

Application for Registration

For a medical radiation technologist who has completed an educational program and/or been employed in a province other than Ontario and who is not eligible for registration under the AIT Labour Mobility Provisions



College of
Medical Radiation
Technologists of
Ontario

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Toronto, Ontario
M5G 2J5

Ordre des
technologues en
radiation médicale
de l'Ontario

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FOR ADMINISTRATION USE ONLY

CMRTO registration no.	Status
Original date of registration	Status

PERSONAL INFORMATION

Complete this section as directed. If the name on any of your documents is different from your current name, attach proof of name change.

Mr. Ms. Surname

Given name

Previous surname(s) if applicable Date of Birth: Month/Day/Year Sex
 M F

Home address

City Province

Postal code Telephone (include area code) E-mail

Name to appear on Certificate of Registration

Business or Employer's Name (where you will be working in Ontario, if known)

Business Address

City Province

Postal Code Telephone number (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

There are four different specialty certificates of registration with the CMRTO – radiography, nuclear medicine, radiation therapy and magnetic resonance. You must provide evidence of your training and work experience in each specialty for which you are applying. If you wish to apply for more than one specialty, you must complete a separate certificate respecting clinical competence for each specialty.

Radiography Nuclear Medicine Radiation Therapy Magnetic Resonance

APPLICATION FEE AND EVALUATION FEE

The fee for submitting an application for a certificate of registration with the CMRTO is \$113.00 (\$100.00 fee, \$13.00 HST). 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 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). If you completed a program in the specialty of magnetic resonance which is not an approved program, there is an additional fee of \$282.50 (\$250.00 fee, \$32.50 HST) for the evaluation of your educational program by the College's Registration Committee. Contact the College for further information.

Attach application fee of \$113.00

APPROVED EXAMINATION IN MEDICAL RADIATION TECHNOLOGY IN YOUR SPECIALTY

Please answer the following questions.

Did you successfully complete the examination of the Canadian Association of Medical Radiation Technologists (CAMRT) in your specialty? Yes No

Did you successfully complete the examination of the Ordre des technologues en imagerie médicale et en radio-oncologie du Québec (OTIMRO) (formerly the Ordre des Technologues en Radiologie du Québec (OTRQ)) in your specialty? Yes No

If 'yes', provide the date the examination was completed: _____

If 'yes', attach a letter or transcript from the CAMRT or OTIMRO (formerly OTRQ) confirming the successful completion of the examination in your specialty of medical radiation technology.

APPROVED EDUCATIONAL PROGRAM IN MEDICAL RADIATION TECHNOLOGY

You must provide evidence of having successfully completed an educational program in your specialty of medical radiation technology which is approved by the College Council (for the specialties of radiography, nuclear medicine and radiation therapy, an accredited program in Canada, or for the specialty of magnetic resonance one of the programs listed below). The following is a list of approved programs in the specialty of magnetic resonance:

- The Michener Institute for Applied Health Sciences,
- British Columbia Institute of Technology,
- Northern Alberta Institute of Technology,
- Red River College of Applied Arts, Science and Technology, and
- Cambrian College of Applied Arts and Technology.

If you completed a program in the specialty of magnetic resonance which is not an approved program, contact the College for further information.

Institution's name and name of program

Address of Institution

Date started

Date completed

Attach a notarized copy of your certificate, diploma or degree, or an original or notarized copy of your academic transcript, or provide an original letter from your educational institution confirming successful completion of the program.

LANGUAGE FLUENCY

All applicants 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

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.cmрто.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.

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

WORK HISTORY AS A MEDICAL RADIATION TECHNOLOGIST WITHIN THE LAST FIVE YEARS

Please provide your work history as a medical radiation technologist in your specialty for the past 5 years. If you have not been employed as a medical radiation technologist in your specialty or it has been over five years since you were last employed as a medical radiation technologist in your specialty, please indicate such in the space below (attach additional sheets if necessary).

Start date of employment	Finish date of employment	Specialty	Employer's name	Employer's address	Employer's telephone number

CERTIFICATE RESPECTING CLINICAL COMPETENCE

You must provide evidence of having been engaged in clinical practice in your specialty within the last five years. You must complete a certificate respecting clinical competence for each specialty for which you are applying. You must sign the validation of competence to state that the information is true and you must have your last or current direct clinical supervisor sign the validation of supervisor. Your direct supervisor should be someone who has supervised your practice on a daily basis - either a medical radiation technologist who practises in your specialty, a radiologist, a cardiologist or a radiation oncologist.

