

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: