="checkbox"/> Nuclear Medicine	<input type="checkbox"/> Radiation Therapy	<input type="checkbox"/> Magnetic Resonance
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NOTICE OF RESIGNATION

This is to officially notify the College of my decision to resign my membership in the College of Medical Radiation Technologists of Ontario on _____ (fill in date). I understand that once I resign my membership, I cannot use the protected title "medical radiation technologist", the abbreviation "M.R.T." or the following titles or abbreviations: 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.). Further, I understand that I cannot hold myself out as a person who is qualified to practise in Ontario as a medical radiation technologist or in a specialty of medical radiation technology.

Signed	Date
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REASON FOR RESIGNATION (Optional)

<input type="checkbox"/> Retiring	<input type="checkbox"/> Leaving the Province	<input type="checkbox"/> Employment Leave
<input type="checkbox"/> Leaving the Country	<input type="checkbox"/> Changing Profession	

REQUEST FOR APPLICATION FOR REINSTATEMENT FORM

If you expect to reinstate your membership in the CMRTO within the near future and wish the CMRTO to send you an application for reinstatement form with the written confirmation of receipt of your notice of resignation, please tick this box