If it has been over five years since you were engaged in competent practice in your specialty, contact the College.

DIRECTIONS FOR SUPERVISOR

The applicant has applied to the College of Medical Radiation Technologists of Ontario to be registered as a medical radiation technologist in Ontario. The Validation of Clinical Supervisor section of the Certificate Respecting Clinical Competence is to be completed and signed by the applicant's last or current clinical supervisor. The clinical supervisor should be someone who has supervised the applicant's practice on a daily basis - either another medical radiation technologist who practises in the applicant's specialty, a radiologist, a cardiologist or a radiation oncologist. To assist the Registrar of the College in determining whether the applicant meets the requirements prescribed by the regulations, please review the attached Certificate Respecting Clinical Competence and Validation of Clinical Supervisor. If the statements in the Validation of Clinical Supervisor are true, please complete and sign the Validation of Clinical Supervisor.

- Attach the Certificate Respecting Clinical Competence for each specialty for which you are applying.

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 MRT(R), Medical Radiation Technologist-Radiation Therapy, (Medical Radiation Technologist – Radiation Therapist) or MRT(T), Medical Radiation Technologist-Nuclear Medicine or MRT(N), or Medical Radiation Technologist – Magnetic Resonance or MRT(MR) 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 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 any of your documents are in another name, you must provide proof of name change. 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)

CERTIFICATE RESPECTING CLINICAL COMPETENCE – RADIOGRAPHY

List all the radiography procedures you have performed independently in your employment as a medical radiation technologist in the specialty of radiography, the frequency each procedure was performed, and the date on which each of the procedures was last performed.

Procedures:	Date last performed	Frequency that procedure was performed:		
		Less than once per month	1-20 times per month	over 20 times per month
Upper/lower Extremity				
Shoulder Girdle				
Pelvic Girdle				
Vertebral Column				
Chest				
Ribs				
Abdomen				
Skull				
Sinuses				
Facial Bones				
Mandible				
Tomography				
Venography				
Angiography				
Mammography				
Hysterosalpingography				
Arthrography				
Interventional Radiography				
Computed Tomography				
Mobile Radiography/Fluoroscopy				
Intravenous Pyelography				
Voiding cystography				
Cholecystography				
Colon				
Esophagus, stomach & duodenum				
Small bowel				

Other Procedures:

Equipment Quality Control				
Radiation safety				
Infection control procedures				
Administering contrast media by injection				
Insertion of rectal tube				
Digital radiography/PACS				

Validation of competence:

"I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated."

Applicant's signature:	Date signed:
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Validation of clinical supervisor:

"I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct and that I am/was the direct clinical supervisor of the applicant. I hereby acknowledge that the College of Medical Radiation Technologists of Ontario will be relying upon this validation as evidence of the applicant's competent practice in the specified procedures listed above."

Stamp or seal of facility:

Supervisor's signature:	Print name:
Name of facility:	Title of supervisor:
Date signed:	Telephone number of supervisor:

CERTIFICATE RESPECTING CLINICAL COMPETENCE – NUCLEAR MEDICINE

List all the nuclear medicine procedures you have performed independently in your employment as a medical radiation technologist in the specialty of nuclear medicine, the frequency each procedure was performed and the date on which each of the procedures was last performed.

Procedures:	Date last performed	Frequency that procedure was performed:		
		Less than once per month	1-20 times per month	over 20 times per month
Myocardial imaging				
Gated equilibrium				
Cardiac stress testing				
Brain imaging				
CSF/shunt				
Thyroid uptake and scan				
Parathyroid				
Adrenal				
Radioactive iodine therapy				
Liver/spleen				
Hepatobiliary				
GI bleed				
Gastric emptying				
Urea breath test				
Renal imaging				
Renal with pharmacologic intervention				
Ventilation/perfusion lung scan				
3-phase bone imaging				
Total body bone imaging				
Bone mineral densitometry				
Tumor imaging				
Inflammation/infection imaging				
SPECT imaging				

Other Procedures:

Instrumentation quality control				
Radiation safety procedures				
Infection control procedures				
Radiopharmaceutical preparation and quality control				
Administration of radiopharmaceuticals (IV, orally, inhalation)				
Computer processing and analysis				
Non-imaging/benchmark				

List Nuclear Medicine Equipment Used:

Validation of competence:

"I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated."

