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.

		Frequency that procedure was performed:		
Procedures:	Date last 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:

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: