

# Canadian – Non-Labour Mobility Application Guide

for a person applying for registration who has  
completed an educational program and/or  
has been employed in a province other than Ontario  
and to whom Canadian labour mobility provisions are NOT applicable



College of  
Medical Radiation  
Technologists of  
Ontario

Ordre des  
technologues en  
radiation médicale  
de l'Ontario

Tel: 416.975.4353  
Toll Free: 1.800.563.5847  
Fax: 416.975.4355  
[www.cmrto.org](http://www.cmrto.org)

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The College of Medical Radiation Technologists of Ontario (CMRTO) welcomes your application for registration as a medical radiation and imaging technologist in the specialty of radiography, nuclear medicine, radiation therapy, magnetic resonance or diagnostic medical sonography.

**You must hold a certificate of registration with the CMRTO in your specialty of medical radiation technology to be legally authorized to practise in your specialty in Ontario.**

If you have worked as a medical radiation technologist within the past five years and you have completed a program in medical radiation technology in Canada and successfully completed the CAMRT (or OTIMROEPMQ) or Sonography Canada examination(s), you may be eligible to be registered with the CMRTO.

In order to be eligible for a certificate of registration, you must meet the requirements for registration, set out in the registration regulation made under the *Medical Radiation Technology Act* (MRT Act).

The scope of practice of medical radiation technology, as defined under the MRT Act, is the use of ionizing radiation, electromagnetism, soundwaves and other prescribed forms of energy for the purposes of diagnostic and therapeutic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

Practice includes not only the delivery of clinical services, but also the functions of education, management, research and administration.

Further information about the application and registration process, and the forms that your supervisor and employer will need to complete, can be found in this application guide.

## **Who can apply**

Any individual, who has completed an educational program in medical radiation technology in one or more of the specialties of radiography, nuclear medicine, radiation therapy, magnetic resonance or diagnostic medical sonography, or who has practised the profession, within the last five years, and wishes to practice as a medical radiation and imaging technologist in Ontario can apply for registration with CMRTO.

This application is for those individuals who have successfully completed an educational program in medical radiation technology in Canada, or are currently practising in an unregulated jurisdiction in Canada or who are not currently registered with an out-of-province regulatory authority.

This application process applies to you if:

- You are practising in one of the specialties listed in the provinces in the table below
- You completed an accredited educational program in Canada

<b>Current province of practice or province of training</b>	<b>Specialties</b>
<b>Alberta</b>	Diagnostic medical sonography
<b>British Columbia</b>	Radiography Nuclear medicine Radiation therapy Magnetic resonance Diagnostic medical sonography
<b>Manitoba</b>	Radiography Nuclear medicine Radiation therapy Magnetic resonance Diagnostic medical sonography
<b>Newfoundland and Labrador</b>	Radiography Nuclear medicine Radiation therapy Magnetic resonance Diagnostic medical sonography
<b>New Brunswick</b>	Diagnostic medical sonography
<b>Nova Scotia</b>	Magnetic resonance Diagnostic medical sonography
<b>Quebec</b>	Radiography Magnetic resonance Diagnostic medical sonography
<b>Prince Edward Island</b>	Radiography Nuclear medicine Radiation therapy Magnetic resonance Diagnostic medical sonography
<b>Saskatchewan</b>	Diagnostic medical sonography
<b>Yukon, Northwest Territories, Nunavut</b>	Radiography Nuclear medicine Radiation therapy Magnetic resonance Diagnostic medical sonography

### **Steps and timelines in the application and registration process**

The first step is to create an online profile in the CMRTO application portal, gather the documents you need to support your online application, and complete and submit your application. CMRTO will communicate with you by email.

Below is an overview of the steps in the process:

Step	Activity
1	Review the information about the application process and documents you are required to provide.
2	Create your online profile by starting your online application and completing the 'About Me' section of the application in the CMRTO application portal. You can return at a later time to complete the rest of your application.
3	Collect all the required documents to support your application. Complete the Legislation Learning Package (jurisprudence course) approved by the CMRTO.
4	Complete your application, upload all the required documents, pay the application fee and submit your application to CMRTO for assessment.
5	CMRTO will review your application and will notify you whether your application is accepted or refused. If accepted, CMRTO will advise you about any further registration requirements including the amount of the registration fee.
6	Complete any remaining requirements to register including payment of the registration fee.
7	CMRTO registers you and issues your certificate of registration. Your name and information will be posted on the public register.
8	Inform your employer that you are legally authorized to practice the profession. Start using the protected title "Medical Radiation Technologist" (MRT) or "Diagnostic Medical Sonographer" (DMS), and review your accountabilities as a regulated professional.

For your application to be complete, you are required to complete all steps in the online application process, provide all the required documentation and pay the application fee of \$113.00 (\$100.00 fee and \$13.00 HST) by Visa, Mastercard or Interac through the secure online service.

CMRTO is not able to start the review process on incomplete applications. If you do not have all the required documents when you start your application online, you may begin the application process and return to complete it at a later time. Your application will not be processed until all the information is complete and you have paid the application fee.

### Registration requirements

The registration requirements are set out in the registration regulation made under the MRT Act and can be found [here](#). The application form prompts you to provide all the documents required to demonstrate that you meet the requirements for registration. When you have submitted your complete application, CMRTO will review it and determine whether or not you meet all the requirements for registration as set out in the registration regulation. You can expect the review process to take between one to seven business days.

If you do not meet all the requirements for registration your application will be reviewed by the Registration Committee of the CMRTO in this case it may take between three to four months to process your application.

## Required documents

You will be prompted to upload the documents listed below:

- Proof of successful completion of an educational program in a specialty of medical radiation technology which is considered equivalent to a program approved by the CMRTO Council (which for the specialties of radiography, nuclear medicine, radiation therapy, magnetic resonance and diagnostic medical sonography, is an accredited program) - **Required**
- Proof of successful completion of an examination approved by the CMRTO Council (CAMRT national certification examination or the examination of the Ordre des technologes en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec (OTIMROEPMQ) or the examination of Sonography Canada) - **Required**
- Evidence of employment as a medical radiation technologist within the past five years - **Required if you have been employed within the scope of practice of medical radiation technology**
- Proof of name, date of birth, and citizenship can be provided using one of the following documents: your Canadian birth certificate, proof of Canadian citizenship, certificate of landing or permanent resident card, work permit or valid Canadian passport - **Required**
- Name change: if the name on any of your documents is different from your current name, you must provide proof of a name change - **Required if applicable**

You are not required to submit the original documents to the CMRTO. The CMRTO will contact you if original documents are required for review.

## Fees

There are two fees for this process – the application fee and the registration fee.

The application fee is a one-time fee of \$113.00 (\$100.00 fee, \$13.00 HST) and is paid at the time you submit your application.

The registration fee is the final step to become registered, if your application meets all the requirements set out in the registration regulation. It is an annual fee of \$531.10 (\$470.00 fee, \$61.10 HST). The annual registration fee is due on a member's birthday each year. Members who are registered in more than one specialty pay only one annual fee.

When you first become registered, the registration fee is prorated from the date you become registered to your birthday. For example, if your birthday is in April and you become registered in November 2018, you would pay \$221.29 (\$195.83 fee, \$25.46 HST) for the six-month period

November 2018 – April 2019, and then the annual fee in April 2019, for the period to April 2020. You can use the [fee calculator tool](#) on the website to find your registration fee.

The fees are set by the CMRTO Council in the CMRTO by-laws and are non-refundable.

## Member & Applicant Portal (MAP)

To start your online application, click on the “**Apply for Registration**” link on the CMRTO website at [www.cmrto.org](http://www.cmrto.org). Click on the “Start MAP Sign In”.

It is recommended that you use a computer, with a scanner, to complete your online application rather than a mobile device. It is also recommended that you use Google Chrome as your browser when completing your online application.

You will be prompted to do the following:

- enter your email address and create a password
- review and accept the Terms and Conditions of use of the site
- set up your online profile
  - enter your legal name and date of birth
  - enter your address and phone number
- select the “Apply for Registration” option

When you have created your profile, you will be able to return to it, and your application, using the “Sign In” button.

- from the four options on the screen select the one for an applicant “**who has successfully completed an accredited program in Canada and has not yet registered to practice in my province**” or “**who is or is currently working in another province in Canada**” depending on your circumstances
- you will be required to select your province and confirm your specialty is not one of the regulated specialties to be directed to the correct application form – Canadian Non-Labour Mobility
- select your specialty (radiography, nuclear medicine, radiation therapy, magnetic resonance or diagnostic medical sonography)
- click the “Apply for Registration” button

## Navigation through the application

- the steps in the application process are all listed on the left-hand side of the page
- click on each step and review and complete the appropriate information
- you can move between steps in the process
- clicking the “Next” button on the bottom of each page will save your responses and move you to the next step
- check marks indicate that you have completed a step
- you are able to edit the information on the pages until you submit your application

- you may start the process, leave and return at a later time(s) to complete the application
- when you return to update further information you will access your application form by signing into the online service and accessing the “**Manage my applications**” tab
- you must complete all the steps and submit the application before paying your application fee
- you must complete the entire application and pay the application fee before CMRTO is able to review your application

## About Me

The “About Me” page will be populated with the information that you entered when you created your online profile.

You must use your legal name for your application and registration with the CMRTO.

Using a name, other than the name as set out in the register of the CMRTO while providing or offering to provide services within the scope of practice of the profession, is an act of professional misconduct under the CMRTO professional misconduct regulation. If you use a variation of your name, or wish to use a different given name in practice, you must request a change to your name in the next section.

Review the information to verify its accuracy, make any necessary changes and click the “Next” button to save the information and move to the next step.

## Proof of name, date of birth, and citizenship

The CMRTO registration regulation requires that an applicant be a Canadian citizen, OR a permanent resident, OR authorized under the *Immigration and Refugee Protection Act* (Canada), to engage in the practice of the profession.

You must scan and upload a copy of your birth certificate if you were born in Canada, proof of your Canadian citizenship, a copy of your valid Canadian passport photo page, a copy of your certificate of landing or permanent resident card, or a copy of your work permit in the space provided on the page. The CMRTO will use this documentation as evidence of your legal name and date of birth.

If any of the documents you have provided in the other sections are in a different name, you must complete, scan and upload your [proof of a name change](#).

If you wish to use a variation of your name, or a different given name in practice, you must complete, scan and upload your [request to change to your name](#) as it appears in the register of the CMRTO.

Click the “Next” button to save the information and move to the next step.



## Language fluency

The CMRTO registration regulation requires that applicants be able to speak and write English or French with reasonable fluency.

You will be required to answer the questions below:

1. Are you able to speak and write reasonably fluently in English so that you can offer professional services to patients in that language?
2. Are you able to speak and write reasonably fluently in French so that you can offer professional services to patients in that language?
3. Would you prefer to receive documentation and services from the College in English or French?

Click the “Next” button to save the information and move to the next step.

## Registrations in other jurisdictions

You are required to provide information if you are currently registered to practise as a medical radiation technologist and/or a diagnostic medical sonographer, or another healthcare professional in another province in Canada, a USA state or another country.

Click on the “Add Registration” button and provide the information. You can upload a copy of your license or registration card in the space at the bottom of the page.

Click the “Next” button to save the information and move to the next step.

## Approved educational program in medical radiation technology

You must provide evidence of having successfully completed an educational program in your specialty of medical radiation and imaging technology which is approved by the CMRTO Council. Click [here](#) for a list of the approved programs.

If you completed a program in your specialty which is not an approved accredited program, contact the CMRTO at [registration@cmrto.org](mailto:registration@cmrto.org) for further information.

You can click on "Add" to provide information on the program you have completed or are currently completing.

If you have already successfully completed one of the CMRTO approved programs, you must provide confirmation by uploading one of the following in the space at the bottom of the page:

1. a copy of your original Degree, Diploma or Certificate, and a copy of your transcript of marks, or
2. request the Program Director of your program to email confirmation that you have successfully completed the program directly to [registration@cmrto.org](mailto:registration@cmrto.org).

### Approved examination

Applicants must successfully complete either the examination set by the Canadian Association of Medical Radiation Technologists (CAMRT), or the examination set by the Ordre des technologues en imagerie médicale en radiooncologie et en électrophysiologie médicale du Québec (OTIMROEPMQ), or the examination(s) set by Sonography Canada which are the examinations approved by the CMRTO Council.

You must provide evidence of the successful completion of your examination by uploading a letter or transcript from the CAMRT or OTIMROEPMQ or Sonography Canada confirming the successful completion of the examination(s) in your specialty of medical radiation technology.

Click the “Next” button to save the information and move to the next step.

### Currency of practice or program completion

You must provide evidence of your employment history as a medical radiation technologist in your specialty for the past five years. You will be required to enter information on each place of practice where you have practised in the last five years.

If you have not been employed as a medical radiation technologist in your specialty but have completed your educational program in medical radiation technology within the last five years you can indicate such.

If it has been over five years since you were last employed as a medical radiation technologist in your specialty, provide information from your most recent place of employment.

Practice includes not only the delivery of clinical services, but also the functions of education, management, research and administration.

Upload a letter of confirmation of employment as a medical radiation technologist in your specialty from your most recent or current employer. The letter must confirm the last date of employment.

Click the “Next” button to save the information and move to the next step.

### Competent practice

The CMRTO registration regulation requires that you demonstrate your competence to practise as a medical radiation technologist in your specialty.

You must complete a Certificate Respecting Clinical Practice (see Appendix A) for your specialty. Click on the link for a copy of the form(s) that you must complete for your specialty and upload it to the space at the bottom of this step in the online form.

You must sign the validation of applicant section of the Certificate Respecting Clinical Practice to state that the information is true, and you must have your last or current direct clinical supervisor sign the Validation of Clinical Supervisor section of the Certificate Respecting Clinical Practice. 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 you have never been employed as a medical radiation technologist, please indicate such on the form.

Click the “Next” button to save the information and move to the next step.

### **Jurisprudence course**

You are required to successfully complete 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 the profession generally and to the specialty for which you are applying.

The jurisprudence course is available at [www.cmрто.org](http://www.cmрто.org) under Resources in the [Jurisprudence Course](#) section.

Once you have completed the CMRTO Legislation Learning Package, print, sign, date and complete the Certificate of Completion and upload it to the space provided on the page.

Click the “Next” button to save the information and move to the next step.

### **Declaration of conduct**

The CMRTO registration regulation has a number of requirements regarding the past and present conduct of the applicant. Your past and present conduct must afford reasonable grounds for the belief that you:

1. will practise the profession with decency, honesty and integrity, and in accordance with the law,
2. do not have any physical or mental condition or disorder that could affect your ability to practise the profession in a safe manner, and
3. will display an appropriate professional attitude.

You will be required to answer the questions in this section 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 CMRTO.

If you answer “Yes” to any of the questions, you must provide a detailed explanation in the space provided in the online page and upload all relevant documents in your possession. If you do not have these documents at the time you submit your application online, you will need to email them to [registration@cmrto.org](mailto:registration@cmrto.org). If you answer “No” to any of the questions 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.

The questions you are required to answer are as follows:

1. Have you been found guilty of a criminal offence or of any offence related to the regulation of the practice of the profession?

An offence is a breach of law that is prosecuted in a court. This includes all findings or admissions of guilt, including but not limited to offences under the Criminal Code, the *Health Insurance Act* and other federal and provincial laws. You are required to report all findings or admissions of guilt, including those made in other jurisdictions and those for which you may have received a pardon.

2. 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?
3. 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?
4. 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?
5. Has a finding of professional negligence or malpractice been made against you?
6. Do you have any physical or mental condition or disorder that could affect your ability to practise the profession in a safe manner?

**Note:** If you answer “Yes” to question 6, you must provide a detailed explanation and arrange for your treating physician(s) and/or other health professional(s) to send directly to the CMRTO at [registration@cmrto.org](mailto:registration@cmrto.org) 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.

7. 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 1, 2, and 3 above)?

Click the “Next” button to save the information and move to the next step.

## Review application summary

The next step in the online application process is to review all the information you have provided in your application to check that the information is accurate and that your application is complete. If you need to make any corrections to the information you have provided, or upload any supporting documents, click on the steps on the left. You may wish to take this opportunity to print this page to have a paper record of the information you have provided.

Once you have submitted your application for registration, you cannot change the information provided. You can however access your completed application in the “**Manage my applications**” section of your CMRTO profile to view your application and if you need to upload any additional documentation at a later time.

When you are sure your application is complete, and the information is accurate, click the “Submit” button to submit your application to the CMRTO and pay your application fee.

## Declarations and signature

You will be required to check all the boxes on the page for the questions below, for the purposes of agreeing to the following declarations. You will also be required to check the box next to your name for the purposes of dating and signing your application for registration.

- I certify that all the information in this 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.

Click the “Submit Application” button to submit your application for registration.

## Pay application fee

You can pay the application fee online by credit card or Interac payment. The application fee is a one-time fee of \$113.00 (\$100.00 fee, \$13.00 HST) and is non-refundable. Click “Process Payment” to pay your fee.

Secure payment processing is through E-xact Transactions Ltd. Information for this transaction is encrypted and exchanged with a secure server.

Secure Payment provided by [E-xact Transactions Ltd.](#)



The receipt for your application fee will be available in the “My Receipts” section of your CMRTO profile.

## Confirmation of receipt of application

You will receive an email confirming receipt of your application, which will contain an application number. You will be able to check on the status of your application in the “**Manage my Applications**” section of the CMRTO MAP.

## Next steps

CMRTO will review your application and the documentation you have provided. If more information is required, the CMRTO will notify you by email. When your application is ready to be referred to the Registration Committee for review you will be required to pay the evaluation fee. You will be notified by email and will be able to pay the fee online. You can expect the review process to take between one to seven business days to complete.

CMRTO will notify you if, and when you can complete the registration process and pay your registration fee. When you log into the member and applicant portal to finalize your registration you will also see a notification on the My information page. When you complete the registration process CMRTO will register you and your name and information will be posted on the [public register](#) on the CMRTO website. You can then inform your employer that you are legally authorized to practice as a medical radiation technologist and you can start using the protected title “Medical Radiation Technologist” and the abbreviation “MRT” and the appropriate abbreviation for your specialty “MRT(R),” “MRT(N),” “MRT(T),” “MRT(MR)” or “Diagnostic Medical Sonographer” and the abbreviation “DMS”.

## Appendix A – Certificate respecting clinical competence



# Certificate Respecting Clinical Competence

## Application for certificate of registration in a specialty of medical radiation technology

*To be completed by the applicant. Please complete a form for your most recent or current place of employment. Your employment must have been within the last five years.*

Name of Applicant: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

### To be completed and signed by the applicant and the applicant's clinical supervisor

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 the specialty for which you are applying. You must sign the validation of applicant to state that the information is true, and you must have your last or current direct clinical supervisor sign the validation of clinical supervisor. Your direct supervisor should be someone who has supervised your daily procedures - either a medical radiation technologist who practises in your specialty, or a radiologist or another physician. If it has been over five years since you were engaged in clinical practice in your specialty, contact the CMRTO. If you have never been employed as a medical radiation technologist, please indicate such.

This documentation is used to demonstrate your competence to practise as a medical radiation technologist in your specialty. Complete the list of procedures on the form for the specialty for which you are applying, indicating which procedures you have performed independently during the course of your **most recent or current employment** and the date you last performed those procedures.

When complete, upload this form to the Clinical Competence section of your online application. Retain the original form in the event the CMRTO requests to review the form. Do not mail or fax the form to the CMRTO unless requested.

### 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 Practice 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 CMRTO in determining whether the applicant meets the requirements prescribed by the regulations, please review the attached Certificate Respecting Clinical Practice 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.

**Instructions to applicant:** When complete, upload this form to the clinical competence section of your online application and include the original in the documents that you send to the CMRTO.

**CERTIFICATE RESPECTING CLINICAL PRACTICE – 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 applicant:**

"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 clinical practice in the specialty within the last five years."

**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 PRACTICE – 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/benchtop				

**List Nuclear Medicine Equipment Used:**


**Validation of applicant:**

"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:

**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 clinical practice in the specialty within the last five years."

**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 PRACTICE – 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 applicant:**  
 “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 clinical practice in the specialty within the last five years.”

**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 PRACTICE – 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 applicant:**

"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 clinical practice in the specialty within the last five years."

**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 PRACTICE – DIAGNOSTIC MEDICAL SONOGRAPHY**

List all the diagnostic medical sonography procedures you have performed independently in your employment as a medical radiation technologist in the specialty of diagnostic medical sonography, 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
<b>General</b>				
Obstetrics				
Female pelvis				
Male pelvis				
Abdomen/retroperitoneum				
Chest (excludes cardiac)				
Breast				
Thyroid/neck/parathyroid				
Scrotum/testicles/penis				
Superficial (soft tissue) structures				
Shoulder				
Elbow				
Wrist				
Hand/fingers				
Hip				
Knee				
Ankle				
Foot/toes				
<b>Vascular</b>				
Extracranial arteries (carotid/vertebral/subclavian arteries)				
Upper extremity peripheral veins (for DVT)				
Lower extremity peripheral veins (for DVT)				
Abdominal vasculature (arterial and venous studies)				
Upper extremity (arterial and venous studies)				
Lower extremity (arterial and venous studies)				
Photoplethysmography				
Arterial pressure testing				
Vascular exercise testing				
<b>Cardiac</b>				
Paediatric heart				
Adult heart				
Stress echocardiography				
<b>Other</b>				
Infection control procedures				
Transducer cleaning and reprocessing procedures				
Equipment quality control				
Insertion of transvaginal transducer				
Insertion of transrectal transducer				
Administer contrast media by injection				

**Applicant’s 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".  
 "I give permission to the CMRTO to contact any authority or association in any jurisdiction to verify the above statements"

Applicant's Signature	Date Signed: (dd/mm/yyyy)
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**Supervisor’s validation of applicant’s competence**

"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 clinical practice in the specialty within the last five years."

Supervisor Name	Supervisor Title
Telephone of Supevisor:	Email of Supervisor:
Supervisor Signature	Date Signed: (dd/mm/yyyy)

**Stamp or seal of facility**



College of  
Medical Radiation  
Technologists of  
Ontario

Ordre des  
technologues en  
radiation médicale  
de l'Ontario

Tel: 416.975.4353  
Toll Free: 1.800.563.5847  
Fax: 416.975.4355  
[www.cmrto.org](http://www.cmrto.org)