Applicant's signature:	Date:
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Validation by supervisor:

"I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct and that I am/was the direct clinical supervisor of the applicant. I hereby acknowledge that the College of Medical Radiation Technologists of Ontario will be relying upon this validation as evidence of the applicant's competent practice in the specified procedures listed above."

Stamp or seal of facility:

Supervisor's signature:	Print name:
Name of facility:	Title of supervisor:
Date signed:	Telephone number of supervisor:

CERTIFICATE RESPECTING CLINICAL COMPETENCE - RADIATION THERAPY

List all the radiation therapy procedures you have performed independently in your employment as a medical radiation technologist in the specialty of radiation therapy, the frequency each procedure was performed, and the date on which each of the procedures was last performed.

Procedures:	Date last performed	Frequency that procedure was performed:		
		Less than once per month	1-20 times per month	over 20 times per month
Treat patients with teletherapy using a variety of techniques:				
Single field – photons				
Parallel opposed pair				
Three field isocentre				
Four field isocentre				
Matching fields				
Extended distance				
Homolateral wedged pair				
Tangential fields				
Craniospinal				
Oblique fields				
Single field – electrons				
Construct Immobilization devices				
Construct shielding blocks (cerrobend)				
Operate Simulators				
Perform dosimetry				
Develop optimal dose distributions				
Perform dose calculations – manually and with computers				
Review Portal Images				
Involvement in brachytherapy procedures				

Other Techniques:

List Radiation Therapy Machines Used:

Other Procedures:

Perform quality assurance procedures				
Infection control procedures				
Administer contrast media by injection				
Tattooing				
Insert internal eyeshields				
Assess and educate the patient on radiation therapy reactions				

Validation of competence:
 "I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated."

Applicant's signature: _____ Date signed: _____

Validation of clinical supervisor:
 "I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct and that I am/was the direct clinical supervisor of the applicant. I hereby acknowledge that the College of Medical Radiation Technologists of Ontario will be relying upon this validation as evidence of the applicant's competent practice in the specified procedures listed above."

Stamp or seal of facility:

Supervisor's signature: _____ Print name: _____

Name of facility: _____ Title of supervisor: _____

Date signed: _____ Telephone number of supervisor: _____

CERTIFICATE RESPECTING CLINICAL COMPETENCE – MAGNETIC RESONANCE

List all the magnetic resonance procedures you have performed independently in your employment as a medical radiation technologist in the specialty of magnetic resonance, the frequency each procedure was performed, and the date on which each of the procedures was last performed.

Procedures:	Date last performed	Frequency that procedure was performed:		
		Less than once per month	1-20 times per month	over 20 times per month
Head – routine				
Head – contrast				
Cervical spine				
Thoracic spine				
Lumbar spine				
Upper extremity				
Lower extremity				
Abdomen				
Pelvis				
MR Angiography				
MR Venography				
Cardiac				
Breast				

List Magnetic Resonance Machines Used:

Other Procedures:

Screen patients for contraindications, foreign objects, etc.				
Equipment Quality Control				
MR Safety				
Infection control procedures				
Administer contrast media by injection				

Validation of competence:

“I hereby certify that I have been trained to perform, am competent to perform and performed in my employment the specific procedures set out above, within the time frame indicated.”

Applicant’s signature:	Date signed:
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Validation of clinical supervisor:

“I hereby certify that the applicant has competently performed all of the specific procedures listed above, that all the information contained in the above list of procedures and certificate is true and correct and that I am/was the direct clinical supervisor of the applicant. I hereby acknowledge that the College of Medical Radiation Technologists of Ontario will be relying upon this validation as evidence of the applicant’s competent practice in the specified procedures listed above.”

Stamp or seal of facility:

Supervisor’s signature:	Print name:
Name of facility:	Title of supervisor:
Date signed:	Telephone number of supervisor: